Clinical Practice Procedures:
Other/Suprapubic urinary catheter management

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Date	June, 2026
Purpose	To ensure a consistent procedural approach to suprapubic urinary catheter management.
Scope	Applies to Queensland Ambulance Service (QAS) clinical staff.
Health care setting	Pre-hospital assessment and treatment.
Population	Applies to all ages unless stated otherwise.
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Suprapubic urinary catheter management

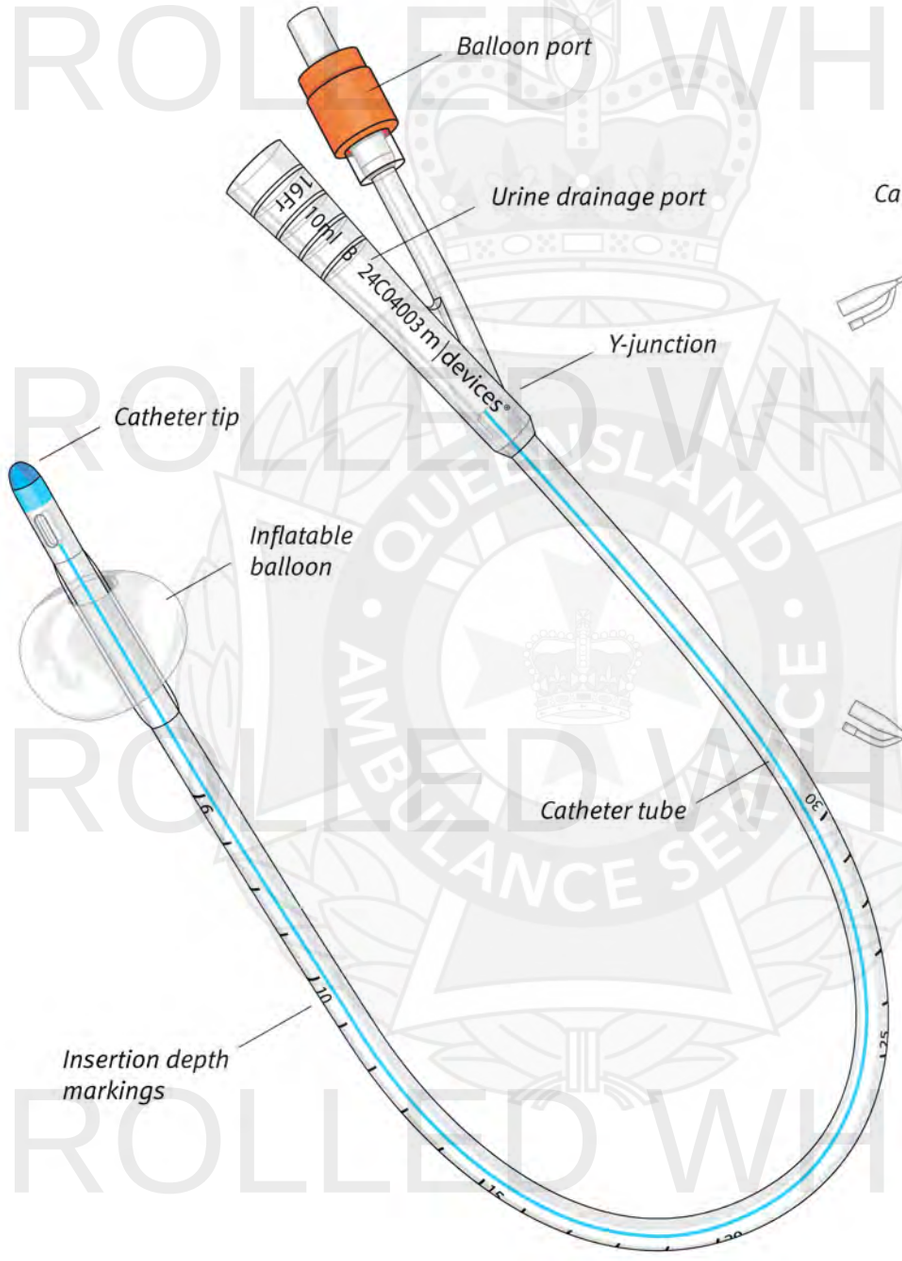
June, 2026

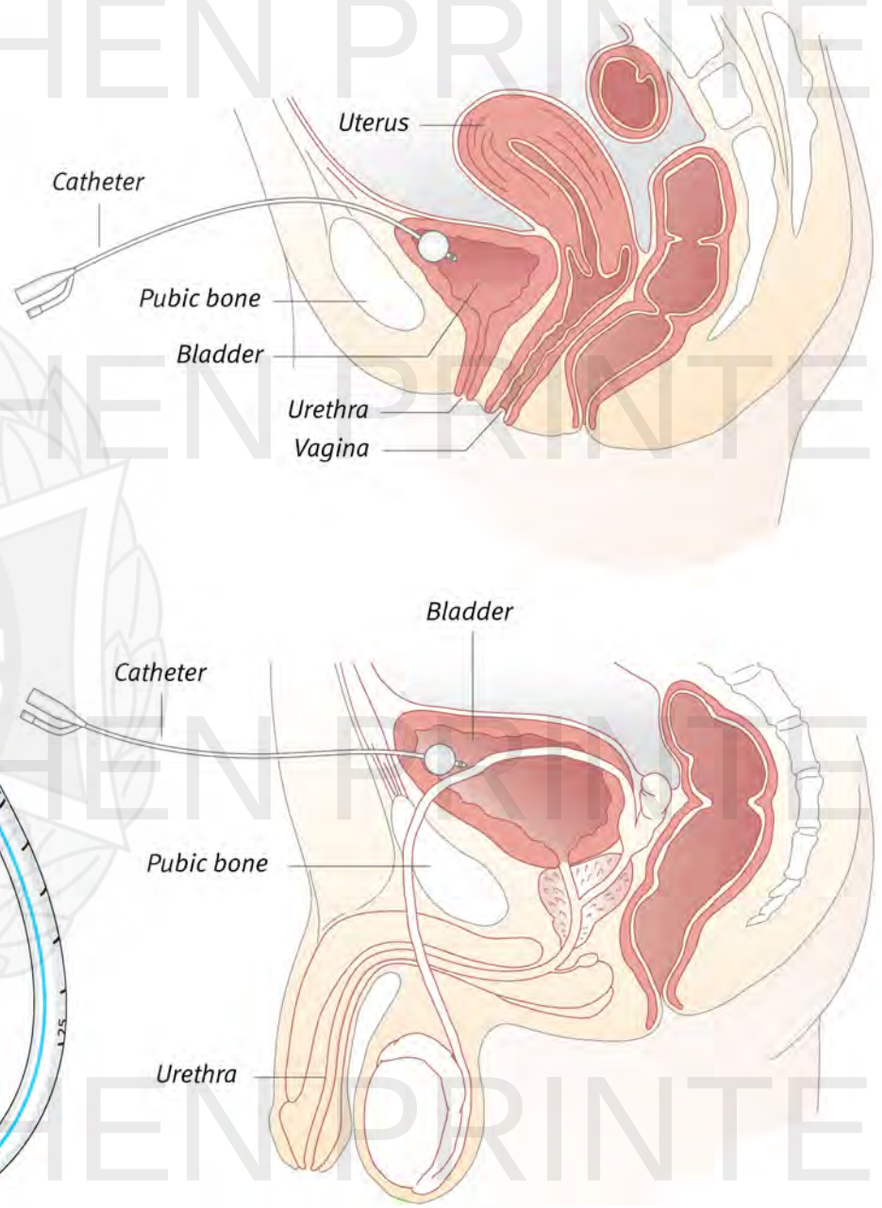
A **suprapubic urinary catheter (SPC)** is a flexible tube inserted into the bladder via the small surgical incision in the abdomen, above the pubic bone and below the umbilicus to allow the bladder to drain directly into a collection bag.

The catheter is held in place by an internal catheter balloon inside the bladder.

SPC's are generally used for patients who require long term urinary catheterisation due to trauma, surgery or medical conditions.

In the out-of-hospital setting, SPC insertion may be indicated for carefully selected patients under clinical consultation with QAS medical officer. Paramedic facilitated SPC insertion supports urgency in avoiding surgical closure, urinary retention and patient comfort.





Indications

- **Replacement of non-functioning pre-existing SPC** in line with patient specific care plans
- **Dislodgement** or removal of pre-existing SPC with subsequent:
  - Risk of surgical tract closure
  - Patient discomfort due to urine retention and bladder distension

Contraindications

- Known complex urinary surgical history
- Recent urological surgery
- Patients less than 16 years of age

Complications

- Pain
- Surgical tract closure
- Creation of false passage
- Allergy
- Catheter Associated Urinary Tract Infection (CAUTI) or surgical tract infection

PROCEDURE

1. Assess the predictors of SPC insertion difficulty and consider all available options to maximise first insertion success, including:
   a. Patient's ergonomics and optimal positioning/posturing.
   b. Consider relocating the patient to a cleaner location if required.
   c. Preferred scene conditions (e.g., lighting).
   d. Consider seeking assistance from a more experienced clinician.
2. Contact the *QAS Clinical Consultation and Advice Line* to discuss suitability for SPC replacement.
3. Check for patient allergies (e.g., chlorhexidine).
4. Ensure patient privacy and dignity.
5. Ensure the patient is in the supine position, to allow visualisation and comfortable access to the urinary surgical tract:
6. Wipe down a suitable procedure area with Clinell wipes and set up a waste bin within arms reach.
7. Ensure you are Bare Below the Elbows and perform hand hygiene in accordance with '5 Moments of Hand Hygiene' practice.
8. Using an aseptic technique, open the outer wrapping of the Urinary Catheter Insertion Pack and place the contents on the cleaned, flat surface.
9. Perform a 2-minute hand wash, then unwrap the Urinary Catheter Insertion Pack by the corners to create a sterile field.

Ensure that the sterile field is not compromised by hands or non-sterile equipment and packaging while setting up the sterile field.

10. Pick up one set of forceps and use them to re-position necessary equipment inside the sterile field. Discard forceps once complete.
11. Squeeze 10 mL of Water for Injection (WFI) into the first bowl for balloon inflation, and aqueous chlorhexidine 0.1% solution into the second bowl.
12. Empty the lidocaine syringe and catheter onto the sterile field from height.
13. Open the sterile gloves packet and urinary drainage bag on an appropriate surface outside of the sterile field.
14. Wash hands for 30 seconds, dry with a sterile towel, and don sterile gloves (see *CPP: Donning and doffing medical gloves*).

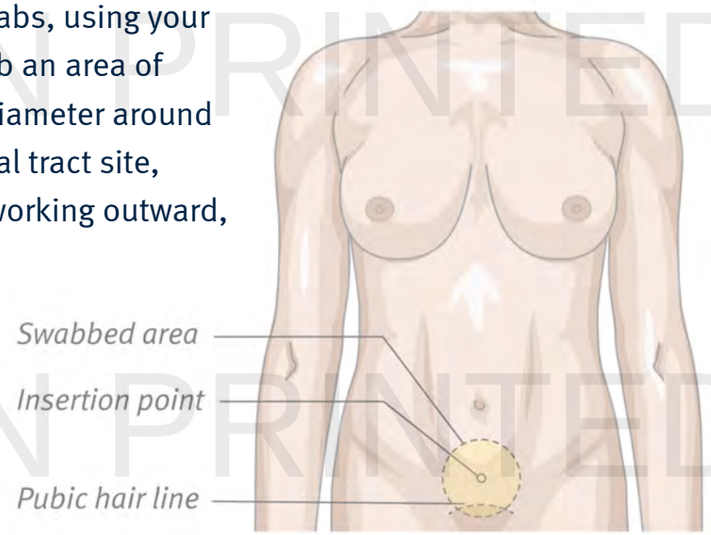
You may now touch the sterile field with gloved hands

15. Draw up WFI into a 10 mL syringe in preparation for catheter balloon inflation – use only sterile water and the exact amount specified on the SPC package.
16. Prepare gauze swabs in chlorhexidine or sodium chloride solution, placing prepared swabs inside the kidney dish when complete.
17. Remove the cap from the lidocaine syringe, and apply a small amount to the catheter tip.
18. Open the drape and place it over the patient's abdomen at the suprapubic insertion site.
19. Place the following equipment just below the patient's genitals on the fenestrated drape:
    - kidney dish (including prepared swabs)
    - remaining forceps
    - lidocaine 2% gel
    - 10 mL WFI
    - catheter

Surgical tract SPC insertion

a) Designate your non-dominant hand to be 'dirty', and dominant hand to be 'clean'.

b) Using the prepared swabs, using your dominant hand to swab an area of approximately 10 cm diameter around the supra-pubic surgical tract site, starting close in, and working outward, then close in again – use a fresh swab for each movement and discard into waste.



c) Gently insert the lidocaine gel 2% syringe tip into the supra-pubic tract and inject an appropriate amount of lubricant/anaesthetic. Wait 3–5 minutes for therapeutic effect before continuing.

d) Place the Y-junction of the catheter into the kidney dish to ensure urine output is caught.

e) Using your dominant hand, insert the catheter tip into the supra-pubic surgical tract until urine flows freely into the kidney dish.

f) When urine output commences, advance the catheter an additional 3 cm.

g) Holding the WFI syringe in your dominant (clean) hand, inflate the SPC's balloon via the balloon inlet of the Y-junction, ensuring key parts remain untouched.

h) Gently withdraw the catheter until the balloon is sitting in the correct position in the bladder and check placement is correct:

- Urine is freely passing from the catheter and ongoing drainage is occurring after the balloon is inflated.
- Absence of pain on inflation of balloon with WFI.

i) Inspect the urine colour and consistency in the kidney dish.

j) Attach the urine bag, ensuring the valve is shut and the connection port remains aseptic during attachment.

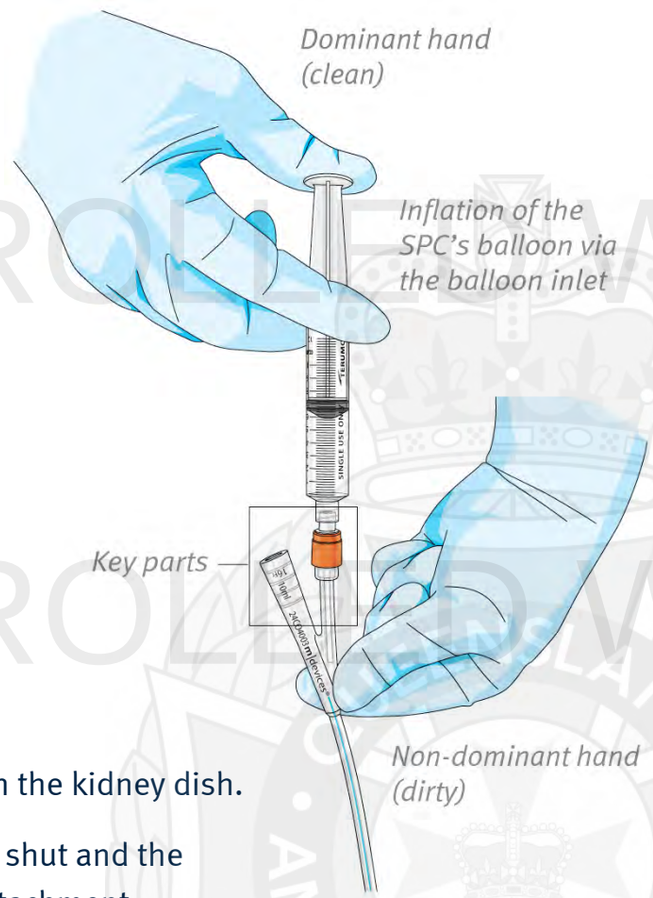
k) Prepare and attach the catheter stabilisation device; consider utilising previously placed stabilisation device.

l) Secure the leg bag with supplied elastic straps on the thigh or below knee, ensuring the bag is secured comfortably.

m) Remove the drape from the patient (tearing required).

n) Assist the patient with the donning of appropriate clothing and assist the patient back into a position of comfort.

o) Remove PPE and discard waste as appropriate.



Minimum eARF documentation requirements:

Catheter insertion

- Date and time of insertion
- Aseptic technique used
- Sterile gloves worn during procedure
- Catheter batch number
- Catheter size
- Balloon volume
- Total urine drained on insertion
- Issues identified during SPC insertion (e.g., pain, bleeding, obstruction)
- Evidence of infection
- Colour and consistency of urine
- Follow-up requirements

Catheter removal

- Date and time of removal
- Reason for removal
- Issues identified during IDC removal (i.e., pain, bleeding, obstruction)
- Evidence of infection
- Follow-up requirements

Additional information

- Clinicians must contact the Senior Medical Clinical Consultant (SMCC) via the *QAS Clinical Consultation and Advice* Line before commencing any SPC insertion or removal.
- The QAS supplies only 100% silicone (latex free) SPCs.
- Hand hygiene and use of sterile gloves is mandatory.
- Eye protection, gown and surgical mask must be worn by all clinicians. The potential of fluid exposure during this procedure is **HIGH**.
- The QAS supplies 4 sizes of double lumen M/devices® SPCs, the smallest size appropriate to the clinical indication should be selected:

Gauge (Fr)	Length (cm)	Colour	Balloon capacity (mL)	Common uses
12	45	White	10	Female
14	45	Green	10	Female/Males
16	45	Orange	10	Males
18	45	Red	10	Males

- Do not test the IDC's balloon prior to insertion as this may distort the balloon and cause pain and/or tissue damage during catheter insertion and removal.
- The risk of CAUTI is **HIGH** with this procedure:
  - The closed drainage system must only be broken/interrupted when clinically justified.
  - Urinary drainage bags must be positioned below the level of the bladder and must not be in contact with the floor.
  - The drainage bag must be emptied regularly to prevent backflow.
  - Always use aseptic technique. If the environment for the procedure is not conducive to achieving aseptic technique, consider if transport to hospital to undertake procedure in clean environment is more appropriate.
  - Should contamination of equipment occur, or sterile field is compromised, discard all equipment and start the procedure again.
  - Provide the patient/carer with a copy of the *QAS Suprapubic Urinary Catheter Care Advice* sheet. Explain the fact sheet information and answer any questions asked by the patient/carer.

REMOVAL PROCEDURE

1. Apply required infection control measures.
2. Ensure patient privacy and dignity.
3. If clinically appropriate, ensure that the need for SPC removal is discussed with, and agreed upon by the patient.
4. Position/posture the patient appropriately and consider placing a bluey under patient's hips.
5. Don a mask, protective eyewear and plastic apron.
6. Release any fixation devices that may be insitu.
7. Empty the patient's catheter bag to prevent spillage of urine, checking urine colour and consistency.
8. Don fresh non-sterile gloves.
9. Passively remove WFI from the catheter's balloon using the manufacturer's recommendation indicated on the Y-junction (e.g., 10 mL), ensuring no traction is applied to the plunger. Leave the syringe attached to the port during catheter removal.
10. Ask the patient to take a deep breath and gently withdraw the catheter on exhale, using gentle traction.
11. Inspect the catheter for any signs of damage.
12. Dispose of equipment appropriately.