



for the consultation at the request of attending is to have the suprapubic catheter exchange a week earlier than the scheduled monthly exchange to have the patient discharged home with a new catheter to reduce risk of infection. The patient agreed to have the exchange. Hand hygiene was performed and donned clean gloves. Patient was placed in a supine position. 18 french silicon catheter kit was open to the first tab to remove castile soap cleansing towelette. Large fabric bandage was removed from suprapubic site covering opening and catheter. Skin around suprapubic catheter site was pink and moist. Peristomal skin was cleansed with castile soap towellete. An empty 10 ml syringe was used twice to fully deflate the old catheter balloon. 10 mi of fluid was removed with catheter left in place. Gloves were discarded and hand hygiene performed Continued to open catheter kit maintaining sterile field. Donned sterile gloves, Positioned fenestrated drape. Dispensed sterile lubricant into plastic tray. Removed protective covering from catheter and placed tip in lubricant. Opened betadine package and used 3 swabs to cleanse opening around catheter on patient's pubic area while old catheter was still in place. Used my non-dominant hand (left) to remove the existing catheter and used my dominant hand ( right) to immediately insert new sterile catheter 3 inches deep pointing towards the spine and angling towards the symphysis pubic. Urine was spotted in the tubing and progressed the catheter 2 inches more to confirm placement in the bladder. Catheter bladder was inflated with 10 ml of sterile water. Catheter was placed in statlock on right thigh for stabilization, urometer gravity drainage bag placed at bedside below patient level. Applied date and time sticker to bag and tubing with current date and time. Soiled supplies discarded in appropriate containers, removed gloves and performed hand hygiene. The patient tolerated the exchange well.

WOC specific medical & nursing diagnosis and concerns	WOC Plan of Care (include specific products used)	Rationale (Explain why an intervention is chosen; purpose)
<p>Identify specific problems or concerns. "Risk" concerns should be incorporated into the plan for actual problems/concerns.</p> <p><i>NANDA diagnosis do not have to be utilized. Alternative examples to identify the problems/conditions: knowledge deficit, fluid/electrolyte imbalance, etc</i></p> <p><i>Neurogenic Bladder s/p suprapubic catheter</i></p>	<p>Statements should be directive and holistic relating to the problem/concern.</p> <p><i>Be aware of possible complications of suprapubic catheterization: UTI, asymptomatic bacteremia, or urosepsis. If the urine has a malodor or is cloudy, contact a licensed independent practitioner for a urinalysis. If there is leakage around the catheter it can lead to incontinence-associated dermatitis. Looking for kinks in tubing, blockage from mucous or encrustations, or if there are blood clots. If the patient is experiencing bladder spasms patient should contact their licensed independent practitioner for evaluation. Tube stabilization with stat-lock on the thigh for reduced risk of trat erosion.</i></p>	<p>Statements should explain why the intervention/directive should be followed. References are not required, unless utilized.</p> <p>Suprapubic catheterization is preferred for its reduced urethral irritation, the patient's ability for sexual activity, and for a trial of voiding without the need to remove the catheter.</p> <p>Suprapubic catheterization is exchanged between 4-6 weeks to reduced the risk of infection.</p> <p>It is recommended to flush the catheter once a day to prevent blood clots.</p> <p>It is important to report any abnormal symptoms to a Licensed independent practitioner for further evaluation to avoid infections, sepsis, and possible death.</p>

Identify each WOC	This section helps to communicate your product knowledge and critical thinking skills.
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(Save the document by clinical date & preceptor last name before submitting to your dropbox each clinical day)

Journals should be submitted to your dropbox by no later than **48 hours** following the clinical experience day.

