**Patient Details**

**Add Sticker**

Name:

DOB:

NHS number:

**Referrer Information**

Name:

Department:

Telephone Number:

|  |  |  |  |
| --- | --- | --- | --- |
| **Confirm catheter is safe to change in the community** | **Yes** | **No** |  |

**Clinical indication (Circle indication for catheterisation below)**

**H**aematuria- clots and heavy

**O**bstruction/catheterised by a urologist (retention) –

Bladder scan amount: mL

**U**rology/gynaecology/perianal surgery/prolonged surgery

**D**ecubitus ulcer - to assist the healing of a perianal/sacral wound in an

incontinent patient

**I**nput/output – monitoring accurate < hourly or acute kidney injury when

oliguric

**N**ursing at the end of life

**I**mmobilisation – neurogenic bladder – unstable fracture or neurological

impairment (where all other methods of toileting are contraindicated)

**O**ther

|  |  |  |  |
| --- | --- | --- | --- |
| Verbal Consent Given | Yes | No | NA |
| If unable to consent, MCA best interests completed | Yes | No | NA |
| Admitted with passport/existing catheter | Yes | No | NA |
| Patient advice leaflet given/information explained and given | Yes | No | NA |
| Passport given | Yes | No | NA |
| Confirmed latex allergy (if yes, use all silicone catheter) | Yes | No | NA |
| Has a Catheter Passport been provided to patient | Yes | No | NA |
| Has patient been provided spare catheter & gel at home in the event re-catheterisation is required | Yes | No | NA |

**Insertion**

Date and time of insertion:

Print name and role of person responsible for catheter insertion decision:

Signature:

|  |  |  |
| --- | --- | --- |
| Aseptic no touch technique used | Yes | No |
| Urethral meatus/genital cleaned with normal saline pre-procedure | Yes | No |
| Foreskin replaced | Yes | No |

|  |  |
| --- | --- |
| Type of catheter:  Reference number:  Size:  Catheter site:  Supra pubic/Urethral | Add Sticker |

|  |  |
| --- | --- |
| Sterile anaesthetic lubrication used | ml |
| Residual amount | ml |
| Balloon type/ml in balloon |  |
| Catheter securing device used |  |
| Drainage bag used | Yes No Type |
| Date of use and expiry on catheter bag |  |
| Expected duration/date of removal |  |
| If patient has a catheter assessed as long term or retention unknown cause, then referral to other healthcare professional considered | Yes No NA |

|  |
| --- |
| Please provide any details of hospital/urology follow up arranged: |
|  |