

**APPENDIX 15**

Please attach patient sticker here or record

Name: \_\_\_\_\_

NHS No:

Hosp No:

D.O.B:

Male  Female



SITE: ALX  KTC  WRH

Ward: \_\_\_\_\_

**URINARY CATHETER ASSESSMENT AND MONITORING FORM FOR ALL PATIENTS WITH INDWELLING URETHRAL OR SUPRAPUBIC CATHETERS**  
(if patient re-catheterised commence new form)

TO BE COMPLETED BY STAFF WHO ARE COMPETENT AND TRAINED TO INSERT CATHETERS

The risk of catheter associated urinary tract infection (CAUTI) increases by 5% for each day the device remains insitu. The catheter and drainage system is to be reviewed at least daily.

Urethral Catheter       Suprapubic Catheter

Date of insertion: \_\_\_\_\_      Inserted prior to admission

By Whom: Print Name \_\_\_\_\_      Signature: \_\_\_\_\_

Trust policy followed for correct insertion:    YES     NO

If NO, state reason \_\_\_\_\_  
\_\_\_\_\_

**AFFIX CATHETER LABEL HERE OR COMPLETE**

Catheter Size ..... CH

Male

Lot No: ..... Expiry Date: .....

**CATHETER TYPE (please tick)**

PTFE       short term use up to 28 days

HYDROGEL (BIOCATH)       long term use up to 12 weeks

LUBRISIL       long term use up to 12 weeks

**REASON FOR INSERTION:**

Fluid Management – Monitoring renal function during critical illness

Instillation of medication

Pre/Post surgery

Retention – Acute onset

Retention – Chronic (only if symptomatic And/or renal compromise)

Incontinence – Explain reason below

\_\_\_\_\_

Other (please specify) \_\_\_\_\_

Specify Sterile Closed Drainage system used :      Statlock applied at insertion

Leg Bag       2L Bed Bag       Urine Meter       YES       NO

Signature: \_\_\_\_\_      Print Name: \_\_\_\_\_

Designation: \_\_\_\_\_      Date: \_\_\_\_\_



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Name: \_\_\_\_\_

NHS No: 

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Hosp No: 

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D.O.B: 

D	O	M	M	Y	Y
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 Male  Female

PLEASE INDICATE:  
 ✓ = YES  
 X = NO

**Catheter Passport has been issued on insertion**

Date.....

Yes

Already has passport:

Not issued state reason

Date/ Time	Catheter still required (if no, date removed)	Meatal/ Suprapubic site hygiene performed?	Catheter tube secured safely?	Drainage Bag positioned above floor and below bladder	Drainage Bag changed? (unless clinically indicated, change after 14 days)	Statlock changed? (change every 7 days)	Is patient pyrexial or experiencing signs of UTI? If YES, perform urinalysis	C.S.U sent? If YES, date sent	Print Name & Designation
DAY 1									
DAY 2									
DAY 3									
DAY 4									
DAY 5									
DAY 6									
DAY 7					CHANGE BAG TODAY IF NO PRE-CONNECT SEAL IN SITU				
DAY 8									
DAY 9									
DAY 10									
DAY 11									
DAY 12									
DAY 13									
DAY 14					CHANGE BAG TODAY				
DAY 15									
DAY 16									
DAY 17									
DAY 18									
DAY 19									
DAY 20									
DAY 21					CHANGE BAG TODAY				
DAY 22									
DAY 23									
DAY 24									
DAY 25									
DAY 26									
DAY 27									
DAY 28	CHANGE PTFE CATHETER								

