

APPENDIX 15

| Please attach partent attaker liver or record Name: | Worcestershire |
|---|-------------------|
| NHS No: | Acute Hospitals |
| Hosp No: | SITE: ALX KTC WRH |
| D.O.B: 0 0 M M v v Male Female | 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.

| REASON FOR INSERTION: Fluid Management - Monitoring renal unction during critical illness nstillation of medication Pre/Post surgery Retention - Acute onset If YES, was bladder scan done? Retention - Chronic (only if symptomatic Date: Retention - Explain reason below | | ior to admission | | n: | |
|--|--------------------|---|-----------------------|--|--------------------------|
| AFFIX CATHETER LABEL HERI Catheter Size | | iature: | Sig | Name | By Whom: Print Na |
| REASON FOR INSERTION: Reason for instant - Monitoring renal unction during critical illness Instillation of medication Pre/Post surgery Retention - Acute onset If YES, was bladder scan done? Result: Ind/or renal compromise) Incontinence - Explain reason below Other (please specify) Specify Sterile Closed Drainage system used : | | | YES NO | owed for correct insertion: | rust policy followe |
| Reason FOR INSERTION: Huid Management – Monitoring renal unction during critical illness Instillation of medication Pre/Post surgery Itetention – Acute onset If YES, was bladder scan done? YES NO Itetention – Chronic (only if symptomatic ind/or renal compromise) Incontinence – Explain reason below Other (please specify) Statlock applied at | RE OR COMPLETE | AFFIX CATHETER LABEL HERE O | | ion | f NO, state reason |
| REASON FOR INSERTION: CATHETER TYPE (please tick) Juid Management - Monitoring renal HYDROGEL Instillation of medication HYDROGEL Pre/Post surgery Iong term u Idetention - Acute onset If YES, was bladder scan done? Idetention - Chronic (only if symptomatic Date: Ind/or renal compromise) Result: Incontinence - Explain reason below Other (please specify) | CH | Catheter Size CH | | | |
| Iuid Management - Monitoring renal PTFE short term unction during critical illness HYDROGEL Iong term u hstillation of medication IslocATH) Iong term u tre/Post surgery If YES, was bladder scan done? YES NO tetention - Acute onset If YES, was bladder scan done? YES NO tetention - Chronic (only if symptomatic Date: Result: Result: ind/or renal compromise) Incontinence - Explain reason below Other (please specify) Statlock applied at | **** | Lot No: Expiry Date: CATHETER TYPE (please tick) | | NSERTION | FASON FOR INS |
| Instillation of medication Instillation of medication Intere/Post surgery Instillation Intere/Post surgery Interest indication Interest indication Acute onset If YES, was bladder scan done? YES Interest indication Date: Interest indication Result: Interest indication Date: Result: Result: Interest indication Pate: Statlock applied at Statlock applied at | use up to 28 days | PTFE short term use | | | |
| Instillation of medication LUBRISIL long term under the long term under term under the long term under term under the long term under the long term under the long term under the long term under term under the long term under ter | | | | ical illness | unction during critical |
| Pre/Post surgery If YES, was bladder scan done? YES NO Retention - Acute onset If YES, was bladder scan done? YES NO Retention - Chronic (only if symptomatic Date: | use up to 12 week: | | | edication | nstillation of medi |
| If YES, was bladder scan done? YES NO Retention – Chronic (only if symptomatic Date: | use up to 12 week | LUBRISIL Long term use | | v 🗍 | re/Post surgery |
| If YES, was bladder scan done? YES NO Retention – Chronic (only if symptomatic Date: | | | | | |
| Incontinence – Explain reason below | | an done? YES NO | If YES, was bladder s | te onset | letention – Acute or |
| ncontinence – Explain reason below Other (please specify) specify Sterile Closed Drainage system used : Statlock applied at | | Result: | Date: | and the second | |
| Other (please specify) | | | | | 9. KA PA DA ANALA TAN' N |
| ipecify Sterile Closed Drainage system used : Statlock applied at | | | | | neonanence equ |
| | | | | pecify) | Other (please speci |
| | | | | | |
| eg Bag 2L Bed Bag Urine Meter YES NO | insertion | Statlock applied at ins | | | specify Sterile Clos |
| | | YES NO | Urine Meter | 2L Bed Bag | .eg Bag |
| gnature: Print Name: | | 1 Name | Pri | | anature: |
| esignation: Date: | | (*1999), Color (* 1975) 2006 5 | | | |
| bate | | e | | | esignation. |

| Worcestershire Acute Hospitals NHS Trust Urinary Catheter Insertion, Care, Management and | | | | | |
|---|--|--|--|--|--|
| Removal Policy | | | | | |
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| WAHT- INF- 04 |
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| Name: _ NHS No: Hosp No: D.O.B: | | Nose attach parient : | ticker her ar occes | | X | PLEASE INDICATE: ✓ = YES X = NO X = NO Catheter Passport has been issued on insertion Date Yes Already has passport Not issued state reason | | | passport tate 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 patie pyrexia experie signs of If YES, p urinaly: | l or ncing UTI? serform | C.S.U sent? If YES, date sent | Print Name & Designation |
| DWA I | | | | ļ | | Q | | | | |
| 0.072 | | | | | | | | | | c |
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| GAY 11 | | | | | | | | | | |
| 0.0712 | | | | | | 1 | | | | |
| 049/13 | | | | | | | | | | |
| Owy 14 | | | | | CHANGE BAG TODAY | | | - | | |
| DAY 15 | - | | | | | | | | | |
| 010,12 | | | | | | | - | | <u> </u> | |
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| DWV 23 | | | | | | | 1 | | | |
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| 049.25 | - | | | | | | | _ | - | - |
| D49.26 | - | | | | | 3 | - | | | |
| DRV 37 | - | - | | | | | - | | | - |
| 1347.28 | CHANGE PTFE CATHETES | | | | | | - | | | |



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