

Patient Addressogram

Adult Indwelling Urinary Catheter Daily Care Record

Specify any problems, interventions and outcomes in patient's notes/continuation sheet

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|---|------|---|---|---|--|---|--------------------|--|
| | | | Specify any problems, interventions and outcomes in patient's notes/continuation sheet | | | | | |
| | | | Hospital: | | Ward: | | | |
| Date | Time | Catheter still required? <i>If yes, give reason (using codes below)</i> <i>If no, date action taken</i> | Meatal area washed with soap and water | Catheter secured correctly, to ensure it is tension free | Drainage bag below level of bladder and above floor | Closed drainage system maintained | Sign when complete | |
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| Trial Without Catheter (TWOC) <input type="checkbox"/> Planned removal <input type="checkbox"/> Unplanned Removal (<i>e.g. came out</i>) | | | | | TWOC Successful? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Clinical Condition to be met for TWOC <i>(eg 24 hours post-op; no longer needs hourly urine output monitoring)</i> | | | Date of Planned TWOC: Time of Day <input type="checkbox"/> midnight <input type="checkbox"/> early morning <input type="checkbox"/> other | | If TWOC unsuccessful, document outcome and plan in patient's notes/continuation sheet | | | |
| Consent: <input type="checkbox"/> Informed and Documented <input type="checkbox"/> Patient adequately hydrated? <input type="checkbox"/> Balloon deflated? _____ mls <input type="checkbox"/> Patient advised/staff to monitor urine output? <i>(delete as appropriate)</i> | | | Date & time removed: _____ | Signature: _____ Print Name: _____ Job Title: _____ | Date & time of assessment: _____ | Signature: _____ Print Name: _____ Job Title: _____ | | |

Codes: {ST1} Surgical Procedures and post-op care
{ST2} Hourly urine output monitoring
{ST3} Acute/Chronic urinary retention (confirmed by bladder scan)
{ST4} Other (please state)

{LT1} Bladder under obstruction unsuitable for surgery
{LT2} Chronic urinary retention - intermittent catheterisation not possible
{LT3} Open wounds or sores frequently contaminated with urine
{LT4} Severe or terminal illness or disability that prevents toileting
{LT5} Incontinence - all alternative methods of management exhausted
{LT6} Other (please state)