

Hospital:	Ward:
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Insertion Details- Catheter inserted PRIOR to ward admission.

Date of insertion:	Time of insertion:	Route:
<input type="checkbox"/> Not known	<input type="checkbox"/> Not Known	<input type="checkbox"/> Urethral
		<input type="checkbox"/> Suprapubic: Left / Right / Midline (circle)

Inserted by: Name..... Designation:

Not Known

Is specialist input required for removal and/or insertion of the catheter? No Yes (details below) Not Known

Additional Information:

Consider including: Any additional information regarding the catheter such as size, reason for insertion, catheter material (silicone/latex) if known allergies recorded etc. Please indicate if the relevant paperwork is in the patient's notes.

Please review catheter and **undertake maintenance** on all catheters inserted PRIOR to admission

Signature: _____ Name: _____ Designation: _____

Go to Maintenance Section

Insertion Details- Catheter inserted FOLLOWING admission to ward.

Date of insertion:	Time of insertion:
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Inserted by: Name..... Designation:

Not Known

- Reason for Insertion (HOUDINI principles):**
- Haematuria with clot Retention
 - Obstruction
 - Retention (Acute/Chronic)
 - Urological Surgery
 - Decubitus ulcer (If Continence status is delayed healing of any break in the skin barrier within the sacral/ perineal area)
 - Input/ Output
 - Neurogenic bladder dysfunction or chronic indwelling catheter, Palliative/End of Life Care (including retention)
 - Immobilisation due to physical constraints
 - Other:

Has the patient consented to this procedure? Yes Unable to (details below) Not Known (details below)

Details (if unable to or not known):

Please confirm if lubrication or anaesthetic gel used?

Sterile lubricating gel Sterile anaesthetic gel with lidocaine Not Required

Other:

Catheter Details

Route:	Term:	Type:	Length:	Size:	Balloon size:	Solution in balloon:
<input type="checkbox"/> Urethral	<input type="checkbox"/> Short term	<input type="checkbox"/> 2 way	<input type="checkbox"/> Standard	<input type="checkbox"/> 6 <input type="checkbox"/> 14	<input type="checkbox"/> 5ml	<input type="checkbox"/> Sterile water
<input type="checkbox"/> Suprapubic:	<input type="checkbox"/> Long term	<input type="checkbox"/> 3 way	<input type="checkbox"/> Female	<input type="checkbox"/> 8 <input type="checkbox"/> 16	<input type="checkbox"/> 10ml	<input type="checkbox"/> Other (as per manufacturer instructions)
<input type="checkbox"/> Left		<input type="checkbox"/> Other:	<input type="checkbox"/> Paediatric	<input type="checkbox"/> 10 <input type="checkbox"/> 18	<input type="checkbox"/> 30ml (urological only)
<input type="checkbox"/> Midline				<input type="checkbox"/> 12 <input type="checkbox"/> 20	<input type="checkbox"/> Other:
<input type="checkbox"/> Right				<input type="checkbox"/> Not Known		
				Other		

Catheter LOT/Batch No:	Support system:	Fixation device:
.....	<input type="checkbox"/> Leg strap <input type="checkbox"/> Sleeve <input type="checkbox"/> Stand	<input type="checkbox"/> Hook & loop fastener <input type="checkbox"/> Adhesive
<input type="checkbox"/> Not available	Other	Other

Insertion (continued)		
Volume of urine drained:ml		
Appearance of urine drained (*Consider if specimen required*):		
<input type="checkbox"/> Normal	<input type="checkbox"/> Haematuria	<input type="checkbox"/> Clots
<input type="checkbox"/> Concentrated	<input type="checkbox"/> Cloudy	
Other		
Were there any problems with insertion? <input type="checkbox"/> No <input type="checkbox"/> Yes (details below)		
Details:		
Is specialist input required for removal / insertion? <input type="checkbox"/> No <input type="checkbox"/> Yes (details below) <input type="checkbox"/> Not Known		
Details:		
Has a Catheter Passport been issued? <input type="checkbox"/> No (details below) <input type="checkbox"/> Yes		
Details:		
Planned activity dates:		
Catheter Change:	Date:	<input type="checkbox"/> Not Known
Planned trial without catheter (TWOC):	Date:	<input type="checkbox"/> Not Known
Planned catheter removal:	Date:	<input type="checkbox"/> Not Known
Signature:	Name:	Designation:

Failed Attempt (please document all failed attempts)			
Date of attempt			
Time of attempt			
Insertion attempted by (name & designation)			
Route (Urethral / Suprapubic)			
Size			
Reason for failed attempt: Movement Patient Agitated Obstruction Other (please specify)			
Action:			
Signature:	Name:	Designation:	

HOUDINI:
Haematuria with clot retention
Obstruction
Retention (Acute/Chronic)
Urological surgery
Decubitus ulcer (If continence is delaying healing of any break in the skin barrier within the sacral / perineal area)
Input/Output
Neurogenic bladder dysfunction or chronic indwelling catheter, Palliative / End of Life Care (including retention)
Immobilisation due to physical constraints

PRINT AS STAND ALONE PAGE AS REQUIRED FOR ADDITIONAL MAINTENANCE DOCUMENTATION

Maintenance									
Hospital:									
Ward:									
Maintenance date:									
Maintenance time:									
Catheter site (Urethral / Suprapubic)									
Time in situ:									
Is Catheter Still Required? Yes- add reason code from Houdini list above: No- Add No and give reason in comments below.									
Planned activity dates (add date or NK if not known):									
Catheter change									
Trial without catheter (TWOC)									
Catheter removal									
Maintenance Activity (Respond Yes / No to ALL):									
Drainage bag changed (Recommended every 5-7 days)									
Drainage bag positioned below bladder & off floor									
Drainage bag emptied									
Maintain a patent closed drainage system									
Appropriate securing and fixation									
Periurethral / exit site entry maintained									
Signature									
Name									
Designation									
Comments (Date & time each entry):									

Catheter Removal		
Date of removal:	<input type="checkbox"/> Not known	Time of Removal:
<input type="checkbox"/> Not known		<input type="checkbox"/> Not known
Removed by: Name..... Designation:		
<input type="checkbox"/> Not Known		
Reason for removal:		
<input type="checkbox"/> No longer required	<input type="checkbox"/> Urinary tract infection	<input type="checkbox"/> Manufacturer license due to expire
<input type="checkbox"/> Catheter change	<input type="checkbox"/> Trial without catheter (TWOC)	<input type="checkbox"/> Manufacturer license expired
Other		
Document any difficulties or abnormalities during removal:		
Consider: Did the balloon deflate properly? Any encrustation present? Any meatus abnormality present at removal?		
Signature	Name	Designation