My urinary catheter passport

# Please take your urinary catheter passport with you to all your healthcare appointments, on hospital admissions and when you travel.

Emergency contact details:

Special instructions in the event of an emergency:

Ask your health practitioner how long your catheter will be in. If temporary, ask your health practitioner to remove your catheter as soon as possible.

|  |  |
| --- | --- |
| Consent for insertion of catheter obtained | Yes No  If no, please specify: |
| Urethral | Supra-pubic |
| Signature of Patient |  |
| Signature of inserting clinician |  |

|  |  |
| --- | --- |
| Name: | **Add Sticker** |
| DOB: |
| NHS Number: |

**Important contact details:**

|  |  |
| --- | --- |
| GP | Name:  Phone: |
| Community nurse | Name:  Phone: |
| Consultant/other health professional | Name:  Phone: |
| Reason for catheterisation |  |
| Urethral | Supra-pubic |
| Date of passport issue |  |
| Place of catheter changes |  |
| Known allergies |  |

**Purpose of the catheter passport (clinical version)**

This passport is for you and/or anyone else involved in the care of your catheter. It should be filled out by your healthcare professional.

Catheters are only inserted if there is a medical need. They must not be inserted at the request of a patient/family member alone. Follow the guidelines contained in this booklet to help minimise the risk of developing a UTI.

References can be found at <https://improvement.nhs.uk>

Catheterisation records - to be completed by your healthcare professional/carer

Reason for initial catheterisation

|  |  |
| --- | --- |
| Reason for catheter (circle) H O U D I N I (O) | Where catheter inserted (eg hospital): |
| Trial without catheter (TWOC) history prior to discharge: | Problems during catheterisation: |
|  | Can be changed in the  community? YES/NO |

Haematuria - clots and heavy

Obstruction – mechanical urology Urology/gynaecology/perianal surgery/prolonged surgery Decubitus ulcer - to assist the healing of a perianal/sacral wound in an incontinent patient

Input output monitoring accurate < hourly or acute kidney injury when oliguric

Nursing at the end of life

Immobilisation due to unstable fracture/spinal injury or neurological deficit (where all other methods of toileting are contraindicated)

(O) - other

# Catheter maintenance solutions

|  |  |
| --- | --- |
| Date | Type and reason |
|  |  |
|  |  |
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Details of traumatic removals (accidental pulling out)

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| --- | --- |
| Date | Actions (consider antimicrobial therapy, risk assess with local teams) |
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| CAUTI – Catheter associated urinary tract infection |

A change of urinary catheter is recommended when a CAUTI is suspected (if still indicated). If this cannot be done, change within 72 hours.

**Do not use a urine dipstick to diagnose a CAUTI.**

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| --- | --- |
| Date | Name of organism/infection and treatment (name, dose, duration) |
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| Diagnoses of resistant organisms including MRSA | yes no  Name:  Date:  Actions: |

Catheter Details and Future Plans

|  |  |  |
| --- | --- | --- |
| Date and time inserted | |  |
| Catheter details:  ADD STICKER | | |
| Balloon size: | | |
| |  |  | | --- | --- | | Urethral | Supra-pubic |   Lubrication/anaesthetic gel: | | |
| Valves in use: | | |
| Fixation device: yes no type: | | |
| Securing device: yes no type: | | |
| Drainage system: | | |
| Reason for change (tick & circle): | | Planned unplanned  H O U D I N I (O) |
| Antibiotic prophylaxis used on catheter change  yes no | | If yes, authorised by: |
| Planned location of future changes: | | |
| Date of next planned change/TWOC/review: | | |
| Onward referral: | | |
| Problems: | | |
| Name of professional responsible for the decision to re-catheterise |  | |

|  |  |
| --- | --- |
| Consent for insertion of catheter obtained | Yes No  If no, please specify: |
| Signature of Patient |  |
| Signature of inserting clinician |  |

Catheter Details and Future Plans

|  |  |  |
| --- | --- | --- |
| Date and time inserted |  | |
| Catheter details:  ADD STICKER | | |
| Balloon size: | | |
| |  |  | | --- | --- | | Urethral | Supra-pubic |   Lubrication/anaesthetic gel: | | |
| Valves in use: | | |
| Fixation device: yes no type: | | |
| Securing device: yes no type: | | |
| Drainage system: | | |
| Reason for change (tick & circle): | planned unplanned  H O U D I N I (O) | |
| Antibiotic prophylaxis used on catheter change  yes no | If yes, authorised by: | |
| Planned location of future changes: | | |
| Date of next planned change/TWOC/review: | | |
| Onward referral: | | |
| Problems: | | |
| Name of professional responsible for the decision to re-catheterise | |  |

|  |  |
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| Consent for insertion of catheter obtained | Yes No  If no, please specify: |
| Signature of Patient |  |
| Signature of inserting clinician |  |

Catheter Details and Future Plans

|  |  |  |
| --- | --- | --- |
| Date and time inserted | |  |
| Catheter details:  ADD STICKER | | |
| Balloon size: | | |
| |  |  | | --- | --- | | Urethral | Supra-pubic |   Lubrication/anaesthetic gel: | | |
| Valves in use: | | |
| Fixation device: yes no type: | | |
| Securing device: yes no type: | | |
| Drainage system: | | |
| Reason for change (tick & circle): | | planned unplanned  H O U D I N I (O) |
| Antibiotic prophylaxis used on catheter change  yes no | | If yes, authorised by: |
| Planned location of future changes: | | |
| Date of next planned change/TWOC/review: | | |
| Onward referral: | | |
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| Name of professional responsible for the decision to re-catheterise |  | |

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