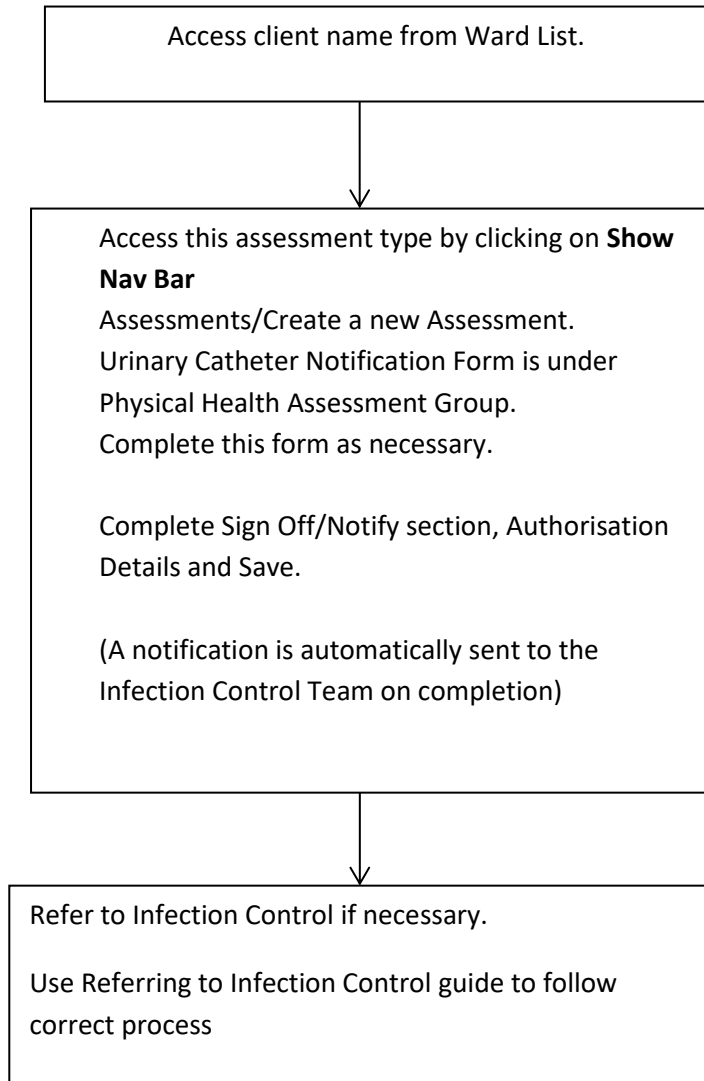


***Complete a Urinary Catheter Notification form in Paris***

*\*This assessment is to be completed for all clients who have a catheter.*



**URINARY CATHETER NOTIFICATION FORM**

**PLEASE NOTIFY THE INFECTION CONTROL TEAM OF ANY PATIENT WITH A URINARY CATHETER INSERTION  
BY FAX TO: - [REDACTED]**

From: (Name of Notifier) ..... Designation  
..... Unit Phone Number .....  
Date.....

**PLEASE COMPLETE THE INFORMATION REQUESTED BELOW**

<b>Patient name:</b>	<b>CareBase number:</b>
<b>Date of Birth:</b>	<b>Ward / Team:</b>
Is this a 1 <sup>st</sup> catheterisation? Yes <input type="checkbox"/> No <input type="checkbox"/>	Urethral <input type="checkbox"/> Supra pubic <input type="checkbox"/>
<b>Date catheter inserted:</b>	<b>Inserted by whom?</b>
<b>Where i.e.? EPUT</b>	Bladder scan or residual result:                      mls. CSU Taken: <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>CATHETER RATIONALE:</b>			
<input type="checkbox"/> Retention	<input type="checkbox"/> Fluid balance	<input type="checkbox"/> Surgery	<input type="checkbox"/> Incontinence
<input type="checkbox"/> Palliative	<input type="checkbox"/> Significant pressure sore	<input type="checkbox"/> State Other:	

<b>FOLLOW-UP PLAN:</b>		
<input type="checkbox"/> Trial without catheter planned	<input type="checkbox"/> Referral to urology	<input type="checkbox"/> State other
<input type="checkbox"/> Awaiting surgery	<input type="checkbox"/> Intermittent self catheterisation – referral to continence specialist.	

<b>PLEASE RECORD IN PATIENTS CARE RECORDS:</b>		
<b>Type of catheter:</b>	<b>Charriere (size):</b>	<b>Balloon size:</b>
Cleansing solution and lubricant (if known)	Anaesthetic gel agents used:	
Volume of urine passed on insertion:	Any problems negotiated:	
Date of reassessment or re-catheterisation:	Signature and status of person performing catheterisation	
Date and time of entry to records.		