

URINARY CATHETER NOTIFICATION FORM

PLEASE NOTIFY THE INFECTION PREVENTION AND CONTROL TEAM OF ANY PATIENT ADMITTED TO YOUR WARD/UNIT WITH A URINARY CATHETER OR IF INSERTED POST ADMISSION.

From (name of person notifying)..... Designation.....

Ward/Unit telephone number..... Date.....

PLEASE COMPLETE INFORMATION REQUESTED BELOW

Patient Name:	NHS Number:
Date of Birth:	Ward/Team

Is this a first catheterisation? Yes <input type="checkbox"/> No <input type="checkbox"/>	Urethral <input type="checkbox"/> Supra Pubic <input type="checkbox"/>
Date of insertion (if known):	Inserted by (if known):
Where inserted? (i.e. acute hospital)	Sterile Catheter Specimen of Urine (from needless port) taken: Yes <input type="checkbox"/> No <input type="checkbox"/>

CLINICAL RATIONAL FOR CATHETER			
Retention of urine <input type="checkbox"/>	Fluid balance <input type="checkbox"/>	Surgery <input type="checkbox"/>	Incontinence <input type="checkbox"/>
Palliative (end of life) <input type="checkbox"/>	Significant pressure ulcer <input type="checkbox"/>	Other:	

FOLLOW UP PLAN		
Trial without catheter <input type="checkbox"/>	Refer to Urologist <input type="checkbox"/>	Other <input type="checkbox"/> state what:
Awaiting surgery <input type="checkbox"/>	Intermittent self-catheterisation <input type="checkbox"/> <i>If planned refer to continence specialist team</i>	

CHECKLIST	
Catheter care bundle commenced <input type="checkbox"/>	Referral to District Nurse <input type="checkbox"/>
Catheter care plan <input type="checkbox"/>	Referral to continence Specialist Nurse (if required) <input type="checkbox"/>
Necessary stock of equipment ordered <input type="checkbox"/>	MRSA screening completed <input type="checkbox"/>

Information entered into patient records by (sign and print name):