CATHETER PASSPORT

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| --- | --- | --- | --- |
| Date and time of insertion | | Calendar for ease of selection | |
| Allergies | | Free text **(?can this be pulled through if documented)** | |
| Has the catheter been changed in line with Trust guidelines | | **Select one option:** Yes/No | |
| Antibiotic prophylaxis used on catheter change | | **Select one option:** Yes/ | |
| Is a prophylactic regime indicated | | **Select one option:** (either if No or Not required)  Amikacin  Gentamicin | |
| Reason for insertion | | **Free text** | |
| The patient requires a catheter because- **Multi-select**  **H**aematuria is present  **O**bstruction-the patient is unable to pass urine  **U**rological surgery  **D**amaged skin-non healing perineum, open sacral or perineal wound  **I**nput / Output monitoring for fluid balance  **N**ursing care at the end of life/comfort care  **I**mmobility due to physical constraint  **Guidance note:** If none of the HOUDINI criteria above are met, review the need before catheterisation | | | |
| Catheter Selected | **Select one option:**  2-way Tiemann Tip  3-way Straight tip  2 - way straight tip  Other - Free text | | |
| Batch number | | Free text – (35 characters) | |
| Expiry dates | | Free text – (35 character) | |
| Size of catheter | | Select one:  10ch  12ch  14ch  16ch  18ch | |
| Make of catheter | |  | |
| Insertion point | | Select one option:  Urethral/supra pubic | |
| Material of catheter | | Silicone / latex / PTFE | |
| Short (up to 4 weeks) or long term catheter (up to 12 weeks) | | Short / Long | |
| Lubrication gel | | **Select:** Yes/No |  | |
| Anaesthetic lignocaine gel | | **Select:** Yes/No | |
| Ease of insertion | | **Select:** Easy/ Difficult | |
| Catheter valve in use | | **Select one:** Yes/No | |
| Catheter securing device | | **Select one option:** Stat Lock / G Strap | |
| Drainage system | | **Allow multi-select:** Leg bag/Overnight bag | |
| Volume of urine drained on insertion | | **Select one numeric:** Range0 – 2000mls | |
| Discharged with indwelling catheter insitu | | **Select:** Yes/No | |
| Patient /carer taught how to change valve/bag | | **Select:** Yes/No | |
| Equipment supplied on discharged  **Select one:**   * 1-week supply * 2 - week supply – (for trial without catheter on discharge) * Long-term supply order arranged- long term and no plans for trial without catheter * Other - Free text (3500 characters) | | | |
| Planned location of future changes | | **Select one option:**   * Home * Outpatients * Care home * Primary care * Community services * Trial without catheter * Other- free text (3500 characters) | |
| Reason for next planned change  **Select one option:**   * Trial without catheter (TWOC) * Review * Routine change long-term catheter | | | |
| Date of planned change | | Free text **– Calendar if possible** | |
| Consent to referral and to share passport | | **Select one:**   * Yes * No * Best Interest decision due to lack of capacity to make decision | |
| Referral sent to  **Multi-select:**   * Orchid Suite * Urology * Community Continence Service * GP * District Nurse * Care or Nursing Home * Other - Free text | | | |
| Copy of the catheter passport sent to: **(Allow multi-select)**   * GP * District Nurses * Community Continence Service * Nursing home * Outpatients * Other hospital - Free text * Care provider | | | |
| Patient has: (Allow Multi-select)   * Enlarged Prostate * Future plans for prostate surgery * Medications for bladder/prostate * Prostate/ bladder cancer   Additional notes: Free text (3500 characters) | | | |
| Following urological surgery I am happy for catheter to be removed in the setting outlined above Free text: (insert date and sign sub boxes) | | | |
| Form completed by: **(Time stamp)**  • Name (Auto-fill)  • Designation  • Ward/Community base  • Phone number | | | |