CATHETER PASSPORT

|  |  |
| --- | --- |
| 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 tipOther - 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 |