

Patient Urinary Catheter Passport

Please make sure that
this booklet is
always available
for staff to record
information.



Useful contacts to keep

Name/role

Single point of access (SPA) for community nursing

24 hour service on 0300 300 7777

Your GP

Out of hours GP

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Continence Service
Riverside House
Bridge Park Road
Thurmaston
Leicester LE4 8PQ

Patient	Name	
	Address	
	Postcode	
	NHS number	

Community Nurse	Name	
	Address	
	Tel	

GP	Name	
	Address	
	Tel	
	Out of hours tel	

Clinic/Hospital	Name	
	Address	
	Tel	

Catheterisation records

To be completed by nursing staff

All health care workers should record details of urinary catheterisation in the sections below as well as the appropriate nursing/medical records.

Completion of the booklet will enhance continuity of care for the patient between both community and hospital settings.

Catheterisation details

Reason for catheterisation			
Date of first catheterisation			
Catheterised by			
Catheter type and size			
Urine volume drained			
Drainage system used and ordering codes			
Leg bags			
Night bags			
Catheter valves			
Significant medical history			
Anticoagulants (blood thinners)			
Bladder and/or prostate cancer			
Any problems experienced during catheterisation			
Plan for catheter removal			
Discharge nurse informed of discharge	Yes	No	Date

During the insertion or removal of the catheter there is a possibility of trauma to the urethra. The nurse will advise you if a medical review is required. If the bleeding does not stop, please seek medical advice as a matter of urgency. Catheterised patients should only be considered for antibiotic treatment if they develop symptoms of suspected UTI without another obvious source. Please refer to the Antimicrobial Guidelines for the Management of Catheterised Patients in the Community (LMSG).

Refer to local protocols for further details.

Details of MRSA positive results

Date of positive result for MRSA	
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Date of results for positive infection

Date	Infection	Treatment

Sensitivities/allergens

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Date			
Type of catheter			
Size			
Batch number			
Expiry Date			
Sterile lubricant used?	Batch No.	Expiry date	
Reason for catheter change ie routine/blocked/ infection considered			
Problems Please identify if bladder maintenance is successful or unsuccessful			
Bladder maintenance	Yes		No
Type used			
Date of next planned change			
Signature			

Date			
Type of catheter			
Size			
Batch number			
Expiry Date			
Sterile lubricant used?	Batch No.	Expiry date	
Reason for catheter change ie routine/blocked/ infection considered			
Problems Please identify if bladder maintenance is successful or unsuccessful			
Bladder maintenance	Yes		No
Type used			
Date of next planned change			
Signature			

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Batch number			
Expiry Date			
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Bladder maintenance	Yes		No
Type used			
Date of next planned change			
Signature			

If you require any further information please contact us on the telephone number on the front of this booklet or speak to your GP.

**If you
need help to
understand this
leaflet or would like it
in a different language
or format such as large
print, Braille or audio,
please ask a
member of
staff.**

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