

My Urinary Catheter Passport

Please take your Urinary Catheter Passport with you to all your healthcare appointments, if you are admitted to hospital and when you travel.

This document has been adapted from NHS England's Urinary Catheter Passport for use locally.

The original document can be found at:

<https://www.england.nhs.uk/patient-safety/urinary-catheter-tools/>

Working together:

The following organisations have been involved in the development of this Urinary Catheter Passport:



Berkshire Healthcare
NHS Foundation Trust



Oxford Health
NHS Foundation Trust



Buckinghamshire Healthcare
NHS Trust



Oxford University Hospitals
NHS Foundation Trust



**Buckinghamshire, Oxfordshire
and Berkshire West**
Integrated Care Board



Royal Berkshire
NHS Foundation Trust



Frimley
Integrated Care Board



**South Central
Ambulance Service**
NHS Foundation Trust

If you have a Berkshire GP to order new products contact:

0800 138 8336

prescriptionservice.bhg@nhs.net

You will need to give: name, DOB, Address and any information about your products needed.

Details for health professionals:

Name:	
Date of birth:	
NHS number:	
Reason for catheter:	
Date first catheterised	
Type of catheter Short term / Long term / Intermittent Self Catheterisation (ISC)	
Date of passport issue	
Place of catheter changes	
Estimated date of removal / date of Trial Without Catheter (TWOC) (if applicable)	
Concerns at catheter changes:	
Known allergies:	

PATIENT PROMPT:

Ask your health practitioner how long your catheter will be needed for, and if this is only a temporary measure, what plans there are for removing it?

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Purpose of the catheter passport

This passport is for you and/or anyone else involved in the care of your catheter. The information in it will help you care for your catheter at home and ensure your carer/healthcare professional has the right information.

Good management of your catheter could improve your quality of life. Catheters significantly increase the risk of urinary tract infections (UTIs) and these can seriously affect your general health and wellbeing. Catheters are only inserted if there is a medical need. They must not be inserted at the request of a patient/family member alone. Follow the guidelines contained in this booklet to help minimise the risk of developing a UTI.

Please take your catheter passport with you if you are travelling, attending hospital appointments or admitted to hospital and remember to take it home with you when you are discharged.

Personal information

This is my catheter passport. Its purpose is to provide me with information, record details of my catheter and to document what has been collectively agreed between me, my specialist teams and my GP.

My name is:		Would you like to tell us your pronouns?
I like to be called		
I speak	I understand	
My ethnicity is		
I have a urinary catheter because		
Important things to know about me: (medically, my physical health, my mental health).		

Other important things I would like you to know about me:

(This could be about your family, neurodivergence, social skills, learning difficulties, physical disabilities – whatever is important to you).

What I like to do:

(This could be about your hobbies, e.g. playing sport, swimming, walking, or spending time with your partner).

What outcome would I like?

(for example this is a temporary catheter and I would like it removed as soon as possible, or I would like to consider an alternative to a bag).

What I am worried about and what my concerns are:

(This could be about getting an infection, people noticing I have a catheter, pain and discomfort from the catheter).

I feel supported by:

(This could be family, friends, carers).

I will come to appointments with:

I will travel to appointments by:

What makes me feel safe?

(This could be about your environment or who you have with you; it could be as simple as being listened to).

What makes me uncomfortable?

(This could be about your environment, previous experiences or who you have with you. It could be about your medical care and whether you are comfortable with the invasiveness associated with a urinary catheter).

Date of this plan:

How frequently I would like to review this plan:

The other people and organisations who support me:

GP:

Phone:

Community nurse:

Phone:

Consultant/other health professional:

Phone:

Out of hours:

Prescription service details

.....

Continence team

Anyone else I feel should be listed:

.....

.....

.....

.....

What is a catheter?

A catheter is a thin, hollow, flexible tube inserted into your bladder to drain urine. You will have a drainage bag attached to your leg or around your waist, or a catheter valve and no bag. There are two types of catheter: urethral and suprapubic.

Catheters can be indwelling (remain in place in the bladder) or can be inserted and removed independently once urine has been removed or voided (known as intermittent self-catheterisation).

Why do I need a catheter?

You may need a catheter for many reasons, including:

- To let urine drain if you have an obstruction in the tube (urethra) that carries urine out of the bladder
- To allow you to urinate if you have bladder weakness or nerve damage that affects your ability to pass urine
- To drain your bladder before, during and/or after some types of surgery

A urinary catheter is only put in when necessary as it carries significant risk of developing Urinary Tract Infections (UTIs) that can be serious or even life-threatening.

The information in this passport will help you avoid infections.

If you need more help around caring for your catheter, or have any health concerns, contact your GP or community nurse.

Are there any alternatives to a catheter?

There are many reasons why a catheter may need to be inserted. The team caring for you will explain if there are any alternatives for you.

If you are male and have been catheterised for continence issues an external sheath catheter (also known as a condom catheter) can be used. This is fitted over the penis and connected to a drainage bag.

Intermittent Self Catheterisation (ISC)



Intermittent self-catheterisation (ISC) is a term used to describe the process of regular catheterisation which you carry out yourself to remove urine from the bladder. It is a safe and effective procedure. A catheter is a thin plastic tube designed to empty your bladder artificially. The above pictures show examples of catheters used for ISC. There are many reasons why some people cannot pass urine without help from catheters.

ISC is considered the preferred option for people who require catheterisation because it provides several advantages over other methods. For example, it reduces the risk of urinary tract infections compared to indwelling catheters, which are left in the bladder for an extended period.

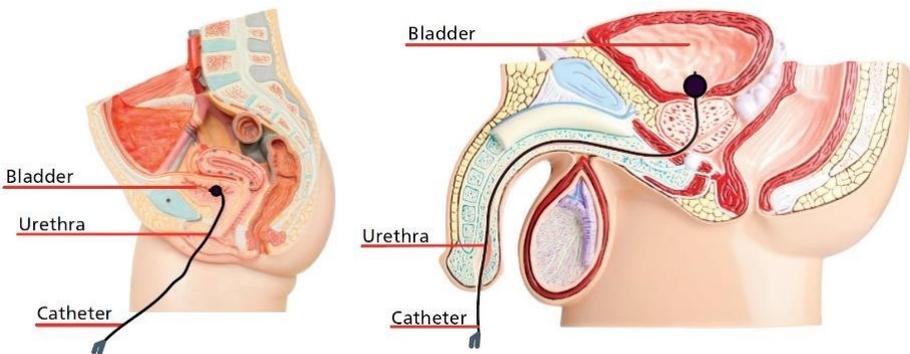
ISC also allows people to maintain more control over their bladder function and improves their quality of life by enabling them to empty their bladder on their own schedule, without relying on others to assist them.

ISC will not be suitable for everyone, for example you may not have the dexterity to physically perform ISC or your bladder or urethra may not be suitable for ISC. Your Healthcare Professional will give you advice on whether ISC is a suitable option for you, and how many times you should empty your bladder each day.

Urethral catheter

The catheter is put into your urethra, the tube that carries urine from the bladder to the outside of the body (the opening of the urethra is at the tip of your penis or just above your vagina).

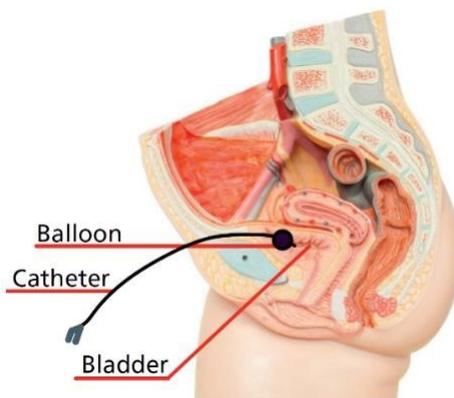
The catheter is put into your bladder, and a small balloon near the end of the catheter is inflated with sterile water to keep it in place.



Suprapubic catheter

The catheter is put in via a small cut made in the abdomen.

This is initially inserted in hospital, during a short operation using either local or general anaesthetic. Ongoing management will be generally performed in the community.



Daily catheter care

Washing

- Wash your hands with soap and water before and after touching your catheter using the method on page 19
- If possible, have a daily shower (preferably) or bath. Do this with your leg bag or valve attached
- Wash the skin in the area where the catheter enters the body with unperfumed or mild soap and water, at least daily and after using the toilet if possible. Use a clean flannel or cloth for this purpose only.
- Wash around the catheter tubing moving in a direction away from the body
- Avoid using talcum powder and the overuse of creams or lotions

If you have a urethral catheter:

- Men should be careful to wash under their foreskin, replacing afterwards, unless you have been circumcised
- Men should be aware that if the penis becomes sore and/or the foreskin cannot be replaced, they should seek urgent medical assistance
- Women should always wash the genitals from front to back, to avoid moving faeces from your bottom to the catheter

If you have a suprapubic catheter:

- Some people may experience a slight discharge from around the catheter site. If this happens then contact your healthcare practitioner, who will tell you the best way to treat it
- Avoid pulling or restricting your catheter by wearing loose, comfortable clothing. Tight clothing can cut off the flow of urine and cause skin irritations

If you have any questions or concerns, please ask your healthcare professional who will be happy to support you.

Correct method of hand washing

It's important to wash your hands before and after touching your catheter or drainage bag.



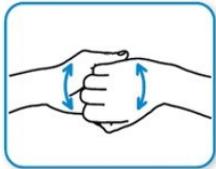
1. Palm to palm.



2. Right palm over back of the other hand.



3. Palm to palm, fingers interlaced.



4. Backs of fingers to opposing palms with fingers interlocked.



5. Rotational rubbing of right thumb clasped in left palm, then vice versa.



6. Rotational rubbing, backwards and forwards with clasped fingers of hand in left palm then vice versa.

Adapted from the World Health Organisation **Clean hands protect against infection.**

Securing your catheter

A catheter securement device should be used to stop your catheter tube moving around. This might be a cloth and Velcro® G-strap or a device resembling a dressing that is stuck to your skin. Your healthcare professional will advise you when and how to change this.

Leg bag

Your catheter bag should always be below your bladder; a leg bag can assist you with this.



The leg bag is attached to your calf or thigh by a pair of leg straps, a sleeve, fixation devices or a special holster. How you wear the bag depends on what feels comfortable for you. The choice and size of the bag and the length of tubing depend on where you want to wear it and how much urine you pass.

When wearing trousers, a long tube bag may be more convenient as it is possible to roll up the bottom of the trouser leg and access the tap at the base of the bag for emptying urine.

Short tube leg bags can be worn on the thigh and are discreet under skirts, shorts and dresses.

Men should try to change the position of the leg bag frequently to avoid damage to the penis from the catheter rubbing in one position.

When attaching the leg bag using the straps provided, always ensure they are placed through the slots and behind the inlet tube rather than over as this can block the tube.

Caring for your leg bag

- Wash your hands before and after touching your catheter
- Empty the leg bag when it is 2/3 full, into the toilet or a dedicated container for transport to the toilet
- To help prevent infection, only disconnect the leg bag when it is replaced with a new one

How to change my leg bag

Most leg bags are changed on a weekly basis; it is best to change your leg bag on the same day of the week. Empty the attached leg bag before changing to your new one.

- Wash your hands (page 19) before and after.
- Open the new leg bag, but don't remove the protective cap.
- Remove the attached leg bag carefully. Don't pull or use excessive force.
- Point the end of the catheter upwards as you detach the leg bag to prevent leakage. Dispose of old leg bag into a plastic bag (follow your local council's policy for disposal).
- Carefully remove the protective cap from the new leg bag. Do not touch the nozzle once you have removed the cap.
- Gently insert the new leg bag connector to the catheter. Take care not to touch the plastic nozzle.

If you have any questions or concerns please ask your healthcare professional who will be happy to support you.

Using a valve instead of a drainage bag

A valve may not be recommended for certain conditions, for example if you have poor dexterity and will struggle to operate the valve, if you have kidney failure or become confused. You will be advised by your healthcare professional if a valve may be an option for you.

A catheter valve is an alternative to a leg bag and attaches directly to the catheter. When the valve is in the closed position it allows the bladder to fill. When the bladder is full, the valve can be opened so that the bladder can be emptied.



If you have a valve attached to your catheter instead of a leg bag, you should open the valve to empty your bladder:

- Every three-to-four hours during the day
- When you feel your bladder is full
- Before opening your bowels

To help prevent infection, only disconnect the valve weekly when it is replaced with a new one.

Attaching a night bag to a valve is optional. If you do use a night bag, remember to open the valve to allow urine to drain into the night bag.

The catheter and leg bag or catheter valve form a closed drainage system. This helps to prevent bacteria getting into the system, reducing the risk of infection.

Only disconnect the catheter from the bag or catheter valve when you are changing them. Remember to wash your hands thoroughly before and after handling the catheter, to reduce the risk of infection.

The night bag

Night bags allow free drainage of urine when in bed.

- Attach a night bag to the leg bag or valve
- Open the tape from your leg bag
- The night bag must be placed off the floor but below the level of the bladder once attached. Ensure your health professional has given you a stand
- In the morning close the leg bag or valve
- Remove the night bag and empty the urine into the toilet
- Dispose of empty night bags into a plastic bag (follow your local council's policy for disposal)

Clothing and exercise

- You can continue to wear your usual underwear whilst you have your catheter. If you have a suprapubic catheter you may prefer to wear underwear that sits above or below the suprapubic site, for comfort
- Continuing with your normal exercise should be fine, but swimming in a communal pool may increase the risk of urinary tract infections. If you have any questions please ask your Health Care Professional

Is it possible to have sexual intercourse with a catheter inserted?

Yes, it is possible. A suprapubic catheter may make it easier. Speak to your healthcare professional for more information.

If during intercourse you experience any pain or discomfort, you should stop. Talk to a healthcare professional about any concerns you have.

Before:

- Wash your hands before and after touching your catheter
- Empty your bag

Advice for men:

- Once erect fold back your catheter along the length of the penis, leaving a loop. This will stop the catheter pulling
- Apply a condom to help secure the catheter
- If you need a lubricant use a water-based gel

Advice for women:

- Secure or tape your catheter out of the way
- After intercourse clean your genital area thoroughly with warm water and unperfumed soap

Removal of your urinary catheter

Sometimes a catheter will need to remain in place permanently for example when there is an obstruction in your urinary tract. Otherwise, the requirement for you to continue to have a urinary catheter should be reviewed regularly by your healthcare professional. You should always prompt and encourage the health professional to review the requirement for a urinary catheter if you feel this is not happening.

If you have had a catheter in place for an extended length of time and the decision is made to 'TWOC' (Trial without catheter) planning should be made to attempt to 'train your bladder'. This will hopefully increase the chance of your TWOC being successful and reduce common issues following removal of the catheter for example urgency and incontinence.

Bladder retraining

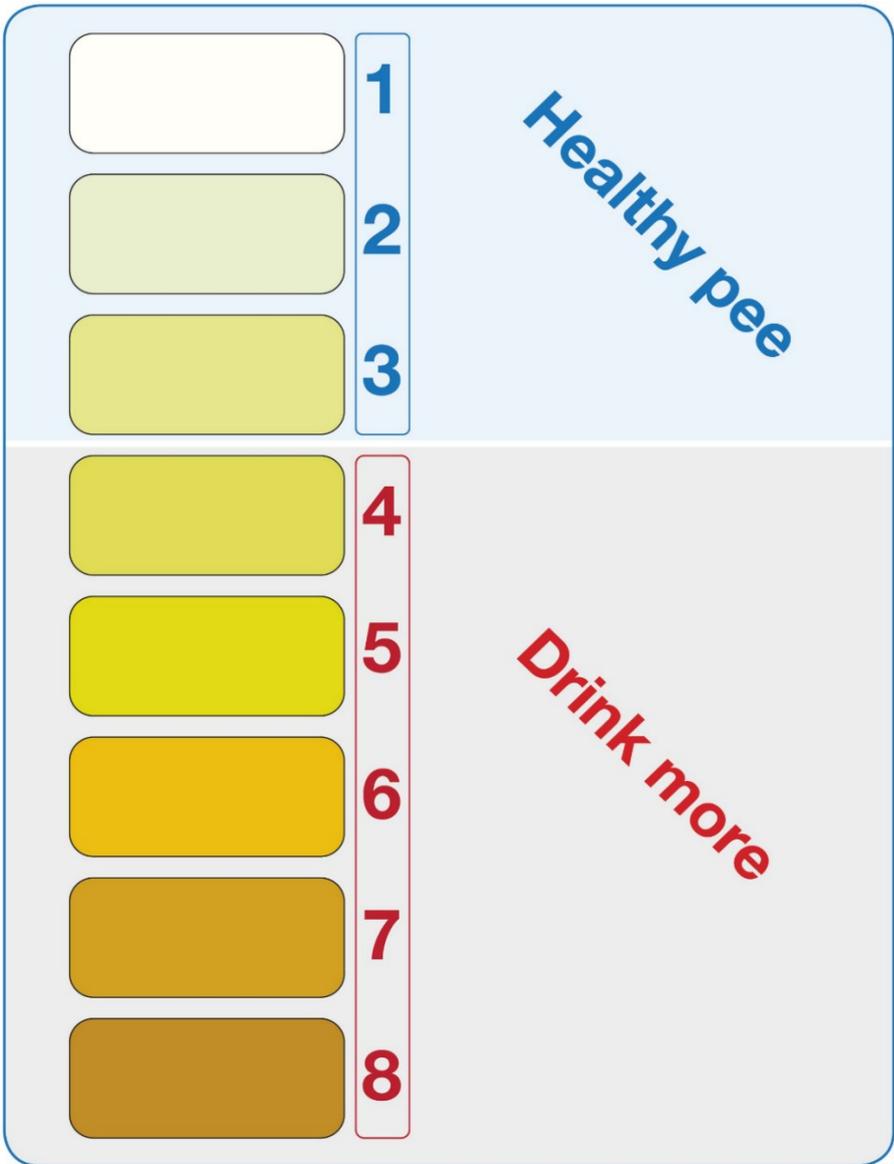
Catheter valves also mimic bladder function of filling and emptying the bladder and can be useful in regaining 'normal' bladder function. If a TWOC fails trialling the catheter valve may aid in regaining bladder function.

Healthy bladder and bowel

Maintaining a healthy bladder and bowel is very important. A full, constipated bowel can press on the bladder and stop the catheter draining freely.

- Drink about 1.5 to 2 litres (about 6 mugs or 8 cups) of fluid in 24 hours, unless clinically advised not to do so. This keeps you hydrated and will help soften your stool and aid easier bowel movements
- Limit alcohol and caffeine intake as they may irritate your bladder. There is caffeine in tea, coffee, cola, other fizzy drinks and drinking chocolate
- Eat a balanced, healthy diet. [The Eatwell Guide - NHS \(www.nhs.uk\)](https://www.nhs.uk) has advice on how to achieve a healthy diet
- Fibre can improve your bowel habit. Eat five portions of fruit and vegetables every day
- Don't strain on the toilet. Relax and allow yourself enough time and privacy to empty the bowel fully
- The colour of your urine **may** vary as some food or medication can cause discolouration
- The urine colour chart on the next page provides a guide to signs of dehydration

Healthy urine will be 1 - 3, 4 - 8 must hydrate.



Things to check if you are worried

If you are worried about your urine, or that your catheter is leaking/not draining, here are some checks.

- Are your food and fluid intake adequate? ([page 26](#))
- Are you constipated? If you are already following the tips ([page 26](#)) and you still can't empty your bowel, seek medical advice
- Is the drainage bag below the level of the bladder, particularly when sitting in a low or reclining chair?
- Is the tubing twisted, or restricted by tight clothing?
- Is the tubing extended or pulled tight towards the bag?
- Is the catheter tube connected to the drainage bag correctly?
- Are the leg straps stopping urine flowing into the bag?
- Are fixture devices used appropriate for your current catheter?
- Is the bag too full? If in doubt empty the bag
- Change your position, walk around if you are able and it is safe
- If your catheter is leaking but still draining some urine, this may be due to bladder spasms – where the bladder contracts as a result of irritation from the catheter. Sometimes patients who have bladder spasms can be treated with medication, speak with your healthcare professional
- Sometimes you will notice sediment in the tubing. If this happens, try and 'milk' the tube by applying pressure to the tube and move the sediment towards and into the bag. A valve can also support with clearing the sediment and may be a viable option for some people. Please discuss with your healthcare professional if you are having problems with sediment

Seek help from your healthcare professional if:

- your catheter is draining little/no urine despite adequate fluid intake and following the troubleshooting guide
- you feel warm, flushed, or shivery, as you may have an infection (see page 30)
- your urine has a strong smell, is dark in colour or becomes thick and/or cloudy and does not improve with taking more fluid (if able or advised)
- you experience lower stomach or back pain
- you have increased stomach swelling with no other cause
- there is bright red blood in your urine
- the catheter entry site becomes red and sore
- you have bleeding into or around the catheter
- you have enough urine leaking around the catheter to make your clothing wet and you have already followed these self-help measures
- your catheter falls out
- you have any other concerns that may relate to your catheter that are individual to you
- In rare cases people may develop '**Purple Urine Bag Syndrome**' (PUBS), when urine collected in the catheter bag becomes purple and is usually linked to an infection in the urine. If this occurs, do not panic but contact your healthcare professional (nurse or GP) who will provide guidance and take appropriate steps

Urinary tract infections (UTIs)

How will I know if I have a UTI?

Having a catheter in your urinary tract significantly increases your chances of getting a UTI, which is why it is so important to care for it following the advice in this passport.

Signs and symptoms associated with a UTI:

- Feeling unwell with general signs of infection
- Fever (high temperature) with or without uncontrollable shaking
- New pain at lower tummy
- Becoming agitated or newly confused
- pain around the area where the catheter is put in and/or pus-like discharge in the urine
- Urine may become cloudy and / or smell offensive (this can also occur with long standing indwelling catheters due to bacterial colonisation that will not require antibiotics, so these symptoms should be considered with other UTI symptoms experienced)

How is my UTI treated?

- A urine sample should be taken from your catheter sampling port and sent to microbiology. Dip sticking urine should not be used as a test for infection if you have an indwelling catheter
- An assessment should be undertaken to ensure symptoms are not due to other reasons for example trauma following the use of ill-fitting devices
- You may be started on an antibiotic
- Your catheter should be changed

- You should make sure you are drinking plenty of fluids

Proper use of antibiotics

- Make sure you follow the instructions given with the antibiotic and finish the course
- Using antibiotics only when we need to helps reduce the chances of bugs causing the infection becoming resistant to them
- This helps protect our antibiotics so we can rely on them to work when we really need them

Things you can do yourself to ease symptoms of a urinary tract infection

To help ease symptoms of a urinary tract infection (UTI):

- take [paracetamol](#) up to 4 times a day to reduce pain and a high temperature
- you can give children [liquid paracetamol](#)
- rest and drink enough fluids so you pass pale urine regularly during the day
- avoid having sex

Some people take cystitis sachets or cranberry drinks and products every day to prevent UTIs from happening, which may help. But there's no evidence they help ease symptoms or treat a UTI if the infection has already started.

Other ways to prevent some UTIs coming back

If you keep getting a bladder infection ([cystitis](#)), there's some evidence it may be helpful to take:

- D-mannose – a sugar you can buy as a powder or tablets to take every day (available over the counter)
- cranberry products – available as juice, tablets or capsules to take every day (available over the counter)

Speak to your doctor before taking any of these during pregnancy.

Be aware that D-mannose and cranberry products can contain a lot of sugar.

If you're taking warfarin, you should avoid cranberry products.

<https://www.nhs.uk/conditions/urinary-tract-infections-utis/>

More information

References can be found at <https://www.england.nhs.uk/wp-content/uploads/2020/08/References.pdf>

Catheterisation records

To be completed by your healthcare professional / carer.

This section is for recording clinical details about your urinary catheter. Please ask if you have any questions about what you read in here.

Name	ADD STICKER
DOB	
NHS number	

Reason for initial catheterisation

Reason for catheter (circle) H O U D I N I (O)	Where catheter inserted (e.g. hospital)
Trial without catheter (TWOC) history prior to discharge:	Problems during catheterisation: Can be changed in the community? YES/NO

Haematuria - clots and heavy

Obstruction - mechanical urology

Urology/gynaecology/perianal surgery/prolonged surgery

Decubitus ulcer - to assist the healing of a perianal/sacral wound in an incontinent patient

Input output monitoring accurate < hourly or acute kidney injury when oliguric

Nursing at the end of life

Immobilisation due to unstable fracture/spinal injury or neurological deficit (where all other methods of toileting are contraindicated)

(O) – other (provide reason)

Catheter maintenance solutions

Date	Type and reason

Details of traumatic removals

Date	Actions (consider anti-microbial therapy, risk assess with local teams)

Diagnosis of resistant organisms including ESBL / AMPC / MRSA	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Name:
	Date:
	Actions:

Catheter details and future plans

Date and time inserted	
Catheter details:	
<h1>ADD STICKER</h1>	
Balloon size	
Lubrication/anaesthetic gel:	
Valves in use:	
Fixation device: Yes <input type="checkbox"/> No <input type="checkbox"/> Type	
Securing device: Yes <input type="checkbox"/> No <input type="checkbox"/> Type	
Drainage system:	
Reason for change: (tick and circle)	Planned <input type="checkbox"/> Unplanned <input type="checkbox"/> H O U D I N I (O)
Antibiotic prophylaxis indicated on catheter change Yes* <input type="checkbox"/> No <input type="checkbox"/> If yes, authorised by:	If yes, please indicate reason: <ul style="list-style-type: none"> • History of CAUTI following catheter change <input type="checkbox"/> • History of trauma following catheter change <input type="checkbox"/> • Indicated due to frequency / severity of infections <input type="checkbox"/>

Catheter details and future plans

*Refer to local antimicrobial guidelines / patient microbiology results for choice of antibiotic if indicated	
Planned location of future changes	
Date of next planned change/TWOC/review:	
Onward referral:	
Problems:	
Name of professional responsible for the decision to re-catheterise	

Date and time inserted	
Catheter details:	
<p style="font-size: 48px; color: #ccc; opacity: 0.5;">ADD STICKER</p>	
Balloon size	
Lubrication/anaesthetic gel:	
Valves in use:	
Fixation device:	Yes <input type="checkbox"/> No <input type="checkbox"/> Type
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Balloon size		
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Catheter details and future plans

Reason for change: (tick and circle)	Planned <input type="checkbox"/> Unplanned <input type="checkbox"/> H O U D I N I (O)
Antibiotic prophylaxis indicated on catheter change Yes* <input type="checkbox"/> No <input type="checkbox"/> If yes, authorised by:	If yes, please indicate reason: <ul style="list-style-type: none"> • History of CAUTI following catheter change <input type="checkbox"/> • History of trauma following catheter change <input type="checkbox"/> • Indicated due to frequency / severity of infections <input type="checkbox"/>
*Refer to local antimicrobial guidelines / patient microbiology results for choice of antibiotic if indicated	
Planned location of future changes	
Date of next planned change/TWOC/review:	
Onward referral:	
Problems:	
Name of professional responsible for the decision to re-catheterise	

Catheter details and future plans

Date and time inserted	
Catheter details:	
<h1>ADD STICKER</h1>	
Balloon size	
Lubrication/anaesthetic gel:	
Valves in use:	
Fixation device:	Yes <input type="checkbox"/> No <input type="checkbox"/> Type
Securing device:	Yes <input type="checkbox"/> No <input type="checkbox"/> Type
Drainage system:	
Reason for change: (tick and circle)	Planned <input type="checkbox"/> Unplanned <input type="checkbox"/> H O U D I N I (O)
Antibiotic prophylaxis indicated on catheter change Yes* <input type="checkbox"/> No <input type="checkbox"/> If yes, authorised by:	<p>If yes, please indicate reason:</p> <ul style="list-style-type: none"> • History of CAUTI following catheter change <input type="checkbox"/> • History of trauma following catheter change <input type="checkbox"/> • Indicated due to frequency / severity of infections <input type="checkbox"/>
*Refer to local antimicrobial guidelines / patient microbiology results for choice of antibiotic if indicated	

Catheter details and future plans

Planned location of future changes	
Date of next planned change/TWOC/review:	
Onward referral:	
Problems:	
Name of professional responsible for the decision to re-catheterise	

Date and time inserted		
Catheter details:	<p>ADD STICKER</p>	
Balloon size		
Lubrication/anaesthetic gel:		
Valves in use:		
Fixation device:	Yes <input type="checkbox"/>	No <input type="checkbox"/> Type
Securing device:	Yes <input type="checkbox"/>	No <input type="checkbox"/> Type
Drainage system:		

Catheter details and future plans

Reason for change: (tick and circle)	Planned <input type="checkbox"/> Unplanned <input type="checkbox"/> H O U D I N I (O)
Antibiotic prophylaxis indicated on catheter change Yes* <input type="checkbox"/> No <input type="checkbox"/> If yes, authorised by:	If yes, please indicate reason: <ul style="list-style-type: none"> • History of CAUTI following catheter change <input type="checkbox"/> • History of trauma following catheter change <input type="checkbox"/> • Indicated due to frequency / severity of infections <input type="checkbox"/>
*Refer to local antimicrobial guidelines / patient microbiology results for choice of antibiotic if indicated	
Planned location of future changes	
Date of next planned change/TWOC/review:	
Onward referral:	
Problems:	
Name of professional responsible for the decision to re-catheterise	

Catheter details and future plans

Date and time inserted	
Catheter details:	
<h1>ADD STICKER</h1>	
Balloon size	
Lubrication/anaesthetic gel:	
Valves in use:	
Fixation device: Yes <input type="checkbox"/> No <input type="checkbox"/> Type	
Securing device: Yes <input type="checkbox"/> No <input type="checkbox"/> Type	
Drainage system:	
Reason for change: (tick and circle)	Planned <input type="checkbox"/> Unplanned <input type="checkbox"/> H O U D I N I (O)
Antibiotic prophylaxis indicated on catheter change Yes* <input type="checkbox"/> No <input type="checkbox"/> If yes, authorised by:	If yes, please indicate reason: <ul style="list-style-type: none"> • History of CAUTI following catheter change <input type="checkbox"/> • History of trauma following catheter change <input type="checkbox"/> • Indicated due to frequency / severity of infections <input type="checkbox"/>

Catheter details and future plans

*Refer to local antimicrobial guidelines / patient microbiology results for choice of antibiotic if indicated	
Planned location of future changes	
Date of next planned change/TWOC/review:	
Onward referral:	
Problems:	
Name of professional responsible for the decision to re-catheterise	

Date and time inserted	
Catheter details:	
<p style="font-size: 2em; color: #ccc; opacity: 0.5;">ADD STICKER</p>	
Balloon size	
Lubrication/anaesthetic gel:	
Valves in use:	
Fixation device:	Yes <input type="checkbox"/> No <input type="checkbox"/> Type
Securing device:	Yes <input type="checkbox"/> No <input type="checkbox"/> Type
Drainage system:	

Catheter details and future plans

Reason for change: (tick and circle)	Planned <input type="checkbox"/> Unplanned <input type="checkbox"/> H O U D I N I (O)
Antibiotic prophylaxis indicated on catheter change Yes* <input type="checkbox"/> No <input type="checkbox"/> If yes, authorised by:	If yes, please indicate reason: <ul style="list-style-type: none"> • History of CAUTI following catheter change <input type="checkbox"/> • History of trauma following catheter change <input type="checkbox"/> • Indicated due to frequency / severity of infections <input type="checkbox"/>
*Refer to local antimicrobial guidelines / patient microbiology results for choice of antibiotic if indicated	
Planned location of future changes	
Date of next planned change/TWOC/review:	
Onward referral:	
Problems:	
Name of professional responsible for the decision to re-catheterise	

Trial without catheter

Date of TWOC:	
Successful	Yes <input type="checkbox"/> No <input type="checkbox"/>
Brief summary (e.g. voiding record, urine description, discomfort):	
Patient recatheterised?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Planned date of next TWOC:	
Follow up:	

Date of TWOC:	
Successful	Yes <input type="checkbox"/> No <input type="checkbox"/>
Brief summary (e.g. voiding record, urine description, discomfort):	
Patient recatheterised?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Planned date of next TWOC:	
Follow up:	

Date of TWOC:	
Successful	
Brief summary (e.g. voiding record, urine description, discomfort):	
Patient recatheterised?	
Planned date of next TWOC:	
Follow up:	