## Indwelling urinary catheter card

Reason for catheterisation: HOUDINI (O)

Date of initial insertion:

Where this took place:

Size:

/hydrogel

**Site:** suprapubic /urethral

Type: 28 days PTFE /12 week all silicone

Length: female /standard

Date of planned trial without catheter:

Name: NHS number NHS number: .º Phone: colour Community nurse phone: Out of hours: 111 Carry this card with you at all times and present it at appointments.