



My urinary catheter passport

Please take your urinary catheter passport with you to all your healthcare appointments, on hospital admissions and when you travel.

Emergency contact details:

Special instructions in the event of an emergency:

Ask your health practitioner how long your catheter will be in. If temporary, ask your health practitioner to remove your catheter as soon as possible.

Name: DOB: NHS number:	ADD STICKER
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Important contact details

GP	Name: Phone:
Community nurse	Name: Phone:
Consultant/other health professional	Name: Phone:
Reason for catheterisation	
Date first catheterised	
Date of passport issue	
Place of catheter changes	
Known allergies	

Purpose of the catheter passport (clinical version)

This passport is for you and/or anyone else involved in the care of your catheter. It should be filled out by your healthcare professional.

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.

References can be found at <https://improvement.nhs.uk>

Catheterisation records - to be completed by your healthcare professional/carer

Reason for initial catheterisation

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

Haematuria - clots and heavy

Obststruction – 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

Catheter maintenance solutions

Date	Type and reason

Details of traumatic removals (accidental pulling out)

Date	Actions (consider antimicrobial therapy, risk assess with local teams)

CAUTI - Catheter associated urinary tract infection

A change of urinary catheter is recommended when a CAUTI is suspected (if still indicated). If this cannot be done, change within 72 hours.

Do not use a urine dipstick to diagnose a CAUTI.

Date	Name of organism/infection and treatment (name, dose, duration)
Diagnoses of resistant organisms including MRSA	yes <input type="checkbox"/> no <input type="checkbox"/> Name: Date: Actions:

Catheter details and future plans

Date and time inserted	
Catheter details: ADD STICKER	
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 & circle):	planned <input type="checkbox"/> unplanned <input type="checkbox"/> H O U D I N I (O)
Antibiotic prophylaxis used on catheter change yes <input type="checkbox"/> no <input type="checkbox"/>	If yes, authorised by:
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	

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Trial without catheter

Date of TWOC	
Successful	yes <input type="checkbox"/> no <input type="checkbox"/>
Brief summary (eg voiding record, urine description, discomfort)	
Patient recatheterised?	yes <input type="checkbox"/> no <input type="checkbox"/>
Planned date of next TWOC	
Follow up:	Referral:

Date of TWOC	
Successful	yes <input type="checkbox"/> no <input type="checkbox"/>
Brief summary (eg voiding record, urine description, discomfort)	
Patient recatheterised?	yes <input type="checkbox"/> no <input type="checkbox"/>
Planned date of next TWOC	
Follow up:	Referral:

Date of TWOC	
Successful	yes <input type="checkbox"/> no <input type="checkbox"/>
Brief summary (eg voiding record, urine description, discomfort)	
Patient recatheterised?	yes <input type="checkbox"/> no <input type="checkbox"/>
Planned date of next TWOC	
Follow up:	Referral: