



* 4 0 9 5 0 *

Complete details or affix label

URN: _____

Surname: _____

Given name: _____

DOB: _____ Gender: _____

ACT Health

Medical Officer's Orders for Urinary Catheter Management

- Is this client appropriate for catheter changes in the community Yes No
- Reason for catheter: _____
- Date of insertion: ____ / ____ / ____

Management plan: Short term Long term

Duration of catheter (details for equipment funding) _____

Planned date of review: ____ / ____ / ____

Catheter type: IDC SPC

Size of catheter: 12 14 16 18 Other _____

Balloon size: 10mL Other ____ mL Reason for alternate size: _____

Frequency of catheter change

4 weeks 6 weeks 8 weeks 12 weeks

Flushing catheter: Yes No

Maximum of 2 x consecutive flushes of 20 mL normal saline (no more than 40 mL) as per Community Care Program Standard Operating Procedure

Note:

Manual bladder irrigation or washouts are not performed in the community as per Community Care Program Standard Operating Procedure

Catheter removal: Yes No Date of removal: ____ / ____ / ____

Trial of void: Yes No (As per standard procedure)

- Removal catheter in AM (before 9am)
- Request client to record output
- Client to phone team leader with progress within 2-3 hours of removal
- Nurse to assess voiding, volume and frequency
- Bladder scan within 4-5 hours of catheter removal
- If trial of void successful forward output chart and residual bladder scan to Outpatients Department (fax 624 44020)
- If post void scan reveals residual > 250mL re-catheterise or contact registrar
- **One attempt only to re-catheterise**
- If catheterisation is unsuccessful client to present to ED
- Repeat trial of void one week later if first attempt is unsuccessful

Variance to standard procedure

Please specify variance if different from above and state acceptable residual volume

Client will be scheduled for an appointment

Date _____ with _____

Registrar contact details _____

Signature: _____ **Print name:** _____

Designation: _____ **Date:** ____ / ____ / ____

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