

Indwelling Urethral & Suprapubic Catheterization Flow Sheet & Management Plan

Client Info

Indwelling Urethral & Suprapubic Catheterization Flow Sheet

Legend: Blank Space = Not Assessed (as per agency) ✓ = Assessed/Completed NN = See Narrative Notes N/A = Not Applicable

	Year	Month/Day																				
		Time																				
Catheter Procedure	First Insertion																					
	Removed/Discontinued																					
	Change																					
Reason for Change <input type="checkbox"/> N/A (if first insertion or removed/discontinued)	Scheduled																					
	By-passing																					
	Blockage																					
	UTI																					
	Other																					
Balloon Amt. Removed	Write in the mL amount (Amt.)																					
Urethral Meatus Appearance <input type="checkbox"/> N/A (only for urethral catheter)	Intact																					
	Eroded (tissue damage)*																					
Suprapubic Tract Appearance <input type="checkbox"/> N/A (only for suprapubic catheter)	Intact																					
	Eroded (tissue damage)*																					
	Hypergranulation Tissue*																					
Suprapubic Surrounding Skin Appearance <input type="checkbox"/> N/A (only for suprapubic catheter)	Intact																					
	Not Intact*																					
Local Topical Anesthetic	Provided	Yes or N/A																				
Balloon Amt. Inserted	Write in the mL amount (Amt.)																					
Urine Returns Characteristics Chart amount on In/Out Flow Sheet (if required) Colour Legend: Pale Yellow=PY Yellow=Y Pink/Red = P/R	Clear																					
	Concentrated																					
	Mucous Shreds																					
	Sediment																					
	Colour (see legend)																					
	Other																					
Catheter Stabilization	Device																					
	Other as per Mgm't Plan																					
Catheter Encrustations Note what type & if blockage is present	None Present																					
	Soft/moist Material																					
	Hard Material																					
	No Blockage																					
	Partial Blockage																					
	Full Blockage																					
Procedural Concerns*	Bladder Spasms																					
	Bleeding																					
	Unable to Insert																					
	Other																					
Change done as per Management Plan																						
See Narrative Note for * findings/concerns or 'Other'																						
Initials																						



Client Name: _____

DOB: _____

PHN: _____

OR ADDRESSOGRAPH/LABEL

Indwelling Urethral & Suprapubic Catheter Catheterization Flowsheet & Management Plan

Plan for Next Catheter Change							
	Date	Estimated Date for Next Change	Initials		Date	Estimated Date for Next Change	Initials
1				6			
2				7			
3				8			
4				9			
5				10			

Indwelling Urethral and Suprapubic Catheter Management Plan	
Initial Plan <input type="checkbox"/> Revision to Plan <input type="checkbox"/> if revision, then provide Rational for Change:	
Location of Catheter: <input type="checkbox"/> Urethral <input type="checkbox"/> Suprapubic Catheter Timeframe: <input type="checkbox"/> Short-Term (28 days or less) <input type="checkbox"/> Long-Term* (greater than 28 days)	
Reason for Indwelling Catheter: <input type="checkbox"/> Fluid Monitoring <input type="checkbox"/> Urinary Retention <input type="checkbox"/> Bladder Obstruction <input type="checkbox"/> Continuous Bladder Irrigation <input type="checkbox"/> Wound Healing (peri-area) <input type="checkbox"/> End of Life Care <input type="checkbox"/> Other: _____	
Catheter Lumen: <input type="checkbox"/> 2-Way <input type="checkbox"/> 3-Way Catheter Length: <input type="checkbox"/> Standard 40-45cm <input type="checkbox"/> Pediatric 30-31cm <input type="checkbox"/> Female 20-26cm	
Catheter Type: <input type="checkbox"/> 100% Latex <input type="checkbox"/> 100% Silicone <input type="checkbox"/> Silicone-coated Latex <input type="checkbox"/> Antimicrobial-coated Latex <input type="checkbox"/> Antimicrobial-coated Silicone	
Catheter Size: <input type="checkbox"/> 6Fr <input type="checkbox"/> 8FR <input type="checkbox"/> 10FR <input type="checkbox"/> 12FR <input type="checkbox"/> 14FR <input type="checkbox"/> 16FR <input type="checkbox"/> 18FR <input type="checkbox"/> 20FR <input type="checkbox"/> Other _____	
Catheter Balloon Size (as per packaging): <input type="checkbox"/> 3cc <input type="checkbox"/> 5cc <input type="checkbox"/> 30cc	
Lidocaine Gel (urethral catheter only) Dosage: _____ <input type="checkbox"/> Uro-Jet <input type="checkbox"/> Other: _____	
Catheter Stabilization: <input type="checkbox"/> Device _____ (name) <input type="checkbox"/> Other: _____	
Other Care:	
<small>* Advise MRP if change in client condition (e.g., recurrent UTIs, new or increasing bladder spasms) as client may need a Urology consult</small>	
Date:	Signature: