



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: