









Provincial Health Services Authority Vancouver CoastalHealth





Client Info

Indwelling Urethral & Suprapubic Catheterization Flow Sheet & Management Plan

In	dwelling	g Urethral &	Suprapu	bic Cath	neteriz	zatio	1 Flov	v She	eet		
egend: Blank Space = Not Assessed (as per agency)			= Assessed	/Completed	NN =	NN = See Narrative Notes			N/A = Not Applicable		
	Year	Month/Day									
		Time									
Catheter Procedure	First Inser	tion									
	Removed/Discontinued										
	Change										
Reason for Change											
☐ N/A (if first insertion or removed/	By-passing										
discontinued)	Blockage										
	UTI										
	Other										
Balloon Amt. Removed	Write in the	mL amount (Amt.)									
Urethral Meatus	Intact										
Appearance	+										
■ N/A (only for urethral catheter)		ssue damage)									
Suprapubic Tract	Intact										
Appearance N/A (only for suprapubic catheter)	Eroded (tissue damage)*										
MA (only for suprapuble calrieter)	Hypergrar	nulation Tissue*									
Suprapubic Surrounding	Intact										
Skin Appearance N/A (only for suprapubic catheter)	Not Intact*										
Local Topical Anesthetic	Provided	Yes or N/A									
Balloon Amt. Inserted	Write in the	mL amount (Amt.)									
Urine Returns	Clear										
Characteristics	Concentra	ated									
Chart amount on In/Out Flow Sheet (if required)	Mucous S	hreds									
Colour Legend:	Sediment										
Pale Yellow=PY	Colour (se	e legend)									
Yellow=Y Pink/Red = P/R	Other										
Catheter Stabilization	Device										
	Other as p	per Mgm't Plan									
Catheter Encrustations	None Pres	_									
Note what type & if blockage is	Soft/moist										
present	Hard Mate										
	No Blocka	age									
	Partial Blo										
	Full Blockage										
*	Bladder S	_									
Procedural Concerns*	Bleeding										
	Unable to	Insert									
	Other										
Change done as per Management Plan											
See Narrative Note for *findings/concerns or 'Other'											
Initials											



Date:

















Indwelling Urethral & Suprapubic Catheter Catheterization Flowsheet & Management Plan

Client Name:
DOB:
PHN:
OR ADDRESSOGRAPH/LABEL

	Plan for Next Catheter Change									
	Date	Estimated Date for Next Change	Initials		Date	Estimated Date for Next Change	Initials			
1				6						
2				7						
3 4				8 9						
5				10						
			L		<u>I</u>	1				
Indwelling Urethral and Suprapubic Catheter Management Plan										
Initi	Initial Plan □ Revision to Plan □ if revision, then provide Rational for Change:									
Location of Catheter: ☐ Urethral ☐ Suprapubic Catheter Timeframe: ☐ Short-Term (28 days or less) ☐ Long-Term* (greater than 28 days)										
Reason for Indwelling Catheter: ☐ Fluid Monitoring ☐ Urinary Retention ☐ Bladder Obstruction ☐ Continuous Bladder Irrigation										
□ Wound Healing (peri-area) □ End of Life Care □ Other:										
Catheter Lumen: ☐2-Way ☐ 3-Way Catheter Length: ☐ Standard 40-45cm ☐ Pediatric 30-31cm ☐ Female 20-26cm										
Catheter Type: ☐ 100% Latex ☐ 100% Silicone ☐ Silicone-coated Latex ☐ Antimicrobial-coated Latex ☐ Antimicrobial-coated Silicone										
Catheter Size: □ 6Fr □ 8FR □ 10FR □ 14FR □ 16FR □ 18FR □ 20FR □ 0ther										
Catheter Balloon Size (as per packaging): ☐ 3cc ☐ 5cc ☐ 30cc										
Lid	ocaine Gel (urethra	l catheter only) Dosage:	Uro-Jet	□ Ot	her:					
Catheter Stabilization: Device (name) Other:										
Other Care:										

* Advise MRP if change in client condition (e.g., recurrent UTIs, new or increasing bladder spasms) as client may need a Urology consult

Signature: