

Indwelling Urethral & Suprapubic Catheterization Flow Sheet & Management Plan Documentation Guide

This provincial document guides the documentation process either electronic health record or paper, in all care settings (acute, community, long-term care) for each time one of the following procedures are done:

- Indwelling urethral catheterization.
- Indwelling suprapubic catheterization (adult only).

The document also guides the documentation of the management plan for the indwelling urethral or suprapubic catheter.

Terms:

The table below lists the parameters and the frequently used findings. A **parameter** is a ‘question’ used to ensure a comprehensive assessment or documentation. **Findings** are terms used as an ‘answer(s)’ for a parameter.

- If a parameter is not needed for the assessment, document “Not Applicable”.
- If an assessment finding term is not listed, use ‘Other’ and add in the finding. If required by HA documentation processes, document ‘Other’ elsewhere in the client’s chart, (e.g., narrative notes).
- Some HA/sites documentation systems may have less assessment finding terms available for selection, or there may be different terms available.

Urethral & Suprapubic Catheterization Documentation		
Assessment Parameter <i>The ‘question’.</i>	Frequently Used Findings <small>(Provincial Nursing Continence Committee standard) A possible ‘answer’ for the parameter.</small>	Additional Findings <small>(Provincial Nursing Continence Committee standard) May be used in some documentation systems or used to describe findings when ‘other’ is chosen.</small>
Catheter Procedure	Choose one: <ul style="list-style-type: none"> • First Insertion • Removed/Discontinued • Change 	
Reason for Change	Choose N/A if procedure was for the first insertion or removal/discontinued. Choose one: <ul style="list-style-type: none"> • Scheduled • By-passing • Blockage • UTI • Other – if chosen, then do a Narrative Note. 	
Balloon Amt. Removed	Document the amount (amt.) of sterile water (in mL) removed from the catheter balloon.	
Urethral Meatus Appearance	Choose NA if not a urethral catheterization. If *finding chosen, document concern in Narrative Notes. Choose one: <ul style="list-style-type: none"> • Intact • Erosion (tissue damage)* 	
Suprapubic Tract Appearance	Choose NA if not a suprapubic catheterization. If *finding chosen, document concern in Narrative Notes. Choose one: <ul style="list-style-type: none"> • Intact • Erosion (tissue damage)* • Hypergranulation Tissue* 	

Assessment Parameter <i>The 'question'.</i>	Frequently Used Findings (Provincial Nursing Continence Committee standard) <i>A possible 'answer' for the parameter.</i>	Additional Findings (Provincial Nursing Continence Committee standard) <i>May be used in some documentation systems or used to describe findings when 'other' is chosen.</i>
Suprapubic Surrounding Skin Appearance	Choose NA if not a suprapubic catheterization. If *finding chosen, document concern in Narrative Notes. Choose one: <ul style="list-style-type: none"> • Intact • Non intact* 	
Local Topical Anesthetic	Use Y (Yes) or N (No) to indicate if provided.	
Balloon Amt. Instilled	Write the amount (amt.) of sterile water (in mL) instilled into the catheter balloon.	
Urine Returns Characteristics	Chart amount on In/Out Flow Sheet (if required). Choose all that apply: <ul style="list-style-type: none"> • Clear • Concentrated • Mucous shreds • Sediment • Colour: choose one <ul style="list-style-type: none"> ○ Pale yellow = PY ○ Yellow = Y ○ Pink/Red = P/R • Other – if chosen, do a Narrative Note. 	Chose Other for any other findings such as blood clots.
Catheter Stabilization	Choose one: <ul style="list-style-type: none"> • Device • Other as per Management (Mgm't) Plan 	
Catheter Encrustations	Choose all that apply: <ul style="list-style-type: none"> • None present • Soft/moist material • Hard material • No blockage • Partial blockage • Full blockage 	
Procedural Concerns*	Document procedural concerns in the Narrative Notes. Choose all that apply: <ul style="list-style-type: none"> • Bladder spasms • Bleeding • Unable to insert • Other 	Use Other for any other situation such as patient anxiety.

Documentation of Care Provided	
Change done as per Management Plan	Use a v to indicate care provided was different from the current Management Plan; provide rationale for change in care in the Narrative Notes.
See Narrative Notes for * findings/ concerns or 'Other'	Use a v to indicate 'other' or a procedural concern was noted and document in the Narrative Notes.
Initials (paper version only)	Write in first/last initial of name

Planning Next Change

To be done with each catheter change, to provide an estimated date for the next catheter change. Estimated date may be revised based upon the client’s condition, (e.g., S&S of urinary or bladder infection).

Plan for Next Catheter Change	
Date	For each section 1-10 enter the date the change was done.
Estimated Date for Next Change	For each section 1-10 enter the estimated date for the next change.
Initials	Write in first/last initial of name

Management Plan

To be developed at the first assessment and updated whenever a change is needed.

Management Plan		
	Frequently Used Findings (Provincial Nursing Continence Committee standard) <i>A possible ‘answer’ for the parameter.</i>	Additional Findings (Provincial Nursing Continence Committee standard) <i>May be used in some documentation systems or used to describe findings when ‘other’ is chosen.</i>
Initial Plan	Indicate if plan is the initial plan	
Revision to Plan	Indicate if plan is a revision and provide rationale for the change(s).	
Location of Catheter	Choose one: <ul style="list-style-type: none"> • Urethral • Suprapubic 	
Timeframe for Catheter Use	Choose one: <ul style="list-style-type: none"> • Short Term (28 days or less) • Long Term (greater than 28 days) 	
Reason for Indwelling Catheter	Choose all that apply: <ul style="list-style-type: none"> • Fluid monitoring • Urinary retention • Bladder obstruction • Continuous bladder irrigation • Wound healing (peri-area) • End of life care • Other 	Neo Bladder
Catheter Lumen	Choose one: <ul style="list-style-type: none"> • 2-Way • 3-Way 	
Catheter Length	Choose one: <ul style="list-style-type: none"> • Standard 40-45cm • Pediatric 30-31cm • Female 20-26cm 	
Catheter Type	Choose one: <ul style="list-style-type: none"> • 100% Latex • 100% Silicone • Silicone-coated Latex • Antimicrobial-coated Latex • Antimicrobial-coated Silicone 	

	Frequently Used Findings (Provincial Nursing Continence Committee standard) <i>A possible 'answer' for the parameter.</i>	Additional Findings (Provincial Nursing Continence Committee standard) <i>May be used in some documentation systems or used to describe findings when 'other' is chosen.</i>
Catheter Size	Choose one: <ul style="list-style-type: none"> • 6FR • 8FR • 12R • 14FR • 16FR • 18FR • 20FR • Other 	
Catheter Balloon Size (as per packaging)	Choose one: <ul style="list-style-type: none"> • 3mL • 5mL • 30mL 	
Lidocaine Gel	Used only for urethral catheterizations Enter the dosage. Indicate if Uro-Jet or other product is to be used.	
Catheter Stabilization	Choose one: <ul style="list-style-type: none"> • Device (enter name) • Other 	Tape, hydrocolloid strip, etc.
Other Care	Free text area	
Date & /Nurse Signature (paper version only)	Write in date management plan was initiated and add signature	