

Indwelling Urinary Catheter Card

REASON FOR CATHETERISATION:

- Retention – state reason for retention (e.g. spinal injury, neurological illness, benign prostatic hyperplasia/other).....
- Intractable urinary incontinence

Date of initial insertion / /

Location of patient at initial insertion e.g. hospital

Site: suprapubic / urethral Size of catheter:.....ch

Type of catheter: 28 days PTFE / 12 week all silicone/hydrogel

Length of catheter: female/standard

DATE OF PLANNED TRIAL WITHOUT CATHETER: / /

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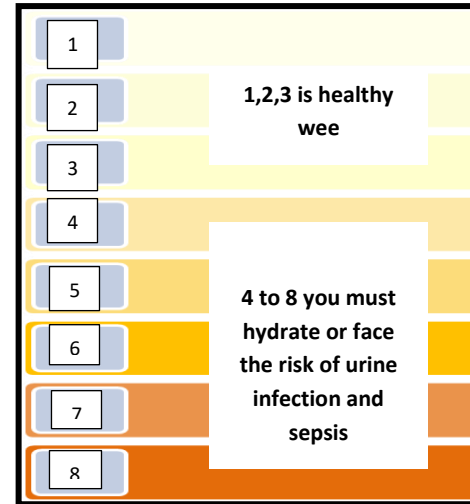
Site: suprapubic / urethral Size of catheter:.....ch

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DATE OF PLANNED TRIAL WITHOUT CATHETER: / /

What colour is your wee?



Patient name
.....

Patient NHS number
.....

GP Practice.....

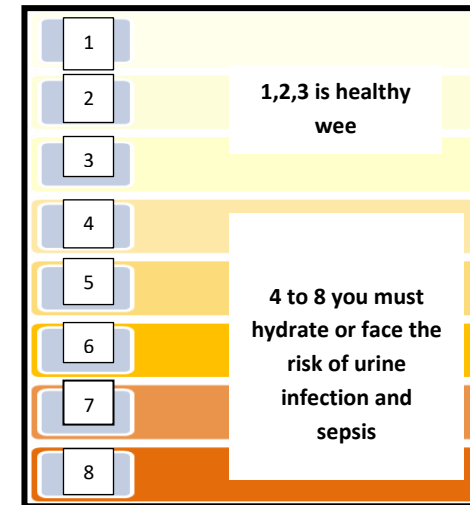
Phone no
.....

District nurse phone no
.....

Out of hours contact number
111

CARRY THIS CARD WITH YOU AT ALL TIMES AND PRESENT IT WHEN YOU ATTEND HOSPITAL, YOUR GP PRACTICE OR WHEN YOU SEE YOUR DISTRICT NURSE

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