

Health  
Protection  
Scotland



# URINARY CATHETER CARE PASSPORT

This is a person held record.

Please take this booklet with you  
to all healthcare appointments.

Issued October 2017

## Contact Details

Patient details

Attach patient label,  
or record address here.

## GP details - if this document is found, please return to GP

Surgery .....

Telephone number .....

## Community nurse details

Community team .....

Telephone number .....

Out of hours .....

## Hospital/Clinic details

Clinic/Hospital .....

Address .....

Telephone number .....

## Pharmacy details

Name .....

Address .....

Telephone number .....

Continence care department details (where appropriate)

.....

**Other contact eg family member or care provider** .....

.....

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# Purpose of the catheter passport

This Passport is to be filled in by you and/or anyone else involved in the care of your catheter. The Passport gives information on how you should care for your catheter at home as well as a clinical section for your nurse, doctor or carer to fill in. Having a urinary catheter is an important part of managing your health and could improve your quality of life. However, catheters can significantly increase the risk of urinary tract infection. Whilst these infections are usually mild, they can on occasion be serious and can impact on your general health and well being. It is important that you follow the guidelines contained in this booklet to help minimise the risk of developing an infection. You need to take this Passport with you to **all healthcare appointments**.

**If you need any more help around caring for your catheter or have any health concerns contact your GP or community nurse.**

## Consent for use

I consent to the sharing of the information in this document with my GP practice and for it to be made available to key medical professionals who may need to care for me in an emergency (e.g. GP out of hours service, NHS 24, Scottish Ambulance Service)

Signed: .....

Date: .....

# Patient Information Section

A catheter is a thin, hollow, flexible tube which is inserted into your bladder and is used to drain urine.

There are 2 different ways that these can be put into your bladder.

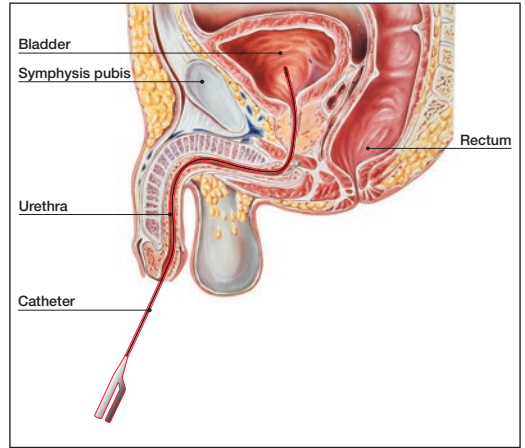
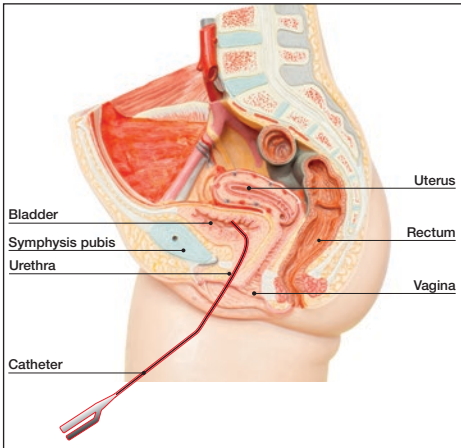
The catheter is put into your urethra which is the tube that carries urine from the bladder to the outside of the body (the opening is situated at the tip of your penis or just above your vagina).

## Urethral catheter

The catheter is then put into your bladder, and a small balloon near the tip of the catheter is inflated with sterile water to keep it in place.

The drainage bag is attached to your leg or around your waist, depending on the system you are using.

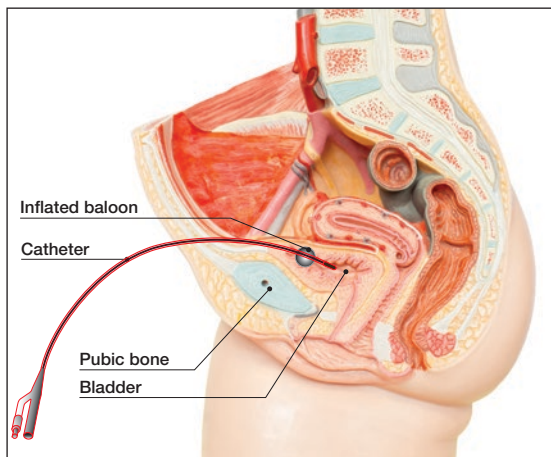
**Figure 1: Urethral catheters**



## Supra-pubic catheter

If you have a supra-pubic catheter, the catheter will be put in via a small incision (cut) made in the abdomen (Fig 2). This is done in hospital by a doctor, during a short operation either using local or general anaesthetic.

**Figure 2: Supra-pubic catheter**



## Why do I need a catheter?

There are many reasons why a patient may need a urinary catheter. Specific reasons may include:

- To allow urine to drain if you have an obstruction in the tube that carries urine out of the bladder.
- To allow you to urinate if you have bladder weakness or nerve damage which affects your ability to pass urine.
- To drain your bladder before, during and/or after some types of surgery.
- As a last resort management for urinary incontinence only when other types of continence aids have not been effective.

**A urinary catheter is very effective in the circumstances above however it is only put in when necessary as it carries significant risk of patients developing urinary tract infections (UTI) which can be serious or even life threatening.**

This passport gives guidance for you to follow to help prevent infections.

# How to do daily urethral catheter care

## Washing

- Wash your hands with soap and water before and after touching your catheter using the method on page 5.
- If possible, have a daily shower (preferably) or bath. Do this with your leg bag or valve attached.
- Wash the skin in the area where the catheter enters the body with unperfumed or mild soap and water at least daily. Wash the catheter tubing away from the body. Avoid using talcum powder.

## If you have a urethral catheter

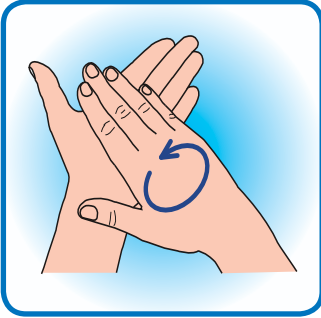
- Men should be careful to wash under their foreskin, replacing afterwards.
- Women should always wash the genitals from front to back in order to prevent contamination.

## If you have a suprapubic catheter

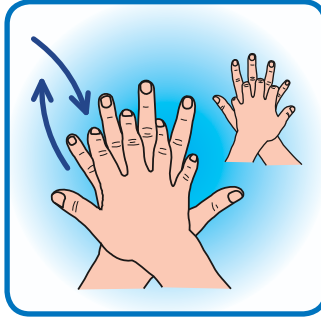
- Wash the skin around your catheter daily with unperfumed or mild soap and water. Use a clean flannel or cloth that is used only for this purpose. Dry the area gently and thoroughly.
- Some people may experience a slight discharge from around the catheter site. If this happens then contact your nurse who will tell you the best way to treat it.
- Avoid pulling or restricting your catheter by wearing loose comfortable clothing. Tight clothing can cut off the flow of urine and cause skin irritations



# Correct method of hand washing



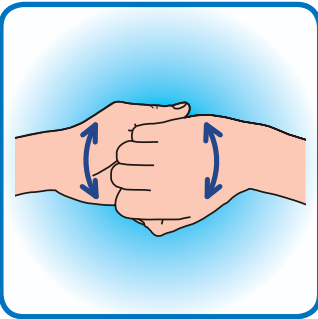
**1.** Palm to palm.



**2.** Right palm over left dorsum and left palm over right dorsum.



**3.** Palm to palm, fingers interlaced.



**4.** Backs of fingers to opposing palms with fingers interlocked.



**5.** Rotational rubbing of right thumb clasped in left palm, then vice versa.



**6.** Rotational rubbing, backwards and forwards with clasped fingers of hand in left palm then vice versa.

It's important to wash your hands before and after touching your catheter or drainage bag.

Taken from the WHO 6 step hygiene technique

# Care of leg bag

This is attached to your calf or thigh by a pair of leg straps, a sleeve, fixation devices or a special holster. How you wear the bag depends on what feels comfortable for you.



When attaching the leg bag using the straps provided, always ensure they are placed through the slots and behind the inlet tube rather than over as this can block the tube.

The catheter sleeve may provide better support and comfort when wearing a leg bag. It can also be worn with a strap around the top of the bag.

The choice and size of the bag and the length of tubing depends on where you want to wear it and your urinary output. For men wearing trousers, a long tube bag may be more convenient as it is possible to roll up the bottom of the trouser leg and access the tap at the base of the bag for emptying urine. Short tube leg bags can be worn on the thigh and are discreet under skirts for women.

## Looking after my leg bag on a daily basis

- Wash your hands before and after touching your catheter.
- Empty the leg bag when it is 2/3 full. Remember to leave a small amount of urine in the bag when emptying, to prevent a vacuum forming.
- To help prevent infection, only disconnect the leg bag weekly when it is replaced with a new one.

## How to change my leg bag on a weekly basis

It may be best to choose the same day of the week to change your leg bag. When changing your leg bag empty the attached one before changing to your new one. Follow the hand hygiene steps (page 5) before and after changing your leg bag.

- Open the new leg bag, but don't remove the protective cap.
- Remove the attached leg bag carefully. Don't pull or use excessive force.
- Point the end of the catheter upwards as you detach the leg bag to prevent leakage. Dispose of old leg bag into a plastic bag.
- Carefully remove the protective cap from the new leg bag. **DO NOT** touch the nozzle once you have removed the cap.
- Gently insert the new leg bag connector to the catheter. Take care not to touch the plastic nozzle.

# Using a valve instead of a drainage bag



If you have a valve attached to your catheter instead of a leg bag, you should open the valve to empty your bladder.

- When you feel your bladder is full or
- Before opening your bowels.

A valve may not be recommended for certain conditions. You will be advised by your healthcare professional.

To help prevent infection, only disconnect the valve weekly when it is replaced with a new one.

Attaching a night bag to a valve is optional. If you do use a night bag, remember to open the valve to allow urine to drain into the night bag.

N.B. Illustration provides an example, as a different valve may be used.

# The night bag



Attach a night bag to the leg bag or valve at night, (to allow free drainage of urine when in bed) remembering to open the tap from your leg bag. In the morning close the leg bag or valve and remove the night bag and dispose of it by emptying the urine into the toilet, double wrapping in either paper or plastic bags before placing in domestic waste, or clinical waste when available depending on care setting.

N.B. Illustrations provide an example, as different bags may be used

# Healthy bladder and bowel

Maintaining a healthy bladder and bowel is very important. A full, constipated bowel can press on the bladder and stop the catheter draining freely.

- You should drink about 1.5 to 2litres (this is about 6 mugs or 8 cups) of fluid in 24 hours, unless clinically advised not to do so. This keeps you hydrated and will help soften your stool and aid easier bowel movements.
- Consider limiting alcohol and caffeine intake as this may irritate your bladder. There is caffeine in tea, coffee, cola, other fizzy drinks and drinking chocolate.
- The colour of your urine may vary as some food or medication can cause discolouration.
- Eat a balanced, healthy diet.
- Fibre can improve your bowel habit. Try to eat five portions of fruit and vegetables every day.
- Don't strain on the toilet. Try to relax, allowing yourself enough time and privacy to empty the bowel fully.

# Is it possible to have sexual intercourse with a catheter inserted?

Yes intercourse is possible, please refer to guidelines below.

## Advice for men

- Wash your hands before and after touching your catheter.
- Empty your bag.
- Once erect fold back your catheter along the length of the penis, leaving a loop. This will stop the catheter pulling.
- Apply a condom to help secure the catheter.
- If you need a lubricant then use a water based gel.
- A suprapubic catheter, one which enters the bladder via the abdomen, could be considered for those with an active sex life.

**If during intercourse you experience any pain or discomfort, you should stop. Talk to a healthcare professional about any concerns you have.**

## Advice for women

- Wash your hands before and after touching your catheter.
- Empty your bag.
- Secure or tape your catheter out of the way.
- After intercourse remember to clean your genital area thoroughly with warm water and unperfumed soap.
- A suprapubic catheter, one which enters the bladder via the abdomen, could be considered for those with an active sex life.

**If during intercourse you experience any pain or discomfort, you should stop. Talk to a healthcare professional about any concerns you have.**

# Trouble Shooting Guide

If you have concerns about your urine, or your catheter is leaking, or not draining, before seeking advice you can do some checks yourself;

- Check your food and fluid intake is adequate (see page 9).
- If you think you are constipated after following the tips on page 9, seek medical advice.
- Check that the drainage bag is below the level of the bladder, particularly when sitting in a low or reclining chair.
- Make sure that the tubing is not twisted, or restricted by tight clothing.
- Make sure that the tube is not pulled tight or stretched as this may restrict urine flow.
- Check that the drainage bag is connected to the catheter tube correctly.
- Make sure that the straps which secure the leg bag are positioned correctly (see page 6).
- Make sure that the bag is not full as this will prevent free flow of urine.
- Change your position and walk around if you are able and it is safe to do so.

## When should I seek help?

- If your catheter is draining little or no urine despite adequate fluid intake and following the troubleshooting guide.
- If you feel warm, flushed or shivery you may have an infection (see page 12).
- If urine has a strong smell, dark in colour or becomes thick and/or cloudy and does not improve with taking more fluid (if able or advised).
- If you experience lower tummy or back pain.
- If you have increased tummy swelling with no other cause.
- If there is bright red blood in your urine.
- If the catheter entry site becomes red and sore.
- If you have bleeding into or around the catheter.
- If you have enough urine leaking around the catheter to make your clothing wet and you have followed the self help measures contained in the troubleshooting guide.
- If your catheter falls out.

# Urinary Tract Infection (UTI) when you have a catheter

## How will I know if I have a urinary tract infection (UTI)?

Having a catheter in your urinary tract significantly increases your chances of getting a UTI which is why it is so important to care for it following the guidelines in this passport. However, it is normal for people with catheters to have bacteria in their urine but you will not necessarily have symptoms of a UTI. It does not mean you have an infection and you may not need antibiotics.

## Signs and Symptoms associated with a UTI:

- Feeling unwell
- Fever with or without uncontrollable shaking.
- New pain at lower tummy or back
- Becoming agitated or newly confused
- Pain around the area where the catheter is put in and/or pus like discharge in the urine
- Unusual tiredness.

## How is my UTI treated?

- A urine sample should be taken from your catheter sampling port and sent to microbiology
- You may be started on an antibiotic
- Your catheter should be changed
- You should make sure you are drinking plenty of fluids (see page 9).

## Proper use of antibiotics

- You should make sure you follow the instructions given with the antibiotic and finish the course. Using antibiotics only when we need to helps reduce the chances of bugs causing the infection becoming resistant to them.
- This helps protect our antibiotics so we can rely on them to work when we really need them.



# **Clinical section**

## **Catheterisation records**

To be completed by nursing and medical staff.

### **Catheter management records**

- Please complete details of initial catheter insertion, any changes to the catheter management plan and record catheter changes.
- Completing the booklet will enhance continuity of care for the patient within health care settings.

# Key individual information

Please record any key individual information.

Catheter must be changed in the hospital setting Yes  No

Reason .....

.....

Other information .....

.....

**Is the patient at risk of autonomic dysreflexia?** Yes  No

For patients with spinal cord injury above 6th thoracic vertebrae and at risk of autonomic dysreflexia, change catheter immediately if blocked. Please refer to patient's individual care plan.

## Suprapubic catheter

If suprapubic catheter falls out it requires replaced urgently.

Please contact GP practice during hours

When out of hours contact NHS 24 Tel No. 111

Emergency contact .....

# Reasons for initial catheterisation

Date initial catheter inserted.....

Procedure explained and consent obtained .....

Reason for initial catheterisation:

Urine output measurement

Pre or post operatively

Wound management and skin integrity

Suprapubic catheter

Acute retention

Nursing end of life

Chronic retention

Other

Specify other .....

Where catheter initially inserted .....

Was TWOC attempted prior to transfer? Yes  No

If yes how many attempts .....

Was catheterisation problematic? Yes  No

If yes please explain .....

.....

During catheterisation did the person become distressed? Yes  No

Please provide details .....

.....

# Catheterisation details and future plan

Type of urethral or suprapubic catheter (circle) e.g. silicone, PTFE, hydrogel	(place catheter sticker here if supplied) .....
Balloon size (standard 10mls unless specialist advised)	(place catheter sticker here if supplied) .....
Charriere size and length (standard or female)	(place catheter sticker here if supplied) .....
Securing device	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, specify ..... .....
Problems encountered (detail)	..... .....
Date of next TWOC/ planned change	.....
Change to be carried out in	Hospital <input type="checkbox"/> Clinic <input type="checkbox"/> Community <input type="checkbox"/> (please tick as appropriate)
Drainage system details (leg bag/night bag/valve)	.....
Nurses/Doctors signature	.....
Print name	.....
Hospital/Ward/Base	.....

# Trial With Out Catheter (TWOC)

If any of the following apply, do not proceed with TWOC:

- Hourly urine measurement required
- Pre or post operatively
- Wound management and skin integrity
- Suprapubic catheter
- Acute retention
- Chronic retention
- End of life

## TWOC - essential clinical information.

If the patient is on alpha blockers for acute urinary retention please make sure that they have been used for the recommended period before TWOC.

Date of TWOC	.....	.....	.....
TWOC	Successful Yes <input type="checkbox"/> No <input type="checkbox"/>	Successful Yes <input type="checkbox"/> No <input type="checkbox"/>	Successful Yes <input type="checkbox"/> No <input type="checkbox"/>
Brief summary of TWOC Eg. Voiding record, urine description, abdominal discomfort	..... ..... .....	..... ..... .....	..... ..... .....
Patient recatheterised? (complete change record)	Yes <input type="checkbox"/> No <input type="checkbox"/> amount of urine drained.....ml	Yes <input type="checkbox"/> No <input type="checkbox"/> amount of urine drained.....ml	Yes <input type="checkbox"/> No <input type="checkbox"/> amount of urine drained.....ml
Patient given further supplies?*	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Planned date for next TWOC	.....	.....	.....
Follow up arrangements	..... .....	..... .....	..... .....
Community nurse team advised?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

\* Retrieval of further supplies will be advised by your local community team

## Reason for catheter change:

First suprapubic catheter change may be done in hospital-seek local guidance.

**Catheterisation Date .....** **Time inserted: .....**

Planned change	<input type="checkbox"/>
Catheter expelled	<input type="checkbox"/>
Catheter pulled out	<input type="checkbox"/>
Failed TWOC	<input type="checkbox"/> (If yes please complete TWOC on pages 17 or 30)
Catheter blockage (check troubleshooting guide first)	<input type="checkbox"/>
Catheter bypassing (check troubleshooting guide first)	<input type="checkbox"/>
Change due to a symptomatic CAUTI	<input type="checkbox"/>
Other	.....
Alternatives to catheterisation considered	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Procedure explained and consent obtained (adults with incapacity refer to local policy)**

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# Catheterisation details and future plan

Type of urethral or suprapubic catheter (circle) e.g. silicone, PTFE, hydrogel	(place catheter sticker here if supplied) .....
Balloon size (standard 10mls unless specialist advised)	(place catheter sticker here if supplied) .....
Charriere size and length (standard or female)	(place catheter sticker here if supplied) .....
Securing device	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, specify ..... .....
Problems encountered (detail)	..... .....
Date of next TWOC/ planned change	..... .....
Change to be carried out in	Hospital <input type="checkbox"/> Clinic <input type="checkbox"/> Community <input type="checkbox"/> (please tick as appropriate)
Drainage system details (leg bag/night bag/valve)	..... .....
Nurses/Doctors signature	..... .....
Print name	..... .....
Hospital/Ward/Base	..... .....

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Balloon size (standard 10mls unless specialist advised)	(place catheter sticker here if supplied) .....
Charriere size and length (standard or female)	(place catheter sticker here if supplied) .....
Securing device	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, specify ..... .....
Problems encountered (detail)	..... .....
Date of next TWOC/ planned change	..... .....
Change to be carried out in	Hospital <input type="checkbox"/> Clinic <input type="checkbox"/> Community <input type="checkbox"/> (please tick as appropriate)
Drainage system details (leg bag/night bag/valve)	..... .....
Nurses/Doctors signature	..... .....
Print name	..... .....
Hospital/Ward/Base	..... .....

# Trial With Out Catheter (TWOC)

If any of the following apply, do not proceed with TWOC:

- Hourly urine measurement required
- Pre or post operatively
- Wound management and skin integrity
- Suprapubic catheter
- Acute retention
- Chronic retention
- End of life

## TWOC - essential clinical information.

If the patient is on alpha blockers for acute urinary retention please make sure that they have been used for the recommended period before TWOC.

Date of TWOC	.....	.....	.....
TWOC	Successful Yes <input type="checkbox"/> No <input type="checkbox"/>	Successful Yes <input type="checkbox"/> No <input type="checkbox"/>	Successful Yes <input type="checkbox"/> No <input type="checkbox"/>
Brief summary of TWOC Eg. Voiding record, urine description, abdominal discomfort	..... ..... ..... .....	..... ..... ..... .....	..... ..... ..... .....
Patient recatheterised? (complete change record)	Yes <input type="checkbox"/> No <input type="checkbox"/> amount of urine drained.....ml	Yes <input type="checkbox"/> No <input type="checkbox"/> amount of urine drained.....ml	Yes <input type="checkbox"/> No <input type="checkbox"/> amount of urine drained.....ml
Patient given further supplies?*	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Planned date for next TWOC	.....	.....	.....
Follow up arrangements	..... .....	..... .....	..... .....
Community nurse team advised?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

\* Retrieval of further supplies will be advised by your local community team

# Catheter Maintenance Solution (CMS)

The need for CMS should be assessed on an individual patient basis as its regular use is not supported by research findings.

Refer to local policy.

Date commenced	.....	.....	.....	.....	.....	.....	.....	.....	.....
Reason for CMS	.....	.....	.....	.....	.....	.....	.....	.....	.....
Type of CMS	.....	.....	.....	.....	.....	.....	.....	.....	.....
Patient gets supplies of CMS from	.....	.....	.....	.....	.....	.....	.....	.....	.....
Date CMS discontinued	.....	.....	.....	.....	.....	.....	.....	.....	.....
Reason for discontinuing.	.....	.....	.....	.....	.....	.....	.....	.....	.....
PH testing conducted	.....	.....	.....	.....	.....	.....	.....	.....	.....

# Catheter Maintenance Section

This section should be completed by the nurse, carer or person with catheter.

**Maintenance Checklist actions to be completed daily and recorded weekly on .....day**

\*Maintenance checklist may be completed by carer or person with the catheter.

Week	1	2	3	4	5	6	7	8	9	10	11	12
Date	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Hand Hygiene performed - Please refer to page 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bag changed weekly on .....day (night bag changed daily) - Please refer to page 7 & 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Area around catheter washed with soap and water daily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check drainage bag emptied when 2/3rds full	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ensure drainage bag below bladder level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\* completion of the maintenance checklist is optional.

# Catheter Maintenance Section

This section should be completed by the nurse, carer or person with catheter.

**Maintenance Checklist actions to be completed daily and recorded weekly on .....day**

\*Maintenance checklist may be completed by carer or person with the catheter.

Week	13	14	15	16	17	18	19	20	21	22	23	24
Date	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Hand Hygiene performed - Please refer to page 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bag changed weekly on .....day (night bag changed daily) - Please refer to page 7 & 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Area around catheter washed with soap and water daily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check drainage bag emptied when 2/3rds full	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ensure drainage bag below bladder level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\* completion of the maintenance checklist is optional.

# Comments

Date	Time	Comment	Signed

# This is a person held record

Return to GP/district nurse/medical records if no longer required/catheter removed

Return address .....

.....

.....

.....

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**Contributors are:**

- Scottish Care
- Care Inspectorate
- NHS Education for Scotland (NES)
- Scottish Antimicrobial Prescribing Group (SAPG)
- NHS National procurement
- Health Protection Scotland (HPS)
- Acute care
- Higher education (research)
- Representatives from care home, district nursing and community workers
- Network representatives:
  - Association of Continence Advisors (ACA)
  - Senior Infection Control Nurses Network
  - Prescribing advisors



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