

URINARY CATHETER SUPPORT PLAN

Identified need for support	Interventions
<p>Type</p> <p><input type="checkbox"/> In-dwelling Catheter (IDC) <input type="checkbox"/> Supra Pubic Catheter (SPC) <input type="checkbox"/> In-Out Catheter (IC) <input type="checkbox"/> Other: _____</p> <p>Potential for</p> <p><input type="checkbox"/> UTI (Urinary Tract Infection) <input type="checkbox"/> Cross contamination <input type="checkbox"/> Trauma <input type="checkbox"/> Other: _____</p> <p>Evidenced by</p> <p><input type="checkbox"/> Medical Notes <input type="checkbox"/> Progress Notes <input type="checkbox"/> Health Care Directive Date: _____</p>	<p>Drainage System</p> <p><input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent <input type="checkbox"/> Other: _____ <input type="checkbox"/> Leg Bag On _____ Off _____ <input type="checkbox"/> Night Bag On _____ Off _____</p> <p>General Care – Drainage Bag and Tubing</p> <p><input type="checkbox"/> Always connect the urinary catheter to a closed urinary drainage system <input type="checkbox"/> Ensure that the connection between the catheter and the drainage system is intact <input type="checkbox"/> Check tubing regularly for blockage/kinks <input type="checkbox"/> Check drainage bag is securely attached to participants leg, bed frame etc <input type="checkbox"/> Position the drainage bag below the level of the participant’s bladder at all times to maintain the flow of the urine and to prevent backflow <input type="checkbox"/> Keep drainage bag off the floor at all times <input type="checkbox"/> Check drainage system is all connected and secured, catheter not kinked or blocked <input type="checkbox"/> Avoid disconnecting the leg bag from the catheter other than for routine bag change to prevent the risk of infection <input type="checkbox"/> Change the bag - wash hands and wear clean nonsterile gloves (all disposable drainage bags including leg and overnight bags must not be used for more than 7 days) <input type="checkbox"/> Fluid Balance Chart <input type="checkbox"/> Total fluid intake _____ 24hrs (aim for 2 litres / day)</p> <p>In-Dwelling Catheters (IDC) (Insertion by Health Practitioner)</p> <p>Catheter Details (Type): _____ Size: _____ Fg Balloon: _____ mls Change frequency: _____ Person Responsible: _____</p> <p><input type="checkbox"/> Silicone elastomer coated catheters can be left in situ for 4 – 6 weeks <input type="checkbox"/> Silicone, silastic or hydrogel catheters can remain for 12 weeks</p> <p>Perineal hygiene/catheter care</p> <p><input type="checkbox"/> Wash as normal using soap and water daily in shower and after bowels open</p>

	<p><input type="checkbox"/> Do not to push catheter up into bladder</p> <p><input type="checkbox"/> Observe for signs of infection around catheter site e.g., redness, swelling, discharge, and/or offensive odour, cloudy urine, haematuria and report to Health Practitioner</p> <p>Suprapubic Catheter (SPC) (Insertion by Health Practitioner)</p> <p>Catheter Details (Type): _____</p> <p>Size: _____ Fg</p> <p>Insertion date: _____ (if known)</p> <p><input type="checkbox"/> First change (due date): _____</p> <p><input type="checkbox"/> Change frequency _____ wks</p> <p><input type="checkbox"/> Post first change Health Practitioner is responsible</p> <p><input type="checkbox"/> Report to Health Practitioner immediately if removed or falls out</p> <p><input type="checkbox"/> Wash around Supra Pubic catheter daily with warm soapy water</p> <p><input type="checkbox"/> Pat dry. Do not use scented soap, talcum powder or deodorant</p> <p><input type="checkbox"/> Avoid soaps that contain a high pH level as it may cause irritation to the SPC site</p> <p><input type="checkbox"/> Anchor catheter to skin across abdomen to prevent pulling</p> <p><input type="checkbox"/> Observe for signs of infection and report to Management if redness, swelling, discharge, and/or offensive odour, cloudy urine, Haematuria</p>
--	--

Other participants specific interventions:

Stoma Care:

- Inspect SPC stoma site for signs of swelling, redness, or skin breakdown daily
- Keep stoma site clean and dry
- Report any signs of infection, inflammation, or leaking around the urinary catheter site to health practitioner

Risk / Response:

- Infection
- Cloudy colour
- Blood in urine
- Swelling, discharge, offensive colour
- Fever

Refer to Health Practitioner or transfer to hospital if any of the above risks occur to ensure participants well-being.

Prepared by:		
Position Title:		
Signature:		Date:
Reviewed and Approved by:		
General Practitioner Name:		
General Practitioner Signature:		Date:
Health Professional Name:		
Health Professional Signature:		Date:

Agreement

By signing this Support Plan, I agree that I have been involved in the development of my plan. I agree and consent to the care and interventions of this Urinary Catheter Support Plan.

Participant/Representative Name:		
Participant/Representative Signature:		Date:
Company Representative Name:		
Company Representative Signature:		Date:

Communication / Copy of Support Plan	
Copy of Support Plan given to:	<input type="checkbox"/> Participant <input type="checkbox"/> Health Professional <input type="checkbox"/> Health Practitioner <input type="checkbox"/> Other:

Urinary Catheter Support Medical Practitioner / Consultant / Consultant Directive

Date:

Diagnosis/Medical History

Specific Care Orders/Treatment Plan

Risks and Complications

Plan Review Frequency

Informed Consent Obtained

Yes No

If NO, state details:

Authorisations

Medical Practitioner Name			
Medical Practitioner Signature		Date	
Client Name			
Client Signature		Date	

Document Control

Version No.	Issue Date	Document Owner
1	08/01/2025	Elizabeth Bradshaw
Version History		
Version No.	Review Date	Revision Description