



# CATHETER DIARY

Name:

Health-care Professional  
(District Nurse / Practice Nurse Etc.):

Phone Number:

Clinic Number:

Working Hours:

Out of Hours Number:

G.P. Number:

# CATHETER DIARY

Please ensure this booklet is completed each time your catheter is changed

Name:

Address:

G.P.:

Consultant:

Hospital Number:

1a. Reason for catheterisation:

1b. Date of initial catheterisation:

2. Recommended catheter:

Manufacturer:

Catheter  
change date:

Insertion easy  
 yes  no

Comments/problems:

Reason for change:    Routine     Fallen Out     Baloon Burst     Blocked

Catheter maintenance solutions/antibiotic therapy details:

CSU:    Yes   
          No

Name of nurse/doctor/carer:

Date of next catheter change:

---

Catheter  
change date:

Insertion easy  
 yes  no

Comments/problems:

Reason for change:    Routine     Fallen Out     Baloon Burst     Blocked

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          No

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Date of next catheter change:

**WITH THANKS TO:**

**Judy Dakin**

Continence Advisor  
Waltham Forest PCT

**Dee Blaikie**

Continence Advisor  
Whipps Cross  
Hospital

**Carol Impey**

Continence Advisor  
Waltham Forest PCT

**Maggie Rew**

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