



# GET SMART

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## Catheter Passport

### V1.0



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## Version Control Information

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<b>Document owner name and role title</b>	Tanya Shaw
<b>Document approver name and role title</b>	Tanya Shaw

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<b>Version</b>	<b>Date</b>	<b>Section/Reference</b>	<b>Amendment</b>

## Patient Details

Name:
Date of Birth:
NHS Number

Ask your health practitioner how long your catheter will be in. If temporary, ask your health practitioner to remove your catheter as soon as possible.

## Important Contact Details

GP	Name: Phone:
Community Nurse	Name: Phone:
Consultant / other health professional	Name: Phone:
Reason for catheterisation HOUDINI (O)	
Date 1 <sup>st</sup> catheterised	
Date / Place Passport Issued	
Place of catheter changes	
Known Allergies	

## About this passport

This passport is for you and/or anyone else involved in the care of your catheter. It should be filled out by your healthcare professional. Catheters are only inserted if there is a medical need. They must not be inserted at the request of a patient/family member alone.

### HOUDINI (O) Reason for Catheterisation

Haematuria - clots and heavy

Obstruction – mechanical urology

Urology/gynaecology/perianal surgery/prolonged surgery

Decubitus ulcer - to assist the healing of a perianal/sacral wound in an incontinent patient

Input output monitoring accurate < hourly or acute kidney injury when oliguric

Nursing at the end of life

Immobilisation due to unstable fracture/spinal injury or neurological deficit (where all other methods of toileting are contraindicated)

(O) - other

## Catheter details and future plans - 1

Where Catheter inserted & Date			
Reason for Catheterisation? HOUDINI (O)			
Reason for change?		<input type="checkbox"/> Planned <input type="checkbox"/> Catheter Expelled <input type="checkbox"/> Catheter Pulled Out <input type="checkbox"/> Failed TWOC <input type="checkbox"/> Catheter Blockage/Bypassing <input type="checkbox"/> Change due to symptomatic CAUTI <input type="checkbox"/> Other	
Prophylaxis antibiotics to be given at insertion? <input type="checkbox"/> Yes <input type="checkbox"/> No		Details & Review Date	
Type of Catheter? <input type="checkbox"/> Long term <input type="checkbox"/> Short term Silicone, PTFE, hydrogel.		Sticker	
Expiry Date	Balloon Size Mls	Charriere Size	Batch Number
Lubrication / Anaesthetic gel			
Urine Drainage System in use Leg bag/bed bag/valve			
Type of stabilisation		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Any complications during Catheterisation? Onward referral?		<input type="checkbox"/> YES <input type="checkbox"/> NO Details:	
Date of next planned catheter change/TWOC?			
Catheter can be changed in Community?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Signature & Date			

Commented [AC1]: Need this page repeating x 10

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## Catheter details and future plans - 2

Where Catheter inserted & Date							
Reason for Catheterisation? HOUDINI (O)							
Reason for change?				<input type="checkbox"/> Planned <input type="checkbox"/> Catheter Expelled <input type="checkbox"/> Catheter Pulled Out <input type="checkbox"/> Failed TWOC <input type="checkbox"/> Catheter Blockage/Bypassing <input type="checkbox"/> Change due to symptomatic CAUTI <input type="checkbox"/> Other			
Prophylaxis antibiotics to be given at insertion? <input type="checkbox"/> Yes <input type="checkbox"/> No				Details & Review Date			
Type of Catheter? <input type="checkbox"/> Long term <input type="checkbox"/> Short term Silicone, PTFE, hydrogel.				Sticker			
Expiry Date		Balloon Size Mls		Charriere Size		Batch Number	
Lubrication / Anaesthetic gel							
Urine Drainage System in use Leg bag/bed bag/valve							
Type of stabilisation				<input type="checkbox"/> YES <input type="checkbox"/> NO			
Any complications during Catheterisation? Onward referral?				<input type="checkbox"/> YES <input type="checkbox"/> NO Details:			
Date of next planned catheter change/TWOC?							
Catheter can be changed in Community?				<input type="checkbox"/> YES <input type="checkbox"/> NO			
Signature & Date							

### Catheter details and future plans - 3

Where Catheter inserted & Date							
Reason for Catheterisation? HOUDINI (O)							
Reason for change?				<input type="checkbox"/> Planned <input type="checkbox"/> Catheter Expelled <input type="checkbox"/> Catheter Pulled Out <input type="checkbox"/> Failed TWOC <input type="checkbox"/> Catheter Blockage/Bypassing <input type="checkbox"/> Change due to symptomatic CAUTI <input type="checkbox"/> Other			
Prophylaxis antibiotics to be given at insertion? <input type="checkbox"/> Yes <input type="checkbox"/> No				Details & Review Date			
Type of Catheter? <input type="checkbox"/> Long term <input type="checkbox"/> Short term Silicone, PTFE, hydrogel;				Sticker			
Expiry Date		Balloon Size Mls		Charriere Size		Batch Number	
Lubrication / Anaesthetic gel							
Urine Drainage System in use Leg bag/bed bag/valve							
Type of stabilisation				<input type="checkbox"/> YES <input type="checkbox"/> NO			
Any complications during Catheterisation? Onward referral?				<input type="checkbox"/> YES <input type="checkbox"/> NO Details:			
Date of next planned catheter change/TWOC?							
Catheter can be changed in Community?				<input type="checkbox"/> YES <input type="checkbox"/> NO			
Signature & Date							



## Catheter details and future plans- 4

Where Catheter inserted & Date							
Reason for Catheterisation? HOUDINI (O)							
Reason for change?				<input type="checkbox"/> Planned <input type="checkbox"/> Catheter Expelled <input type="checkbox"/> Catheter Pulled Out <input type="checkbox"/> Failed TWOC <input type="checkbox"/> Catheter Blockage/Bypassing <input type="checkbox"/> Change due to symptomatic CAUTI <input type="checkbox"/> Other			
Prophylaxis antibiotics to be given at insertion? <input type="checkbox"/> Yes <input type="checkbox"/> No				Details & Review Date			
Type of Catheter? <input type="checkbox"/> Long term <input type="checkbox"/> Short term Silicone, PTFE, hydrogel.				Sticker			
Expiry Date		Balloon Size Mls		Charriere Size		Batch Number	
Lubrication / Anaesthetic gel							
Urine Drainage System in use Leg bag/bed bag/valve							
Type of stabilisation				<input type="checkbox"/> YES <input type="checkbox"/> NO			
Any complications during Catheterisation? Onward referral?				<input type="checkbox"/> YES <input type="checkbox"/> NO Details:			
Date of next planned catheter change/TWOC?							
Catheter can be changed in Community?				<input type="checkbox"/> YES <input type="checkbox"/> NO			
Signature & Date							

## Catheter details and future plans - 5

Where Catheter inserted & Date							
Reason for Catheterisation? HOUDINI (O)							
Reason for change?		<input type="checkbox"/> Planned <input type="checkbox"/> Catheter Expelled <input type="checkbox"/> Catheter Pulled Out <input type="checkbox"/> Failed TWOC <input type="checkbox"/> Catheter Blockage/Bypassing <input type="checkbox"/> Change due to symptomatic CAUTI <input type="checkbox"/> Other					
Prophylaxis antibiotics to be given at insertion? <input type="checkbox"/> Yes <input type="checkbox"/> No		Details & Review Date					
Type of Catheter? <input type="checkbox"/> Long term <input type="checkbox"/> Short term Silicone, PTFE, hydrogel.		Sticker					
Expiry Date		Balloon Size Mls		Charriere Size		Batch Number	
Lubrication / Anaesthetic gel							
Urine Drainage System in use Leg bag/bed bag/valve							
Type of stabilisation		<input type="checkbox"/> YES <input type="checkbox"/> NO					
Any complications during Catheterisation? Onward referral?		<input type="checkbox"/> YES <input type="checkbox"/> NO Details:					
Date of next planned catheter change/TWOC?							
Catheter can be changed in Community?		<input type="checkbox"/> YES <input type="checkbox"/> NO					
Signature & Date							

## Catheter details and future plans - 6

Where Catheter inserted & Date							
Reason for Catheterisation? HOUDINI (O)							
Reason for change?				<input type="checkbox"/> Planned <input type="checkbox"/> Catheter Expelled <input type="checkbox"/> Catheter Pulled Out <input type="checkbox"/> Failed TWOC <input type="checkbox"/> Catheter Blockage/Bypassing <input type="checkbox"/> Change due to symptomatic CAUTI <input type="checkbox"/> Other			
Prophylaxis antibiotics to be given at insertion? <input type="checkbox"/> Yes <input type="checkbox"/> No				Details & Review Date			
Type of Catheter? <input type="checkbox"/> Long term <input type="checkbox"/> Short term Silicone, PTFE, hydrogel.				Sticker			
Expiry Date		Balloon Size Mls		Charriere Size		Batch Number	
Lubrication / Anaesthetic gel							
Urine Drainage System in use Leg bag/bed bag/valve							
Type of stabilisation				<input type="checkbox"/> YES <input type="checkbox"/> NO			
Any complications during Catheterisation? Onward referral?				<input type="checkbox"/> YES <input type="checkbox"/> NO Details:			
Date of next planned catheter change/TWOC?							
Catheter can be changed in Community?				<input type="checkbox"/> YES <input type="checkbox"/> NO			
Signature & Date							

## Catheter details and future plans - 7

Where Catheter inserted & Date							
Reason for Catheterisation? HOUDINI (O)							
Reason for change?				<input type="checkbox"/> Planned <input type="checkbox"/> Catheter Expelled <input type="checkbox"/> Catheter Pulled Out <input type="checkbox"/> Failed TWOC <input type="checkbox"/> Catheter Blockage/Bypassing <input type="checkbox"/> Change due to symptomatic CAUTI <input type="checkbox"/> Other			
Prophylaxis antibiotics to be given at insertion? <input type="checkbox"/> Yes <input type="checkbox"/> No				Details & Review Date			
Type of Catheter? <input type="checkbox"/> Long term <input type="checkbox"/> Short term Silicone, PTFE, hydrogel.				Sticker			
Expiry Date		Balloon Size Mls		Charriere Size		Batch Number	
Lubrication / Anaesthetic gel							
Urine Drainage System in use Leg bag/bed bag/valve							
Type of stabilisation				<input type="checkbox"/> YES <input type="checkbox"/> NO			
Any complications during Catheterisation? Onward referral?				<input type="checkbox"/> YES <input type="checkbox"/> NO Details:			
Date of next planned catheter change/TWOC?							
Catheter can be changed in Community?				<input type="checkbox"/> YES <input type="checkbox"/> NO			
Signature & Date							

## Catheter details and future plans - 8

Where Catheter inserted & Date							
Reason for Catheterisation? HOUDINI (O)							
Reason for change?				<input type="checkbox"/> Planned <input type="checkbox"/> Catheter Expelled <input type="checkbox"/> Catheter Pulled Out <input type="checkbox"/> Failed TWOC <input type="checkbox"/> Catheter Blockage/Bypassing <input type="checkbox"/> Change due to symptomatic CAUTI <input type="checkbox"/> Other			
Prophylaxis antibiotics to be given at insertion? <input type="checkbox"/> Yes <input type="checkbox"/> No				Details & Review Date			
Type of Catheter? <input type="checkbox"/> Long term <input type="checkbox"/> Short term Silicone, PTFE, hydrogel.				Sticker			
Expiry Date		Balloon Size Mls		Charriere Size		Batch Number	
Lubrication / Anaesthetic gel							
Urine Drainage System in use Leg bag/bed bag/valve							
Type of stabilisation				<input type="checkbox"/> YES <input type="checkbox"/> NO			
Any complications during Catheterisation? Onward referral?				<input type="checkbox"/> YES <input type="checkbox"/> NO Details:			
Date of next planned catheter change/TWOC?							
Catheter can be changed in Community?				<input type="checkbox"/> YES <input type="checkbox"/> NO			
Signature & Date							

## Catheter details and future plans - 9

Where Catheter inserted & Date							
Reason for Catheterisation? HOUDINI (O)							
Reason for change?		<input type="checkbox"/> Planned <input type="checkbox"/> Catheter Expelled <input type="checkbox"/> Catheter Pulled Out <input type="checkbox"/> Failed TWOC <input type="checkbox"/> Catheter Blockage/Bypassing <input type="checkbox"/> Change due to symptomatic CAUTI <input type="checkbox"/> Other					
Prophylaxis antibiotics to be given at insertion? <input type="checkbox"/> Yes <input type="checkbox"/> No		Details & Review Date					
Type of Catheter? <input type="checkbox"/> Long term <input type="checkbox"/> Short term Silicone, PTFE, hydrogel.		Sticker					
Expiry Date		Balloon Size Mls		Charriere Size		Batch Number	
Lubrication / Anaesthetic gel							
Urine Drainage System in use Leg bag/bed bag/valve							
Type of stabilisation		<input type="checkbox"/> YES <input type="checkbox"/> NO					
Any complications during Catheterisation? Onward referral?		<input type="checkbox"/> YES <input type="checkbox"/> NO Details:					
Date of next planned catheter change/TWOC?							
Catheter can be changed in Community?		<input type="checkbox"/> YES <input type="checkbox"/> NO					
Signature & Date							

## Catheter details and future plans - 10

Where Catheter inserted & Date							
Reason for Catheterisation? HOUDINI (O)							
Reason for change?				<input type="checkbox"/> Planned <input type="checkbox"/> Catheter Expelled <input type="checkbox"/> Catheter Pulled Out <input type="checkbox"/> Failed TWOC <input type="checkbox"/> Catheter Blockage/Bypassing <input type="checkbox"/> Change due to symptomatic CAUTI <input type="checkbox"/> Other			
Prophylaxis antibiotics to be given at insertion? <input type="checkbox"/> Yes <input type="checkbox"/> No				Details & Review Date			
Type of Catheter? <input type="checkbox"/> Long term <input type="checkbox"/> Short term Silicone, PTFE, hydrogel.				Sticker			
Expiry Date		Balloon Size Mls		Charriere Size		Batch Number	
Lubrication / Anaesthetic gel							
Urine Drainage System in use Leg bag/bed bag/valve							
Type of stabilisation				<input type="checkbox"/> YES <input type="checkbox"/> NO			
Any complications during Catheterisation? Onward referral?				<input type="checkbox"/> YES <input type="checkbox"/> NO Details:			
Date of next planned catheter change/TWOC?							
Catheter can be changed in Community?				<input type="checkbox"/> YES <input type="checkbox"/> NO			
Signature & Date							

Catheter Maintenance Solution (CMS) - 1

Date Commenced							
Reason for CMS							
Type of CMS							
Patient gets supplies of CMS from							
Date CMS Discontinues & Reason							
PH testing conducted							

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Catheter Maintenance Solution (CMS) - 2

Date Commenced							
Reason for CMS							
Type of CMS							
Patient gets supplies of CMS from							
Date CMS Discontinues & Reason							
PH testing conducted							

Catheter Maintenance Solution (CMS) - 3

Date Commenced							
Reason for CMS							
Type of CMS							
Patient gets supplies of CMS from							
Date CMS Discontinues & Reason							
PH testing conducted							

Catheter Maintenance Solution (CMS) - 4

Date Commenced							
Reason for CMS							
Type of CMS							
Patient gets supplies of CMS from							
Date CMS Discontinues & Reason							
PH testing conducted							

## CAUTI – Catheter associated urinary tract infection

If a CAUTI is suspected urinalysis should NOT be performed and a CSU should be taken.

**DO NOT USE A URINE DIPSTICK TO DIAGNOSE A CAUTI**

Date	Symptoms & Signs	Culture & sensitive inc. resistant organism e.g. MRSA,	Antibiotics Dose & Duration	Catheter Changed	Sign

## Trial without catheter (TWOC)

Date of TWOC	
Successful	<input type="checkbox"/> Yes <input type="checkbox"/> No
Summary e.g. voiding record, urine description, discomfort	
Patient catheterised	<input type="checkbox"/> Yes <input type="checkbox"/> No
Planned date of next TWOC	
Follow up?	Referral

Date of TWOC	
Successful	<input type="checkbox"/> Yes <input type="checkbox"/> No
Summary e.g. voiding record, urine description, discomfort	
Patient catheterised	<input type="checkbox"/> Yes <input type="checkbox"/> No
Planned date of next TWOC	
Follow up?	Referral

Date of TWOC	
Successful	<input type="checkbox"/> Yes <input type="checkbox"/> No
Summary e.g. voiding record, urine description, discomfort	
Patient catheterised	<input type="checkbox"/> Yes <input type="checkbox"/> No
Planned date of next TWOC	
Follow up?	Referral

Date of TWOC	
Successful	<input type="checkbox"/> Yes <input type="checkbox"/> No
Summary e.g. voiding record, urine description, discomfort	
Patient catheterised	<input type="checkbox"/> Yes <input type="checkbox"/> No
Planned date of next TWOC	
Follow up?	Referral

Date of TWOC	
Successful	<input type="checkbox"/> Yes <input type="checkbox"/> No
Summary e.g. voiding record, urine description, discomfort	
Patient catheterised	<input type="checkbox"/> Yes <input type="checkbox"/> No
Planned date of next TWOC	
Follow up?	Referral

Date of TWOC	
Successful	<input type="checkbox"/> Yes <input type="checkbox"/> No
Summary e.g. voiding record, urine description, discomfort	
Patient catheterised	<input type="checkbox"/> Yes <input type="checkbox"/> No
Planned date of next TWOC	
Follow up?	Referral

Date of TWOC	
Successful	<input type="checkbox"/> Yes <input type="checkbox"/> No
Summary e.g. voiding record, urine description, discomfort	
Patient catheterised	<input type="checkbox"/> Yes <input type="checkbox"/> No
Planned date of next TWOC	
Follow up?	Referral

Date of TWOC	
Successful	<input type="checkbox"/> Yes <input type="checkbox"/> No
Summary e.g. voiding record, urine description, discomfort	
Patient catheterised	<input type="checkbox"/> Yes <input type="checkbox"/> No
Planned date of next TWOC	
Follow up?	Referral

### Patient & Healthcare professional Problems/Follow up actions

Record any problems you have experienced and would like to discuss with your healthcare professional and agree together how this will be resolved.

Date		
Problem or issue you would like to discuss?		
Agreed Action		
Signature Healthcare professional	Signature	Print

Date		
Problem or issue you would like to discuss?		
Agreed Action		
Signature Healthcare professional	Signature	Print

Date		
Problem or issue you would like to discuss?		
Agreed Action		
Signature Healthcare professional	Signature	Print

Date		
Problem or issue you would like to discuss?		
Agreed Action		
Signature Healthcare professional	Signature	Print

Date		
Problem or issue you would like to discuss?		
Agreed Action		
Signature Healthcare professional	Signature	Print

Date		
Problem or issue you would like to discuss?		
Agreed Action		
Signature Healthcare professional	Signature	Print



## References and Resources

[Urinary catheters - NHS \(www.nhs.uk\)](#)

[RCN-Fundamentals-of-Catheter-Care-PPT.pdf](#)

[High\\_Impact\\_Interventions.pdf](#)

[Quality statement 4: Urinary catheters | Infection prevention and control | Quality standards | NICE](#)

[Title \(heading 1\) \(england.nhs.uk\)](#)

**Please also visit our website and X account for information:**

**[Infection prevention and control - Lancashire County Council](#)**

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