Urinary Catheter Reminder

DATE:____________________

PHYSICIAN:__________________________________________

This resident has had a urinary catheter in place since ____/____/______

In an attempt to reduce catheter-associated urinary tract infections, please verify the reason(s) for continuing the indwelling urinary catheter:

☐ Resident has acute urinary retention or bladder outlet obstruction.

☐ Need for accurate measurements of urinary output in critically ill resident.

☐ <48 hours post-urologic surgery or other surgery on contiguous structures of the genitourinary tract.

☐ To assist in healing of open sacral or perineal wounds in incontinent resident.

☐ Prolonged immobilization (e.g., potentially unstable thoracic or lumbar spine, multiple traumatic injuries such as pelvic fractures)

☐ To improve comfort for end of life care.

☐ Other:_________________________________________________________

If the resident no longer requires the catheter, please discontinue.