

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.