



## SECTION B – ADMISSION DATA

**B1. Date of Admission**

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**B2. Speciality**

Medical       General surgery

Urology       Obstetrics and gynaecology

Cardiothoracic       Other

If other, please specify

## SECTION C - PARTICIPANT MEDICAL HISTORY

**C1. Does participant have a history of:**

	Yes	No
Pre-existing urological disease	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes mellitus	<input type="checkbox"/>	<input type="checkbox"/>
Immunosuppression	<input type="checkbox"/>	<input type="checkbox"/>

## SECTION D – CATHETERISATION DETAILS

**D1. Date of Catheterisation**

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**D2. Type of Catheter used**

Nitrofurazone ('N')       Silver Alloy ('S')       PTFE ('P')

**D3. Reason for Catheterisation**

Urine retention       Incontinence       Monitoring purpose

Other       Was the patient anaesthetised at the time of catheterisation?      **Yes**       **No**

**D4. Antibiotic use**

Has the patient used antibiotics in last 7 days?      **Yes**       **No**

If **Yes** to antibiotics used last 7 days was this for:      Surgical Prophylaxis       Other

If 'Other' was this for UTI:

Yes  No

If 'Yes' name of antibiotic given

Date antibiotic therapy commenced

Date antibiotic therapy finished

**D5. Title and grade of staff member performing catheterisation**

Title  Grade

**SECTION E – URINE TEST RESULTS AT CATHETERISATION**

**E1. Type of urine sample collected**

MSSU  CSU

**E2. Microbiology results**

Organism

Number of cfu/ml 1.  $< 10^4$   2.  $10^4 - 10^5$   3.  $\geq 10^5$

Pyuria 1.  $< 10$  WBC/mm<sup>3</sup>  2.  $> 10$  WBC/mm<sup>3</sup>

**E3. Antibiotic use**

Antibiotic prophylaxis given for catheterisation? Yes  No

If Yes, name of antibiotic given

Number of doses

Date antibiotic therapy commenced

Date antibiotic therapy finished

**SECTION F – DURING CATHETERISATION**

**F1. UTI Diagnosis during catheterisation**

During catheterisation has the patient been diagnosed with a UTI? Yes  No

During catheterisation has the patient been treated with antibiotics for a UTI? Yes  No

If Yes, name of antibiotic given

Date antibiotic therapy commenced

Date antibiotic therapy finished

During catheterisation has the patient had a urine sample taken?  Yes  No

If Yes, please complete F2.

**F2. Microbiology results**

Organism   
1.   
2.   
3.

Number of cfu/ml 1. < 104  2. 104 -105  3. ≥105

Pyuria 1. < 10 WBC/mm<sup>3</sup>  2. >10 WBC/mm<sup>3</sup>

**F3. Have antibiotics been given post catheter insertion for any reason other than a UTI?**

Yes  No

If Yes, name of antibiotic given

Date antibiotic therapy commenced

Date antibiotic therapy finished

**SECTION G – CATHETER REMOVAL DETAILS**

G1. Date of Catheter Removal

G2. Date of Hospital Discharge

**SECTION H – CATHETER USE IN HOSPITAL**

H1. Please record the number of catheters used during this hospital admission

Nitrofurazone ('N')  Silver Alloy ('S')  PTFE ('P')  Other

H2. Please record whether any catheter care violations have occurred throughout the patients period of catheterisation.

Collection of urine from catheter bag rather than from the end of the catheter?  Yes  No

Accidental disconnection of the closed drainage system?  Yes  No