

TYPES OF URETHRAL CATHETER FOR REDUCING SYMPTOMATIC URINARY TRACT INFECTIONS

URINE TEST RESULTS 3 DAYS POST CATHETER REMOVAL

A. **Date urine sample was obtained?**

B. **Was the urine sample collected at home or in hospital?**

Home

Hospital

C. **Microbiology results**

Name of organism

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

Pyuria 1. < 10 WBC/mm³ 2. > 10 WBC/mm³

D. **Antibiotic use**

D1. **Have antibiotics been given since catheter removal for a UTI?**

Yes

No

If Yes, name of antibiotic given

Date antibiotic therapy commenced

Date antibiotic therapy finished

D2. **Have antibiotics been given since catheter removal for any reason other than a UTI?**

Yes

No

If Yes, name of antibiotic given

Date antibiotic therapy commenced

Date antibiotic therapy finished