

**\*\*\*\*\* URINARY CATHETER REMINDER \*\*\*\*\***

Date: \_\_\_\_\_

This patient has had an indwelling urethral catheter since \_\_\_\_\_.

Please indicate below either your 1) approval to remove the catheter **OR** 2) state the reason for continued indwelling urethral catheterization.

- Please discontinue indwelling urethral catheter; **OR**
- Please continue indwelling urethral catheter because patient requires indwelling catheterization for the following reasons (please check **all** that apply):
- Patient has acute urinary retention or bladder outlet obstruction
  - Need for accurate measurements of urinary output in critically ill patients wound
  - To assist in healing of open sacral or perineal wounds in incontinent patients
  - Patient requires 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 if needed
  - Other - please specify: \_\_\_\_\_

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Doctor Number

**\*\*\*\*\* URINARY CATHETER REMINDER \*\*\*\*\***

Date: \_\_\_\_\_

This patient has had an indwelling urethral catheter since\_\_\_\_\_.

Please indicate below either your 1) approval to remove the catheter **OR** 2) state the reason for continued indwelling urethral catheterization.

- Please discontinue indwelling urethral catheter; **OR**
- Please continue indwelling urethral catheter because patient requires indwelling catheterization for the following reasons (please check all that apply):
- Urinary retention
  - Very close monitoring of urine output and patient unable to use urinal or bedpan
  - Open wound in sacral or perineal area and patient has urinary incontinence
  - Patient too ill or fatigued to use any other type of urinary collection strategy
  - Patient had recent surgery or radiation to the pelvic area
  - Management of urinary incontinence on patient's request (documented in chart)
  - Other - please specify: \_\_\_\_\_

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Doctor Number