Catheter Care Awareness Week

Identifying CAUTI risk factors starts with you.

Patient Urine Management Plan

☐ Indwelling Catheter:

- Date of catheter placement: _____
- Reason for device:_____
- Time of last catheter care:_____
- Estimated removal:_____

☐ External Device:

- Date of device placement: _____
- Reason for device:_____
- Time device changed/replaced:_____
- Estimated removal:_____

☐ Intermittent Catheterization

☐ Bedpan

☐ Bedside Commode

☐ Toilet

☐ Other:_____