

## AUTHORITY FOR CATHETERISATION

<b>Client:</b>	_____
<b>DOB:</b>	_____
<b>Address:</b>	_____

Please indicate below the type of care Regal Home Health Community Nurses are to provide the above client.

### AUTHORITY

- To Insert/Change Indwelling Catheter (IDC)
- To Change Suprapubic Catheter (SPC)
- To Use local Anaesthetic Gel in a urosyringe during the above procedure

<b>Date inserted:</b>	_____
<b>Date to change:</b>	_____
<b>Catheter size/type</b>	_____
<b>Medical Officer Name:</b>	_____
<b>Medical Officer Signature:</b>	_____
<b>Date:</b>	_____
<b>Phone No:</b>	_____
<b>Fax Number:</b>	_____