# CATHETER MANAGEMENT Care Plan

This form is to be used to document a participant’s health care conditions that may require treatment, including emergencies whilst in Sensible Health Pty Ltd care. The treatment plan aligns with Sensible Health Pty Ltd’s Procedure for Complex High Intensity Supports.

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Date |  |
| **Condition** |  | | |
| **Symptoms** |  | | |
| **Type of Catheter** | 🞎 IDC 🞎 SPC | | |
| **Catheter gauge and equipment used** |  | | |
| **Goal of intervention** |  | | |
| **Treatment plan** |  | | |
| **Potential risks**  **with Catheter**  **management** |  | | |
| **Information which must be reported to a health professional** | | | |
|  | | | |
| Specific instructions, details and considerations for management and changes: | | | |

|  |  |  |
| --- | --- | --- |
| Checklist | | |
| * Doctor’s orders for Catheter management are completed. ☐ * Catheter management chart in place. ☐ * Staff trained and competent to assist with Catheter management. ☐ * Participant’s usual input/output are recorded. ☐ | | |
| Role of others in Health Care Plan/Agreed partnership actions-Document role  and responsibilities e.g. Sensible Health Pty Ltd, family member, Participant | | |
| Sensible Health Pty Ltd community support professional: | |  |
| Name |  |  |
| Relationship |  |
| Name |  |  |
| Relationship |  |
| Name |  |  |
| Relationship |  |
| Name |  |  |
| Relationship |  |

## Health Care Plan completed by

Signature:

Printed name:

Date:

## Participant acknowledgement

Signature:

Printed name:

Date:

## Participant representative acknowledgement

Signature:

Printed name:

Date: