|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **NCL Urinary catheter referral form – to be used for all adult patients transferred from secondary care into community care. NB all sections are mandatory**  *Attach patient label* | | | | | | |
| Name: | DOB: | | | Hospital no: | NHS no: | |
| Address | | | | Referring Dept: | | |
| Patient/carer Tel no: | | | | Referrer name & contact no or email: | | |
| **Communication:**  ❒ Hearing impaired – is signer required? ❒ Yes ❒ No  ❒ Language……………………………. Interpreter required? ❒ Yes ❒ No | | | | | | |
| **Key discharge information:**  Where is the patient being discharged to? ❒ Own home ❒ Sheltered accommodation ❒ Care home ❒ Nursing home ❒ Specialist supported housing  Patient is ❒ Housebound ❒ Non-housebound | | | | | | |
| **Reason for referral:**  ❒ Long-term catheter management  ❒ Trial without catheter (TWOC)  ❒ TWOC with Intermittent self-catheterisation (ISC)  ❒ TWOC with Intermittent self-dilatation (ISD)  ❒ Continue ISC  ❒ Continue ISD | | **Reason for catheterisation**  ❒ Acute urinary retention - post void residual volume ….…ml  ❒ Chronic urinary retention - post void residual volume …....ml  ❒ Post operative  ❒ Urinary incontinence  ❒ Other (give details) …………………………………………………. | | | | |
| **Essential catheter information:**  Date catheter inserted: …………………………… Next catheter change due by (specify date):………………………..…  Please confirm this patient has the NCL catheter passport: ❒ Yes ❒ No – reason………………………………….  **Catheter type:** **Catheter *in situ* for:** **Catheter size:** ❒ 10 ❒ 12 ❒ 14 ❒ 16 ❒ 18  ❒ Suprapubic ❒ Medium term (4 weeks)  ❒ Urethral ❒ Long Term (12 weeks)  Drainage: ❒ Long tube bag ❒ Short tube bag ❒ other (specify)………………………... ❒ Valve | | | | | |  |
| Any complications with catheterisation? ❒ No ❒ Yes (give details)…………………………………………….  Does the catheter need to be changed/replaced in secondary care? ❒ Yes ❒ No | | | | | | |
| Hospital discharge summary attached? ❒ Yes ❒ No - please attach clinical history | | | | | |  |
| Allergies? ❒ No ❒ Yes – give details | | | | | |  |
| Dementia/Alzheimer’s? ❒ Yes ❒ No  Learning disabilities? ❒ Yes ❒ No  Does the patient have capacity to make decisions in relation to catheter care? ❒ Yes ❒ No | | | Visually impaired? ❒ Yes ❒ No  Other? ❒ Yes (give details)……………………… ❒ No | | |  |
| **Other relevant information:**  Infection status: ❒ MRSA ❒ *C. diff* ❒ Covid-19 ❒ other (give details)……………………………….  Any safeguarding concerns? ❒ Yes (give details)……………………………… ❒ No  Is patient bedbound/wheelchair user? ❒ Yes (give details)………………………………………………………… ❒ No  Carers/package of care in place? ❒ Yes (give details)…………………………………………………….. ❒ No  Keysafe? ❒ Yes (give number)……………......... ❒ No | | | | | |  |
| 1 week home pack provided? ❒ Yes ❒ No - if no, state why not…………………………………….  Has the patient been registered for home delivery? ❒ Yes (state which company):……………………………………………  ❒ No - if no, state why not……………………………………. | | | | | | |
| **Please note referrals will be rejected if incomplete or discharge summary/clinical history not provided** | | | | | | |
| **District Nursing Services:**  **Barnet:** [clcht.plannedcarebarnet@nhs.net](mailto:clcht.plannedcarebarnet@nhs.net/) - **Tel:** **0300 020 0655**  **Camden:** [camdenreferrals.cnwl@nhs.net](mailto:camdenreferrals.cnwl@nhs.net/) - **Tel:** **020 3317 3400**  **Haringey:** [haringey.adult-referrals@nhs.net](mailto:haringey.adult-referrals@nhs.net/) - **Te**l**: 020 3316 1600 / 24 hrs - 020 7288 3555**  **Islington:** [rapidaccess@islington.gov.uk](mailto:rapidaccess@islington.gov.uk)  **- Tel: 0207 527 2179**  **Enfield**: [beh-tr.ECSenfieldlocalityteamsSPA@nhs.net](mailto:beh-tr.ECSenfieldlocalityteamsSPA@nhs.net) **– see below:**  **Monday – Friday**  **08.00 – 16.30hrs** District Nursing Office: - **Tel: 020 8702 5910**  **16.30 – 08.00hrs** Royal Free Hospital, ask for District Nursing Service: **Tel: 020 7794 0500**  **Weekend & Bank Holidays** (24hr service) Royal Free Hospital, ask for District Nursing Service: **Tel: 020 7794 0500** | | | | | | |