



Intermittent Catheterisation Consultation Checklist¹

Patient information

Name _____ Surname _____

DOB ____ / ____ / ____ Sex _____ Patient ID _____

Physical considerations

- Medical history (including previous history of any catheterisation, gender considerations, and mental health diagnoses)
- Cognitive ability (capacity to understand and retain information)
- Sensory issues that affect catheterisation (e.g., genital area sensation, eyesight)
- Manual dexterity and strength, presence of tremors
- Genital or urethral complications
- Body size and pannus stomach
- Communication impairments
- Conditions with evolving IC needs
- Mobility and motor skill issues (including devices that limit mobility)
- Allergies (e.g., latex)
- Recommended frequency of catheterisation (if already advised by a healthcare professional)

Lifestyle considerations

- Occupation
- Day-to-day environments
- Travel frequency and methods

Sociodemographic considerations

- Prescription costs or other financial considerations*
- Health literacy/need for training of caregiver (whether professional carer or friend or family member)

Holistic wellbeing

- Emotional outlook (fears, anxiety, embarrassment, and readiness to learn IC)
- History of sexual abuse
- Carer or support person (and their level of involvement with IC)
- Need for a translator²
- Cultural, religious, or personal requirements or preferences (e.g., a same-gender healthcare professional, or environmental concerns regarding equipment)

Before patient training — Narrow down catheter choice and tailor training

- Identify the reason for which IC was prescribed (including whether the patient will perform IC for the short or long-term)
- Identify the appropriate catheter types, materials, sets, tips, sizes, and lengths based on the information available
- Ideally, identify 3-4 catheters to present for training (considering meaningful variety and potential need for multiple types)
- Identify methods for catheter storage, carrying, and disposal
- Choose appropriate aids or equipment
- Assess if another specialist needs to be involved (e.g., occupational therapist, psychologist, social worker, if possible)
- Prepare the training space: ensure that it is clean and suitable for IC, private, quiet, and comfortable (adapt the space to the patient's needs and preferences)
- Plan and adapt the training session to the patient's needs and preferences (including the type of information to be taught, if possible)

During patient training

Choice of catheter

- Demonstrate how to use the catheters and explain the differences between each one
- Encourage the patient to handle the equipment
- Assist the patient with selection of their appropriate catheter(s)
- If applicable, help the patient choose aids or extra equipment
- Explain how to obtain repeat prescriptions and what to do if they want to change catheters (provide patient with manufacturer-provided information about DACs/home delivery services and what to do if they run out)

Technique

- Obtain consent from the patient (and/or caregiver)
- Review IC basics and determine if the patient has any questions, concerns, or doubts (including anatomy and physiology of bladder function, medical benefits and risks)
- Identify positions and settings in which they will likely catheterise, and choose the appropriate position
- Explain the technique and procedure using appropriate materials
- If the technique the patient will be doing at home differs from the one you are using in the session (i.e., in the use of gloves or antiseptic wipes), explain why (i.e., the hygiene requirements between clinic and home environment)

Emotional considerations

- As much as possible, accommodate the patient's emotions, thoughts, feelings, and beliefs
- Give guidance on how to fit IC into their everyday routine
- Ensure sufficient time for the patient to be open, express themselves, and discuss their outlook and incentives for IC
- If the patient's emotional state is not conducive to learning IC, consider delaying training if possible, or directing the patient to additional support (as locally available)

- Show how to prepare and dispose of material afterwards (ensuring the patient understands the importance of a clean environment in which to catheterise)
- Demonstrate the procedure using appropriate aids, and use the "teach-back" method to ensure the patient (or caregiver) has understood
- Help the patient (or the caregiver) try the full procedure
- Emphasise hygiene and efforts to minimise the risk of urinary tract infections (UTIs) throughout the process
- Give tips and tricks for any difficulty that occurs
- Provide patient with available and relevant take-home materials

After training — Set follow-up appointment

- Discuss potential complications of IC
- Describe what the patient should realistically expect in the first few weeks as they learn (e.g., potential heightened risk of UTI, discomfort)
- Emphasise UTI risk, strategies for prevention, detection, and management
- Review the signs and symptoms that require a doctor visit or nurse call
- Give useful day-to-day management tips and ensure the patient knows their recommended catheterisation frequency, max voiding volume (if voiding), and other important day-to-day details
- Provide a catheterisation diary and other helpful materials (about technique, complications, and tips for daily management)
- Review the importance of follow-up and the benefits of compliance
- If possible, set up a follow-up plan that fits the patient's needs and preferences
- Reassure about the importance of seeking help and obtaining answers if issues arise
- Provide contact details for sources of support and care from appropriately trained personnel and peer-support groups
- Consider possible referral to homecare, occupational therapy, social worker, psychologist, or counsellor³
- Before ending the session, ask if there are any doubts or questions, or any feedback

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