NDIS LWB 5663 HIDPA Indwelling Catheter Support – Plan

- This Indwelling Catheter Support Plan must be developed with the person we support and their Health Practitioner.
- The Indwelling Catheter Support Plan must be overseen by the Health Practitioner.
- **Staff members must be appropriately trained to administer or dispense medication and undertake any Indwelling Catheter Support Procedures.**
- This Indwelling Catheter Support Plan should be read in conjunction with the relevant policies and procedures.

Personal Details *(to be completed by staff & person we support)*			
Name:		**CIRTS ID:**	
Date of Plan:		**Review Date:**	

My Support includes (tick all that apply) and who undertakes this:				
Procedure	**Me**	**LWB DSW**	**Health Professional**	**Other**
☐ Suprapubic catheter flush / bladder washout – Prohibited Practice: Not to be completed by LWB DSW's	☐		☐	
☐ Inserting and removing catheter - Prohibited Practice: Not to be completed by LWB DSW's	☐		☐	
☐ Cleaning of the insertion site	☐	☐	☐	
☐ Emptying of drainage bags	☐	☐	☐	
☐ Change of leg bag	☐	☐	☐	
☐ Change of overnight bag	☐	☐	☐	

My preferred timing of emptying the drainage bag *(Completed by the person we support or their Support Network)*
Please empty my drainage bag at the following times throughout the day:

My preferred timing to change drainage bag *(Completed by the person we support or their Support Network)*			
Please change my drainage bag on each week.			
My Equipment *(Completed by the person we support or their Support Network)*			
Item	**Who orders this**	**How often**	**Where**
Gloves			
Cleaning cloths			
Plain unscented soap			
Clean container *(if not disposing urine into toilet)*			
Leg bag			
Overnight bag			
Rubbish bag			
Person specific support requirements *(To be completed prior to completion/approval by the AQHP)*			
Record any information specific to the person's support needs in relation to this plan.			
Details about any specific changes or preferences staff must know in order to support the person with this plan: *(Completed by Health Professional)*			

In the event of an emergency, please contact <u>000</u> plus *(Completed by the person we support or their support network)*:			
Name:		**Contact Number:**	
Relationship:			
Name:		**Contact Number:**	
Relationship:			

Plan developed by: *(completed by Health Professional/s)*			
Name:		**Profession:**	
Contact details:		**Date:**	
Name:		**Profession:**	
Contact details:		**Date:**	

Review of plan *(completed by Health Professional)*		
☐ **Set review:**	**Date:**	
Signature:		
☐ **As needed review:** This plan will be reviewed following • a problem being identified while following this plan • a new risk being identified • advice from the person's GP/ Allied Health Professional		

Consent and Authorisation

I consent to the support requirements as detailed in this Plan to be implemented in order to assist in the management of my health supports or receive general emergency response as required. If I am unable to give consent, LWB will seek consent from my guardian/person responsible.			
Name	**Relationship**	**Signature**	**Date**
	Self		
	Guardian / Person Responsible		
	LWB Line Manager		

Upload to CIRTS as follows:
Plans & Assessments > New Plan > Service Type = the service providing the HIDPA > Plan name – [select from drop down] Indwelling Catheter Care Plan > relevant dates > Add New Attachment > SURNAME, First Name. YYYY.MM.DD