# NDIS LWB 5665 Suprapubic Catheter Support – Plan

- This Suprapubic Catheter Support Plan must be developed with the person we support and their Health Practitioner.
- The Suprapubic Catheter Support Plan must be overseen by the Health Practitioner.
- **Staff members must be appropriately trained to administer or dispense medication and undertake any Suprapubic Catheter Support Procedures.**
- This Suprapubic 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** | | | |
| **Moist cloths** | | | |
| **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:** *(This section must be completed by the Health Professional )* |
|---|
| ☐ Not Applicable, the person's supports do not require any modification.<br>☐ Modifications are required as follows: |

| **In the event of an emergency, please contact <u>000</u> plus** *(Completed by Person)*: | | | |
|---|---|---|---|
| **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<br>• a problem being identified while following this plan<br>• a new risk being identified<br>• 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] Suprapubic Catheter Care Plan > relevant dates > Add New Attachment > SURNAME, First Name. YYYY.MM.DD