

My name is _____ Date _____

My goal regarding my bladder is _____ and this is achieved by following the outlined below.

- Continent and independent – no assistance or equipment required
- Assistance or equipment required to achieve social continence (refer to table/s below)

Equipment used:

- Toilet
Comments / additional information:

- Commode / shower chair
 - Mobile – over toilet
 - Mobile - beside bed (pan / bowl underneath)
 - Stationary – over toilet
 - Stationary - beside bed (pan / bowl underneath)
 - Other:
Comments / additional information:

- Bed pan**
Comments / additional information:

- Urinal bottle**
Comments / additional information:

- Absorbent pads**
Comments / additional information:

- Bed protection**
Comments / additional information:

Support required:

- I will indicate when toileting is required
- Support worker reminds / prompts / initiates toileting
- Assist with transfer onto toilet
- Assist with clothing
- Direct supervision required during toileting
- Assist with hygiene after toileting
- Assist with clothing readjustment

- Assist with transfer off toilet
- Please prompt / remind / assist me to wash my hands
- Hands-on assistance required to manage incontinent episodes
- Assist with equipment cleaning

Comments / additional information:

ADDITIONAL SUPPORT NEEDS

- Intermittent catheterisation by me / my family member / other (not support worker)
 urethra continent stoma

Comments / additional information:

- Intermittent catheterisation by support worker. Refer to 'Bladder Care Plan' provided by R.N.
 urethra continent stoma
- Indwelling urethral catheter. Refer to 'Bladder Care Plan' provided by R.N.
- Indwelling supra-pubic catheter. Refer to 'Bladder Care Plan' provided by R.N.
- Urostomy. Refer to 'Bladder Care Plan' provided by R.N.
- Penile sheath. Refer to 'Bladder Care Plan' provided by R.N.

Customer Name:	
Signature:	
Date:	/ /