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| **Details of Client**  **Name & Contact** |  | | | |
| **Details of Carer**  **Name & Contact** |  | | | |
| **Catheter Insertion Date** | **Catheter Size** | **Date Changed** | **Consent informed and documented** | Notes *(Specify any problems, interventions and outcomes)* |
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| **Details of Client**  **Name & Contact** |  | | | |
| **Details of Carer**  **Name & Contact** |  | | | |
| **Date/Time of drainage** | **Volume drained (mls)** | **Colour of urine** | **Any inconsistencies in urine** | Notes *(Specify any problems, interventions and outcomes)* |
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