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AUTHORITY FOR CATHETERISATION

	Client: DOB: Address:		
Please indicate below the type of care Regal Home Health Community Nurses are to provide the above client.			
AUTHORITY			
To Insert/Change Indwelling Catheter (IDC)			
To Change Suprapubic Catheter (SPC)			
To Use local Anaesthetic Gel in a urosyringe during the above procedure			
Date inserted:			
Date to change:			
Catheter size/type		,	
Medical Officer Name:			
Medical Officer Signature:		re:	
Date:			
Phone	e No:		
Fax N	umber:		