**Reducing harm from catheters – ongoing care bundle - weekly data collection form** **Ward:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Week 1**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Identify the last 5 patients admitted to the ward who have a catheter (you may only have 1 patient, if you have no patients with a catheter please put ‘none’ in the first column
2. Check ongoing care catheter bundle documentation (all elements must be completed)

|  |  |  |  |
| --- | --- | --- | --- |
|  | Patient hospital number | Bundle documentation in use? (Y/N) | Bundle fully completed? (Y/N) |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |

**Week 2**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Identify the last 5 patients admitted to the ward who have a catheter (you may only have 1 patient, if you have no patients with a catheter please put ‘none’ in the first column
2. Check ongoing care catheter bundle documentation (all elements must be completed)

|  |  |  |  |
| --- | --- | --- | --- |
|  | Patient hospital number | Bundle documentation in use? (Y/N) | Bundle fully completed? (Y/N) |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |

**Week 3**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Identify the last 5 patients admitted to the ward who have a catheter (you may only have 1 patient, if you have no patients with a catheter please put ‘none’ in the first column
2. Check ongoing care catheter bundle documentation (all elements must be completed)

|  |  |  |  |
| --- | --- | --- | --- |
|  | Patient hospital number | Bundle documentation in use? (Y/N) | Bundle fully completed? (Y/N) |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |

**Week 4**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Identify the last 5 patients admitted to the ward who have a catheter (you may only have 1 patient, if you have no patients with a catheter please put ‘none’ in the first column
2. Check ongoing care catheter bundle documentation (all elements must be completed)

|  |  |  |  |
| --- | --- | --- | --- |
|  | Patient hospital number | Bundle documentation in use? (Y/N) | Bundle fully completed? (Y/N) |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |

Please email 4 weeks of data to Risk.Management@salisbury.nhs.uk. Many thanks