

700 Children's Drive
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nationwidechildrens.org

CATHETERIZATION RECORD: INTERMITTENT

Your doctors and nurses will help you set up your catheterization schedule. Please keep a record of your intake (amount you drink) and output (amount you urinate) and bring the record with you to your next clinic visit.

Here's an example of a record that has been completed for a 6-year-old child:

NOTE TO HEALTH PROFESSIONALS

This Helping Hand should be used with one of these Helping Hands:

- Catheterization: *Self-Clean Intermittent – Female, HH-II-39*
- Catheterization: *Self-Clean Intermittent – Male, HH-II-49*

INTERMITTENT CATHETERIZATION RECORD

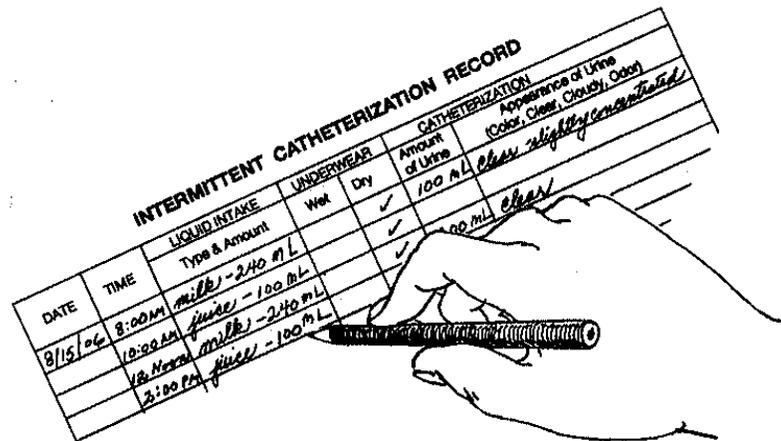
DATE	TIME	LIQUID INTAKE	UNDERWEAR		CATHETERIZATION	
		Type & Amount	Wet	Dry	Amount of Urine	Appearance of Urine (Color, Clear, Cloudy, Odor)
8/15/06	8:00 AM	milk - 240 mL		✓	100 mL	clear slightly concentrated
	10:00 AM	juice - 100 mL		✓		
	12:00 PM	milk - 240 mL		✓	200 mL	clear
	2:00 PM	juice - 100 mL		✓		
	4:00 PM			✓	100 mL	clear
	6:00 PM	juice - 240 mL	✓		200 mL	clear
	9:00 PM	water - 60 mL		✓	150 mL	clear

Picture 1 It is important to record all your liquid intake.

LIQUID MEASURES:

One mL equals one ml.

- 1 ounce = 30 mL.
- 2 ounces = 60 mL.
- 3 ounces = 90 mL.
- 4 ounces = 120 mL.
- 5 ounces = 150 mL.
- 6 ounces = 180 mL.
- 7 ounces = 210 mL.
- 8 ounces = 240 mL.



If you have any questions, please ask your doctor or nurse.

