

Appendix 1. Clinical encounter questionnaire for difficult catheter insertion

1.	Unit of Consult:		
2.	Was patient transferred from another site: Yes, WHERE? _____ No		
3.	Called by: a. Student nurse b. LPNurse c. RN d. Nurse practitioner e. Unit clerk f. Med Student g. Resident h. Fellow i. Attending j. Other _____		
4.	Number of attempts by referring healthcare professional		
	Level of training/location of training	Years in practice	No. attempts Reason for catheterization
5.	Time from insertion attempt to consultation: _____		
6.	Bladder scan volume _____		
7.	Sex of patient	Male Female	
8.	Age of patient _____		
9.	Medical indication for catheterization _____		
10.	Duration of previous indwelling catheter _____		
11.	Previous difficult catheter insertion Yes No		
12.	Urological history		
	BPH	Prostate cancer	Bladder cancer
	Hypospadias	Strictures	Radiation
	Hematuria	Suprapubic catheter	Other: _____
13.	Could the consult be handled with verbal instruction only? Yes No		
14.	Were additional catheter attempts required by home service prior to assessment? Yes No		
15.	Time of repeat call		
16.	Type of catheter inserted a. Size _____ b. Three-way		
17.	Ancillary tools required a. Coude b. GW/catheter guide c. Cystoscope d. Dilators e. Suprapubic f. Other _____		
18.	Findings a. False passage b. Stricture c. BN contracture d. Obesity e. Mental impairment f. BPH g. Other _____		
19.	Was there an adverse outcome? Yes No		
20.	Was this a repeat consult? Yes No		
21.	Were previous instructions followed? Yes No		

Appendix 1. Clinical encounter questionnaire for difficult catheter insertion (cont'd)

22.	Was this consult for hematuria?	
	Yes	No
23.	Appropriate consult:	
	Yes	No
24.	Degree of difficulty	
	1. None	
	2. Medium	
	3. Difficult	
25.	Comments	