



South Dublin Community
Intervention Team

Letter of Governance for Catheter Change in the Community

Patient's name: _____ DOB: _____

Address: _____

Hospital Number _____

Dear Doctor

South Dublin CIT has received a referral for the above Patient for catheter care.

As a condition of acceptance to our service, we need to ensure that the above named patient will receive a yearly review with the urology department. Please inform the patient that a nursing team will provide catheter care procedures in the community. This letter of Governance gives the Nursing team permission to carry out the catheter care required.

Please ensure the CIT referral form and prescription are completed. Please make sure the following details are included.

Prescription completed for Catheter size required 14 16 18

Initial date required for the catheter change Frequency of catheter change

Please note should the nursing team have any questions or run into any problems with the patients' catheter care management we may need to contact you.

Medical Practitioner Name _____ Signature _____

Contact phone number _____ Date: _____