

# SCI Catheterization Diary

This diary will help us to figure out how to optimize your cath schedule and figure out how fluids impact it

| Date: _____       | Drinks |                             | Cathing   |                          | Accidents  |   |                         |
|-------------------|--------|-----------------------------|---|--------------------------|--|---|-------------------------|
| Time              | What?  | How much?<br>(oz, mL, cups) | Did you cath?   | How much<br>did you get? | Did you leak?                                      | How much?   | What were<br>you doing? |
| <b>Sample</b>     | Water  | 8 oz                        | <input checked="" type="radio"/> Yes <input type="radio"/> No | 400cc                    | Yes <input checked="" type="radio"/> No            | <input checked="" type="radio"/> A little <input type="radio"/> A lot | Transfer                |
| <b>6-7 am</b>     |        |                             | Yes <input type="radio"/> No <input type="radio"/>            |                          | Yes <input type="radio"/> No <input type="radio"/> | <input type="radio"/> A little <input type="radio"/> A lot            |                         |
| <b>7-8 am</b>     |        |                             | Yes <input type="radio"/> No <input type="radio"/>            |                          | Yes <input type="radio"/> No <input type="radio"/> | <input type="radio"/> A little <input type="radio"/> A lot            |                         |
| <b>9-10 am</b>    |        |                             | Yes <input type="radio"/> No <input type="radio"/>            |                          | Yes <input type="radio"/> No <input type="radio"/> | <input type="radio"/> A little <input type="radio"/> A lot            |                         |
| <b>10-11 am</b>   |        |                             | Yes <input type="radio"/> No <input type="radio"/>            |                          | Yes <input type="radio"/> No <input type="radio"/> | <input type="radio"/> A little <input type="radio"/> A lot            |                         |
| <b>11-12 noon</b> |        |                             | Yes <input type="radio"/> No <input type="radio"/>            |                          | Yes <input type="radio"/> No <input type="radio"/> | <input type="radio"/> A little <input type="radio"/> A lot            |                         |
| <b>12-1 pm</b>    |        |                             | Yes <input type="radio"/> No <input type="radio"/>            |                          | Yes <input type="radio"/> No <input type="radio"/> | <input type="radio"/> A little <input type="radio"/> A lot            |                         |
| <b>1-2 pm</b>     |        |                             | Yes <input type="radio"/> No <input type="radio"/>            |                          | Yes <input type="radio"/> No <input type="radio"/> | <input type="radio"/> A little <input type="radio"/> A lot            |                         |
| <b>2-3 pm</b>     |        |                             | Yes <input type="radio"/> No <input type="radio"/>            |                          | Yes <input type="radio"/> No <input type="radio"/> | <input type="radio"/> A little <input type="radio"/> A lot            |                         |
| <b>3-4 pm</b>     |        |                             | Yes <input type="radio"/> No <input type="radio"/>            |                          | Yes <input type="radio"/> No <input type="radio"/> | <input type="radio"/> A little <input type="radio"/> A lot            |                         |
| <b>4-5 pm</b>     |        |                             | Yes <input type="radio"/> No <input type="radio"/>            |                          | Yes <input type="radio"/> No <input type="radio"/> | <input type="radio"/> A little <input type="radio"/> A lot            |                         |
| <b>5-6 pm</b>     |        |                             | Yes <input type="radio"/> No <input type="radio"/>            |                          | Yes <input type="radio"/> No <input type="radio"/> | <input type="radio"/> A little <input type="radio"/> A lot            |                         |
| <b>6-7 pm</b>     |        |                             | Yes <input type="radio"/> No <input type="radio"/>            |                          | Yes <input type="radio"/> No <input type="radio"/> | <input type="radio"/> A little <input type="radio"/> A lot            |                         |
| <b>7-8 pm</b>     |        |                             | Yes <input type="radio"/> No <input type="radio"/>            |                          | Yes <input type="radio"/> No <input type="radio"/> | <input type="radio"/> A little <input type="radio"/> A lot            |                         |
| <b>8-9 pm</b>     |        |                             | Yes <input type="radio"/> No <input type="radio"/>            |                          | Yes <input type="radio"/> No <input type="radio"/> | <input type="radio"/> A little <input type="radio"/> A lot            |                         |
| <b>9-10 pm</b>    |        |                             | Yes <input type="radio"/> No <input type="radio"/>            |                          | Yes <input type="radio"/> No <input type="radio"/> | <input type="radio"/> A little <input type="radio"/> A lot            |                         |
| <b>10-11 pm</b>   |        |                             | Yes <input type="radio"/> No <input type="radio"/>            |                          | Yes <input type="radio"/> No <input type="radio"/> | <input type="radio"/> A little <input type="radio"/> A lot            |                         |
| <b>11- 12 mid</b> |        |                             | Yes <input type="radio"/> No <input type="radio"/>            |                          | Yes <input type="radio"/> No <input type="radio"/> | <input type="radio"/> A little <input type="radio"/> A lot            |                         |
| <b>12-1 am</b>    |        |                             | Yes <input type="radio"/> No <input type="radio"/>            |                          | Yes <input type="radio"/> No <input type="radio"/> | <input type="radio"/> A little <input type="radio"/> A lot            |                         |
| <b>1-2 am</b>     |        |                             | Yes <input type="radio"/> No <input type="radio"/>            |                          | Yes <input type="radio"/> No <input type="radio"/> | <input type="radio"/> A little <input type="radio"/> A lot            |                         |
| <b>2-3 am</b>     |        |                             | Yes <input type="radio"/> No <input type="radio"/>            |                          | Yes <input type="radio"/> No <input type="radio"/> | <input type="radio"/> A little <input type="radio"/> A lot            |                         |
| <b>3-4 am</b>     |        |                             | Yes <input type="radio"/> No <input type="radio"/>            |                          | Yes <input type="radio"/> No <input type="radio"/> | <input type="radio"/> A little <input type="radio"/> A lot            |                         |
| <b>4-5 am</b>     |        |                             | Yes <input type="radio"/> No <input type="radio"/>            |                          | Yes <input type="radio"/> No <input type="radio"/> | <input type="radio"/> A little <input type="radio"/> A lot            |                         |
| <b>5-6 am</b>     |        |                             | Yes <input type="radio"/> No <input type="radio"/>            |                          | Yes <input type="radio"/> No <input type="radio"/> | <input type="radio"/> A little <input type="radio"/> A lot            |                         |
| <b>6-7 am</b>     |        |                             | Yes <input type="radio"/> No <input type="radio"/>            |                          | Yes <input type="radio"/> No <input type="radio"/> | <input type="radio"/> A little <input type="radio"/> A lot            |                         |

Questions or Comments for the Medical Team: \_\_\_\_\_

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