

**ALBERTA AIDS TO DAILY LIVING (AADL) PROGRAM
QUANTITY & FREQUENCY (QFR) REQUEST FOR
INTERMITTENT CATHETER SUPPLIES**

Prior to submitting a request for a continence product, an RN must complete the following assessment steps. If a RN is not available to assess the client please indicate rationale.

****ALL documentation must be attached to the QFR Form.**

1. Client's current catheter product: _____

2. Name and describe the outcome of different catheters trialed.

3. Review of client and/or caregiver's catheterization technique and outcome/interventions:

 - a. If post -void residual is above 50 ml, provide outcomes/recommendations:

 - b. If post void not obtained, please explain:

4. Review of cleaning technique:
 - a. Comments and/or recommendations:

 - b. Name the type of solution used for cleaning:

5. If increase requested is related to bladder infections, have regular urine cultures been completed?
YES _____ NO _____
If NO, why not?

6. Predisposing medical condition impacting the client's severity and/or management of urinary incontinence:

7. Are there bowel issues? If yes, describe intervention and outcomes/recommendations:

8. NCA referral: YES _____ NO _____ If NO, Why?

9. Referral to Urologist? YES _____ NO _____ If NO, Why?

10. OT/PT Referral: YES _____ NO _____ If NO, Why?

11. List all OT/PT's interventions and Outcomes:

12. Provide recent three-day bladder diary. List Strategies implemented and outcomes (provide post bladder diary):

13. Provide recent urinary assessment tool. List strategies implemented, for example, behavior modifications with relevant outcomes/recommendations:

14. Additional Comments:

Authorizer signature: _____ Date: _____

Assessor signature: _____ Date: _____