

## **UriCap Female Unit Tracking Tool**

Use this tracking tool for the unit. Application time is recommended immediately before a naturally occurring rest period (nap, bedtime). **Change the UriCap every 24 hours:** Use the **Starter Kit** for first/initial application, 4<sup>th</sup>, 7<sup>th</sup>, etc. Use **Change Kit** every 24. Change the extension tubing with each Change Kit. Repeat the 3-day pattern of *Starter-Change-Change; Starter-Change-Change*. See also the Instructions for Use (IFU).

Room #	Patient Name	Day 1 Starter Kit	Day 2 Change Kit	Day 3 Change Kit	Day 4 Starter Kit	Day 5 Change Kit	Day 6 Change Kit
		Date:	Date:	Date:	Date:	Date:	Date:
		Time:	Time:	Time:	Time:	Time:	Time:
		Initials:	Initials:	Initials:	Initials:	Initials:	Initials:
Commen	t:						
Room #	Patient Name	Day 1 Starter Kit	Day 2 Change Kit	Day 3 Change Kit	Day 4 Starter Kit	Day 5 Change Kit	Day 6 Change Kit
		Date:	Date:	Date:	Date:	Date:	Date:
		Time:	Time:	Time:	Time:	Time:	Time:
		Initials:	Initials:	Initials:	Initials:	Initials:	Initials:
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		Time:	Time:	Time:	Time:	Time:	Time:
		Initials:	Initials:	Initials:	Initials:	Initials:	Initials:
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		Date:	Date:	Date:	Date:	Date:	Date:
			Date: Time:	Date: Time:	Date: Time:	Date: Time:	Date: Time:
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		Date:	Date:	Date:	Date:	Date:	Date:
		Time:	Time:	Time:	Time:	Time:	Time:
		Initials:	Initials:	Initials:	Initials:	Initials:	Initials:
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Room #	Patient Name	Day 1 Starter Kit	Day 2 Change Kit	Day 3 Change Kit	Day 4 Starter Kit	Day 5 Change Kit	Day 6 Change Kit
NOUIII #	Patient Name	<u> </u>	, , , , , , , , , , , , , , , , , , ,	· · ·	-	<u> </u>	, ,
		Date:	Date:	Date:	Date:	Date:	Date:
		Time:	Time:	Time:	Time:	Time:	Time:
		Initials:	Initials:	Initials:	Initials:	Initials:	Initials:
Commen	t:						
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		Initials:	Initials:	Initials:	Initials:	Initials:	Initials:
Commen	t:						

Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Starter kit	Change kit	Change kit	Starter kit	Change kit	Change kit	Starter kit