

School: _____ School Year: _____

Catheterization Care Plan for School Day

Student Name: _____ DOB: _____

Type of Catheter: _____ Size: _____ FR

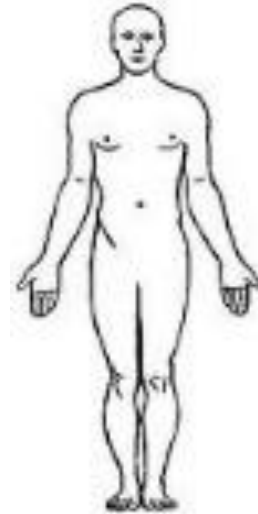
Cath Method:

- Clean I/O Urethral
- Clean I/O Monti (see location on body map)
- Indwelling Foley

Catheterization Frequency: every 2hr 3hr 4hr 5hr 6hr

Estimated Procedure Times at School:

Time	Self-Care Skills
	<input type="checkbox"/> Needs Assistance <input type="checkbox"/> Self
	<input type="checkbox"/> Needs Assistance <input type="checkbox"/> Self
	<input type="checkbox"/> Needs Assistance <input type="checkbox"/> Self



To follow clean technique, wash hands, apply clean gloves and clean meatus with: _____

Catheter Use and Cleaning:

- Use a new catheter for every catheterization
- Replace catheter every _____ days. Sterilize catheter after every use with: _____
- Replace catheter every _____ days. Store in alcohol.

Special Catheter Cleaning Instructions: _____

Monti Flush or Irrigation Orders (RN or LPN only): _____

Notify Parent and Physician if: _____

Physician's Signature: _____ Date: _____

Printed Name: _____ Office Number: _____

I understand that I am responsible to provide all supplies needed to follow the physician's order above. I will bring supplies to the school nurse as needed.

- I give my permission for a trained school staff member to provide care as ordered above.

Parent/Guardian Signature: _____ Date: _____