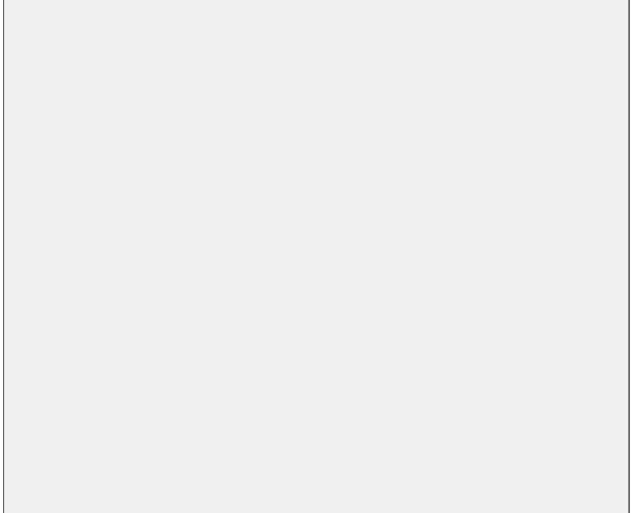


Catheterization Health Care Plan

Identifi ca ti on	Child's Name Click here to enter text.	Date of Birth: Click here to enter text.	Health Card Number: Click here to enter text.	MedicAlert® Number: Click here to enter text.
	Does your child carry an Emergency Health Services (EHS) Special Patient Protocol card with them? Yes <input type="checkbox"/> No <input type="checkbox"/>			
	Allergies: Click here to enter text.	Medical Diagnosis(es): Click here to enter text.		
	Is your child aware of their diagnosis? Yes <input type="checkbox"/> No <input type="checkbox"/>			
	Does your child experience fears and/or anxiety related to their health care needs/medical diagnosis? Yes <input type="checkbox"/> No <input type="checkbox"/>			
	<i>If yes, please describe helpful coaching/support/management strategies:</i> Click here to enter text.			
	 Place Photo Here			
	Medications required during school hours: N/A <input type="checkbox"/>			
Bus Driver(s) and Bus numbers(s) (if applicable):				
Morning Bus: Click here to enter text.		Afternoon Bus: Click here to enter text.		

This plan has been shared with bus operators, and /or other school designated person(s) providing transportation

Yes N/A

Does your child have any activity restrictions while at school?

Yes No

If yes, please describe:

[Click here to enter text.](#)

Emergency Contacts: Please prioritize 1,2,3, in the order the calls are to be placed:

Id
e
nt
ifi
ca
ti
o
n

Name	Relationship	Home Phone Number	Work Phone Number	Cell Phone Number	E-Mail
1. <input type="text"/>					
2. <input type="text"/>					
3. <input type="text"/>					

Identify the preferred method of communication, for non-emergency situations

- Phone call
- Text
- Email
- Communication book/agenda
- Other; please specify: [Click here to enter text.](#)

Additional Information:

[Click here to enter text.](#)

Designated school staff with catheterization training: (to be completed by school staff)

- | | |
|--|--|
| 1. Click here to enter text. | 4. Click here to enter text. |
| 2. Click here to enter text. | 5. Click here to enter text. |
| 3. Click here to enter text. | 6. Click here to enter text. |

Definition	<p>Clean intermittent catheterization: the temporary placement of a tube (catheter) into the bladder to remove urine from the body. It is used for medical conditions that cause inadequate bladder emptying.</p>
Supplies and Care	<p>Supplies Required: Latex free supplies must be used: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <ol style="list-style-type: none">1. Soap and water or antiseptic hand-wash for the staff person2. Gloves3. Cleansing items for the child (e.g. wipes or washcloth, soap and water)4. Lubricant5. Catheter <p>Size: Click here FR <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/></p> <ol style="list-style-type: none">6. Extension tubing; check box if required <input type="checkbox"/>7. Container to drain urine (if the child is unable to drain the urine directly in the toilet); check box if required <input type="checkbox"/>8. Incontinence underwear/pad/diaper if required: please specify if required Click here to enter text.9. Other: Click here to enter text.
	<p>Post catheter care (check appropriate box):</p> <p><input type="checkbox"/> Dispose of catheters after each use</p> <p><input type="checkbox"/> Clean catheters for re-use; if yes, indicate below the cleaning regimen that is to be followed</p> <p><input type="checkbox"/> Standard cleaning regimen:</p> <ol style="list-style-type: none">a. Wash the catheter with soap and water.b. Rinse with warm water.c. Allow the catheter to air dry.d. Store the catheter in a sealed plastic bag; place in a dry place until next use. The bag should be labeled with the child's name, the date in which the catheter was first opened, and the time of day that specific catheter is used; if multiple catheterizations are scheduled throughout the school day, there should be one catheter assigned to each scheduled time (e.g. AM catheter and PM catheter). Catheters should be replaced every 30 days. <p><input type="checkbox"/> Other; please specify: Click here to enter text.</p>

Procedure	<p>Note: A regulated health care professional in collaboration with the parent/guardian(s) are to provide specific teaching for catheter insertion.</p> <p>Scheduled catheterization times during school hours:</p> <ol style="list-style-type: none"> 1. Click here to enter text. 2. Click here to enter text. <p><input type="checkbox"/> My child can self-catheterize without supervision</p> <p><input type="checkbox"/> My child can self-catheterize but requires supervision</p> <p><input type="checkbox"/> My child requires a staff person to perform the catheterization</p> <p><input type="checkbox"/> My child is catheterized through their:</p> <p style="padding-left: 20px;"><input type="checkbox"/> Urethra</p> <p style="padding-left: 20px;"><input type="checkbox"/> Stoma</p>											
Health Care Needs	<p>Health Care Needs: check those that apply:</p> <table border="1"> <thead> <tr> <th data-bbox="138 960 497 1003">Health Care Need</th><th data-bbox="497 960 897 1003">Intervention required</th><th data-bbox="897 960 1183 1003">Expected Outcome</th><th data-bbox="1183 960 1494 1003">Reportable Symptoms</th></tr> </thead> <tbody> <tr> <td data-bbox="138 1003 497 1934"><input type="checkbox"/> CIC via urethra</td><td data-bbox="497 1003 897 1934"> <p>Steps in Order:</p> <ol style="list-style-type: none"> 1. Wash hands and put on gloves 2. Position the child accordingly; Please describe: Click here. 3. For females: wash the perineal area (wipe three times: left side, right side, down middle front to back using different areas of washcloth). 4. For males: wash the tip of the penis from the meatus outward, down the shaft. If the child is uncircumcised, retract the foreskin if able; make sure to pull it back over the head of the penis following the catheterization. 5. Insert the catheter 6. Allow the urine to drain into container (or toilet as applicable) 7. Withdraw the catheter slowly 8. Clean supplies as directed 9. Wash hands </td><td data-bbox="897 1003 1183 1934"> <p>Clear urine</p> <p>No systemic signs of infection (e.g. suspected fever, chills, general feeling of being unwell)</p> <p>Catheterization without trauma to the urethra</p> <p>Additional information: Click here.</p> </td><td data-bbox="1183 1003 1494 1934"> <ul style="list-style-type: none"> Cloudy urine Blood in the urine Foul smelling urine Urine that contains mucous, pus, or sediment Presence of blood on the catheter Child complains of unusual back or belly pain Child has a fever/suspect they have a fever Nausea and/or vomiting Inability to complete the procedure Other: Click here </td></tr> </tbody> </table>				Health Care Need	Intervention required	Expected Outcome	Reportable Symptoms	<input type="checkbox"/> CIC via urethra	<p>Steps in Order:</p> <ol style="list-style-type: none"> 1. Wash hands and put on gloves 2. Position the child accordingly; Please describe: Click here. 3. For females: wash the perineal area (wipe three times: left side, right side, down middle front to back using different areas of washcloth). 4. For males: wash the tip of the penis from the meatus outward, down the shaft. If the child is uncircumcised, retract the foreskin if able; make sure to pull it back over the head of the penis following the catheterization. 5. Insert the catheter 6. Allow the urine to drain into container (or toilet as applicable) 7. Withdraw the catheter slowly 8. Clean supplies as directed 9. Wash hands 	<p>Clear urine</p> <p>No systemic signs of infection (e.g. suspected fever, chills, general feeling of being unwell)</p> <p>Catheterization without trauma to the urethra</p> <p>Additional information: Click here.</p>	<ul style="list-style-type: none"> Cloudy urine Blood in the urine Foul smelling urine Urine that contains mucous, pus, or sediment Presence of blood on the catheter Child complains of unusual back or belly pain Child has a fever/suspect they have a fever Nausea and/or vomiting Inability to complete the procedure Other: Click here
Health Care Need	Intervention required	Expected Outcome	Reportable Symptoms									
<input type="checkbox"/> CIC via urethra	<p>Steps in Order:</p> <ol style="list-style-type: none"> 1. Wash hands and put on gloves 2. Position the child accordingly; Please describe: Click here. 3. For females: wash the perineal area (wipe three times: left side, right side, down middle front to back using different areas of washcloth). 4. For males: wash the tip of the penis from the meatus outward, down the shaft. If the child is uncircumcised, retract the foreskin if able; make sure to pull it back over the head of the penis following the catheterization. 5. Insert the catheter 6. Allow the urine to drain into container (or toilet as applicable) 7. Withdraw the catheter slowly 8. Clean supplies as directed 9. Wash hands 	<p>Clear urine</p> <p>No systemic signs of infection (e.g. suspected fever, chills, general feeling of being unwell)</p> <p>Catheterization without trauma to the urethra</p> <p>Additional information: Click here.</p>	<ul style="list-style-type: none"> Cloudy urine Blood in the urine Foul smelling urine Urine that contains mucous, pus, or sediment Presence of blood on the catheter Child complains of unusual back or belly pain Child has a fever/suspect they have a fever Nausea and/or vomiting Inability to complete the procedure Other: Click here 									

	Health Care Need	Intervention Required	Expected Outcome(s)	Reportable Symptoms
Hea lth Car e Nee ds	<input type="checkbox"/> CIC via stoma	<p>Steps in Order:</p> <ol style="list-style-type: none"> 1. Wash hands and put on gloves 2. Position the child accordingly; Please describe : Click here to enter text. 3.Clean the stoma site 4. Lubricate the first 1-2 inches of the catheter 5. Insert the catheter in the stoma 6. Allow the urine to drain 7. Withdraw the catheter slowly 8. Clean supplies as directed 9. Wash hands <p>Additional information: Click here to enter text.</p>	<p>Clear urine</p> <p>No systemic signs of infection (e.g. fever, chills, general feeling of being unwell)</p> <p>Catheterization without trauma; easy passage of the catheter through the stoma</p>	<ul style="list-style-type: none"> ● Cloudy urine ● Blood in the urine ● Foul smelling urine ● Urine that contains mucous, pus, or sediment ● Presence of blood on the catheter ● Child complains of unusual back or belly pain ● Child has a fever/suspect they have a fever ● Nausea and/or vomiting ● Inability to complete the procedure ● Other: Click here.
	<input type="checkbox"/> Monitor Urine output	<p>Report findings to parent/guardian as directed:</p> <p><input type="checkbox"/>Time of procedure <input type="checkbox"/>Description of urine <input type="checkbox"/>Volume of urine</p> <p>Other: Click here</p>	<p>Student will void as scheduled.</p> <p>Clear urine.</p>	<ul style="list-style-type: none"> ● Cloudy urine ● Blood in the urine ● Foul smelling urine ● Urine that contains mucous, pus, or sediment ● No output ● Other: Click here.
	<input type="checkbox"/> Monitor fluid intake	<p>Encourage the student to drink water/fluids sent from home (know the expected amount they are to drink)</p> <p>Minimum allowable input Click here to enter text.</p> <p>Maximum allowable input</p>	<p>Student will drink the amount expected while at school</p>	<p>Student refuses to drink</p> <p>Other: Click here</p>

		Click here to enter text.		
P o t e n t i a l P r o b l e m s A n d R e q u i r e d A c t i o n s	Potential Problem: Difficulty inserting the catheter (Reason: this may occur due to tightened muscles caused by anxiety or bladder spasms)		Required Actions: Steps in Order For males: 1. Hold the catheter in place. Ask him to take a few deep breaths and cough to help relax the muscles. 2. Use gentle pressure to advance the catheter past the point of resistance: DO NOT use force to push past the resistance. 3. Gently straighten the penis. For females: 1. Hold the catheter in place. Ask her to take a few deep breaths and cough to help relax the muscles. 2. Check the catheter placement. It may be in the vagina; if so, remove the catheter, clean it with soapy water, and try again. Is a new catheter to be used with each attempt? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Potential Problem: No urine with the catheterization (Reason: this may be due to improper placement of the catheter, or the bladder may be empty)		Required Actions: Steps in Order 1. Review steps for insertion and confirm the catheter is in the right spot. 2. Ensure there are no kinks in the catheter. 3. Slowly withdraw the catheter. 4. If no urine is on the clothes/diaper/pad, and there is no urine with the catheterization, call the parent/guardian.	
	Potential Problem: Catheter is inserted and won't come out		Required Actions: Steps in Order 1. Call the parent/guardian. 2. If unable to contact the parent/guardian, or emergency contacts listed, call 911	

C o n se nt & A ut h or iz at io n s	Parent/Guardian/Student (if appropriate) Authorization Re: Consent to Release Information of the Health and/or Emergency Care Plan	
	<p>I authorize and hereby consent for school staff to use and/or share information found on this form for purposes related to the education, health, and safety of my child. This may include but is not limited to:</p>	
	<ol style="list-style-type: none"> 1. Display of my child's photograph in hard copy or electronic format so that staff, volunteers, and school visitors will be aware of his/her medical condition. 2. Place a copy of this plan in appropriate locations in the school including storing an electronic copy in my child's confidential record. 3. Communication with school bus operators, or other school designated person(s) providing transportation. 4. Any other circumstances that may be necessary to protect the health and safety of my child. 	
	<hr/> <i>Date</i>	<hr/> <i>Parent/Guardian Signature</i>
	<hr/> <i>Date</i>	<hr/> <i>Student (if appropriate)</i>
	Parent/Guardian/Student (if appropriate) Authorization Re: Consent for Implementation of the Health and/or Emergency Care Plan	
	<p>I have provided the information above and agree with the identified health care needs, interventions and/or the emergency responses outlined in this plan. I am aware that school staff are not medical professionals and will perform all aspects of the plan to the best of their ability and in good faith.</p>	
	<hr/> <i>Date</i>	<hr/> <i>Parent/Guardian Signature</i>
	<hr/> <i>Date</i>	<hr/> <i>Student (if appropriate)</i>
	<i>Note: It is the parent(s)'/guardian(s)’ responsibility to notify the principal if there is a need to change the Health and/or Emergency Care Plan throughout the school year. This authorization may be cancelled upon receipt of written notification to the principal.</i>	
<u>Authorizations</u>		
<hr/> <i>Date</i>	<hr/> <i>Regulated Health Care Professional Signature and Designation</i>	
<hr/> <i>Print Name</i>		
<hr/> <i>Date</i>	<hr/> <i>Principal</i>	



CAPE BRETON-VICTORIA
Regional School Board



Halifax Regional
School Board



South Shore
Regional School Board

Strait Regional School Board
Excellence in Lifelong Learning

IWK Health Centre

novascotia
health authority

	<hr/> <i>Print Name</i> <hr/>
Plan is effective on: (insert date) _____	
<i>NOTE: Plans need to be reviewed, updated, and signed annually.</i>	