Catheterization Health Care Plan

Identification

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** ☐ **No** ☐			
Allergies: Click here to enter text.	**Medical Diagnosis(es):** Click here to enter text.	Place Photo Here	
Is your child aware of their diagnosis? **Yes** ☐ **No** ☐			
Does your child experience fears and/or anxiety related to their health care needs/medical diagnosis? **Yes** ☐ **No** ☐ ***If yes,*** please describe helpful coaching/support/management strategies: Click here to enter text.			
Medications required during school hours: N/A ☐ **1.** Click here to enter text. **2.** *Click here to enter text.* **3.** *Click here to enter text.*		**Location where medication is stored at the school (*refer to Board policy)*** **1.** Click here to enter text. **2.** Click here to enter text. **3.** Click here to enter text.	
Bus Driver(s) and Bus numbers(s) (if applicable):			
Morning Bus: Click here to enter text.		**Afternoon Bus:** Click here to enter text.	

Identification

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:

Name	Relationship	Home Phone Number	Work Phone Number	Cell Phone Number	E-Mail
1.	**1.**	**1.**	**1.**	**1.**	**1.**
2.	**2.**	**2.**	**2.**	**2.**	**2.**
3.	**3.**	**3.**	**3.**	**3.**	**3.**

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	***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.***
Supplies and Care	**Supplies Required:** Latex free supplies must be used: **Yes** ☐ **No** ☐ 1. Soap and water or antiseptic hand-wash for the staff person 2. Gloves 3. Cleansing items for the child (e.g. wipes or washcloth, soap and water) 4. Lubricant 5. Catheter **Size:** Click here **FR** **Male** ☐ **Female** ☐ 6. Extension tubing; check box if required ☐ 7. Container to drain urine (if the child is unable to drain the urine directly in the toilet); check box if required ☐ 8. Incontinence underwear/pad/diaper if required: please specify if required Click here to enter text. 9. Other: Click here to enter text. **Post catheter care (check appropriate box):** ☐**Dispose of catheters after each use** ☐**Clean catheters for re-use; if yes, indicate below the cleaning regimen that is to be followed** ☐**Standard cleaning regimen:** 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. ☐ **Other; please specify:** Click here to enter text.

Procedure	***Note: A regulated health care professional in collaboration with the parent/guardian(s) are to provide specific teaching for catheter insertion.*** **Scheduled catheterization times during school hours:** 1. Click here to enter text. 2. Click here to enter text.
	☐**My child can self-catheterize without supervision** ☐**My child can self-catheterize but requires supervision** ☐**My child requires a staff person to perform the catheterization** ☐**My child is catheterized through their:** ☐Urethra ☐Stoma

Health Care Needs	Health Care Needs: check those that apply:			
	Health Care Need	**Intervention required**	**Expected Outcome**	**Reportable Symptoms**
	☐CIC via urethra	Steps in Order: 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). ***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. 4. Lubricate the first 1-2 inches of the catheter 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	Clear urine No systemic signs of infection (e.g. suspected fever, chills, general feeling of being unwell) Catheterization without trauma to the urethra Additional information: Click here.	• 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**
Health Care Needs	☐CIC via stoma	Steps in Order: 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 Additional information: Click here to enter text.	Clear urine No systemic signs of infection (e.g. fever, chills, general feeling of being unwell) Catheterization without trauma; easy passage of the catheter through the stoma	• 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.
	☐Monitor Urine output	Report findings to parent/guardian as directed: ☐Time of procedure ☐Description of urine ☐Volume of urine Other: Click here	Student will void as scheduled. Clear urine.	• Cloudy urine • Blood in the urine • Foul smelling urine • Urine that contains mucous, pus, or sediment • No output • Other: Click here.
	☐Monitor fluid intake	Encourage the student to drink water/fluids sent from home (know the expected amount they are to drink) Minimum allowable input Click here to enter text. Maximum allowable input	Student will drink the amount expected while at school	Student refuses to drink Other: Click here

		Click here to enter text.		
Potential Problems And Required Actions	**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 is to be used with each attempt? **Yes** ☐ **No** ☐	
	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**	

Consent & Authorizations	**Parent/Guardian/Student (if appropriate) Authorization** **Re: Consent to Release Information of the Health and/or Emergency Care Plan**	
	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: 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. _____ _____ *Date* *Parent/Guardian Signature* _____ _____ *Date* *Student (if appropriate)*	
	Parent/Guardian/Student (if appropriate) Authorization **Re: Consent for Implementation of the Health and/or Emergency Care Plan**	
	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. _____ _____ *Date* *Parent/Guardian Signature* _____ _____ *Date* *Student (if appropriate)*	
	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.	
	<u>Authorizations</u> _____ _____ *Date* *Regulated Health Care Professional Signature and Designation* _____ *Print Name* _____ _____ *Date* *Principal*	

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