



Prince William County Public Schools Health Treatment Plan
Clean Intermittent Catheterization

Student Name: _____ Date of Birth: _____ Student ID: _____

School/SY: _____ Date Received: _____ Grade/Classroom: _____

Order Requirements:

- A new health care provider order is required for each school year.
- Staff will complete the Individual Catheterization Log after completion of the procedure.
- Parent/guardian will provide all equipment and supplies.
- Force should never be used to insert the catheter; discontinue procedure if force is needed. Contact parent/guardian immediately
- Adjustment or discontinuation of this procedure requires a written, signed order from the health care provider.
- Parent/guardian will give a demonstration prior to first catheterization in school.

Catheterization:

Site: _____

Catheter size: _____

Time: Every _____ hours or _____ times per day.

Water to be given with every catheterization: Yes No

Amount: _____

Precautions:

Contact parent/guardian for any of the following signs:

- Cloudy urine
- Blood in urine
- Foul smell of urine
- Temperature of 100.4° F or above

Signatures:

Health Care Provider Name: _____ Phone#: _____

Health Care Provider Signature: _____ Date: _____

School Nurse Signature: _____ Date: _____

I approve and give permission for school personnel to follow this plan, which may include administering medications according to the healthcare providers' orders. I assume full responsibility for providing the school with prescribed medication and supplies.

Parent/Guardian Signature: _____ Date: _____