



PILLAR SCHOOLS  
2024-2025 SCHOOL YEAR

**CLEAN INTERMITTENT CATHETERIZATION CARE PLAN**

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

**Clean Intermittent Catheterization** is recommended when you have a condition that affects your ability to empty your bladder properly. "Clean" refers to the fact that the procedure requires clean technique, such as washing your hands and skin before insertion to prevent infection. A catheter is used to empty the bladder several times a day. This procedure may only be performed by a Licensed Nurse or Parent/Guardian while the child is in school.

Type of Catheter: \_\_\_\_\_

Lumen (Fr.): \_\_\_\_\_

Catheterization Frequency: every  2 hr  3 hr  4 hr  
 5 hr  6 hr  Other: \_\_\_\_\_

Procedure Times at School:

TIME

**Location for procedure:** A private area must be provided for student during catheterization, including catheterization performed during school field trips.

**Position during Catheterization (check all that apply):**  Supine  Seated on Commode  Standing  Other \_\_\_\_\_

**Output recorded after each catheterization.**  YES  NO (If yes, a copy of flow sheet will be sent home to Parent/Guardian weekly).

**To follow clean technique, wash hands, apply clean gloves and clean meatus with:** \_\_\_\_\_

**Is catheter to be reused?**  YES  NO If YES, for what length of time? \_\_\_\_\_

If YES, what is the procedure for cleaning and storing the catheter after each use? \_\_\_\_\_

If a flush is necessary, please describe the indications and procedure: \_\_\_\_\_

POTENTIAL SIDE EFFECTS FROM PROCEDURE

\*Parent/ Guardian is responsible for providing all supplies needed to follow above physician's orders. \*

**EMERGENCY ACTION PLAN**

Parent/ Guardian and/or Emergency Contact will be contacted in the event of any of the following:

- Student develops a fever (temperature > 100.4F)
- Blood visualized in Urine
- Unable to complete catheterization
- If student exhibits signs/symptoms of distress during bus transportation, driver will pull over and accompanying school staff member will call 911.
- **911 will be called per nursing discretion for any medical emergency.**
- Other: \_\_\_\_\_

Physician Signature \_\_\_\_\_ Phone #: \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone #: \_\_\_\_\_ Date \_\_\_\_\_