



Pillar High School

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CLEAN INTERMITTENT CATHETERIZATION CARE PLAN 2026-2027

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 _____