



Physician Order for Intermittent Catheterization at School

Student Name: _____ ID #: _____ Grade: _____

To be Completed by Physician:

Allergies: _____

Medical Diagnosis: _____

Catheterization Order:

Catheter Size: _____ Report Output Less Than: _____

- Intermittent Catheterization by School Nurse and Trained School Staff
- Intermittent Catheterization by Student (Self-Cath)
- Assistance or Monitoring Needed with Self-Cath

Frequency During School Day:

- Every _____ hours
- As needed for: _____
- Specific Times as Listed: _____, _____, _____, _____, _____

Additional Information or Instructions: _____

Physician Name (Please Print) Physician Signature Date

Phone: _____ Fax: _____

Parent/Guardian Authorization

- I request that the catheterization procedure as prescribed by the physician be administered at school.
 - I understand and agree that it is my responsibility to catheterize my student before school starts or before morning bus transportation.
- I give consent for my student to self-administer the above procedure, if indicated according to physician's instructions.

Initial Below Statements of Understanding

- _____ I agree to notify the School Nurse if monitoring is necessary.
- _____ I agree to provide all the necessary supplies and equipment for the administration of the procedure.
- _____ I understand that for infection prevention purposes catheters will not be reused.
- _____ I understand it is my responsibility to notify the school if and when these orders change.
- _____ Unless otherwise specified, this order is good for the current school year and must be renewed each school year.
- _____ To ensure continuity of care ECISD Nursing & Health Services staff may contact the physician for additional information as needed.

Parent/Guardian Name (Please Print) Parent/Guardian Signature Date

Phone: _____