



URINARY CATHETERIZATION ORDER

Student Name: _____ **Date of Birth:** _____

Catheterization at School:

Catheter Type: _____

Catheter Size: _____

Specific Times in Day (include PRN): _____

Measure urine: Yes: _____ No: _____

NOTE: Disposable Cleansing wipes will be used to cleanse prior to catheterization and KY Jelly will be used to lubricate the catheter unless other orders are received.

Student Participation:

_____ Self-catheterization under supervision

_____ Teach Self-catheterization steps as nurse assesses readiness

_____ None

Special Instructions: _____

Notify Parent/Guardian and/or Clinician if the following occurs:

.....
Physician/ Licensed Health Care Clinician Name (printed) _____

Phone (_____) _____ Fax (_____) _____

Address _____

CLINICIAN SIGNATURE _____ **Date** _____

.....
PARENT/GUARDIAN PERMISSION:

I hereby give my permission for the school nurse or trained school employee(s) to carry out the above orders for my child (named above) during school hours.

PARENT/GUARDIAN SIGNATURE: _____ **Date** _____

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School Nurse Signature: _____ **Date** _____