

**SCHOOL HEALTH SERVICES**  
**A Partnership for Serving Children**

<b>Order: Clean Intermittent Catheterization in School Setting</b>	
<b>Student's Name</b> _____	<b>DOB</b> _____
<b>Student's Address</b> _____	
<b>Student's Phone #</b> _____	<b>Student's I.D</b> _____
<b>Parent/Guardian Name</b> _____	
<b>Phone: Work</b> _____	<b>Cell</b> _____
<b>Parent/Guardian Name</b> _____	
<b>Phone: Work</b> _____	<b>Cell</b> _____
<b>Preferred Hospital</b> _____	
<b>School</b> _____	<b>Teacher/Grade/Homeroom</b> _____
<b>Student's Diagnosis:</b> _____	
<b>Please have the student's Health Care Provider complete the following information:</b>	
1. Catheterize student with catheter type: _____ size # at _____ am/pm daily while in school using proper clean technique.	
2. Route (Please circle one):    Urethral        Suprapubic	
3. Observe for signs and symptoms of urinary tract infection including: dark or cloudy urine, foul/strong smelling urine, blood, discharge, abdominal/flank pain, vomiting.	
4. Report signs and symptoms to parent/guardian.	
5. If unable to successfully catheterize student, call parent/guardian.	
6. Document care daily on procedure flow sheet.	
7. Maximum amount of urine to be obtained with each catheterization:	
8. Other:	
9. Duration of order: School Year _____	
<b>Health Care Provider</b> _____	<b>Phone #</b> _____ <b>FAX #</b> _____
<b>Address</b> _____	
<b>Health Care Provider Signature</b> _____	
<b>Date</b> _____	
<b>Return Authorized Order by Fax to School Nurse</b> _____	
<b>School Nurse Fax #</b> _____	
I have reviewed this order and give my permission for the School Health Nurse to train school personnel to follow this order.	
<b>Parent /Guardian Signature</b> _____	<b>Date</b> _____
<b>School Health Nurse Signature</b> _____	<b>Date</b> _____

