

CATHETERIZATION PROCEDURE ORDERS

School Year 20____/20____

Please print or type: SCHOOL _____

CHILD'S NAME _____ DOB _____

DIAGNOSIS _____

Significant Health History: _____

Clean Intermittent Catheterization:

1. Catheter type _____ Size _____

2. Lubricate with _____

3. Cleanse with _____

4. Frequency/time _____

5. Crede yes ____ no ____

6. Self-catheterization yes ____ no ____

7. Requires assistance yes ____ no ____

8. Progress to Clean Intermittent Self Catheterization as appropriate yes ____ no ____

9. Special instructions: _____

Order Date _____

End Date _____

(Please consider summer school and summer camp)

PHYSICIAN'S SIGNATURE _____

PHYSICIAN'S NAME _____

ADDRESS _____

PHONE _____ FAX _____