



Urinary Catheter/Straight Catheter Care Plan

The following section must be completed by the PARENT:

School:	Grade:	Year:
Student's Last Name:	First Name:	<input type="checkbox"/> M <input type="checkbox"/> F Date of Birth:
<p>I have read and understand the Mayfield City School guidelines for giving medications. I request authorized school personnel to follow the catheter plan listed below. I agree to see that the supplies are delivered to the school; to notify if there is a change in physicians; to notify if procedure is changed or discontinued. I give my consent to the school nurse to send and/or receive information related to my child's health, as they deem appropriate for the duration of this order as noted above.</p>		
____/____/____ Date	_____ Parent/Guardian Signature	(____)_____ Home/Cell Phone
		(____)_____ Emergency Phone

Specifics of Urinary Catheter/Straight Catheter Management

The following section must be completed by the LICENSED PRESCRIBER: (can be delegated to parent/guardian)

Medical Diagnosis/Specifics:			
Catheter Type: <input type="checkbox"/> Straight <input type="checkbox"/> Indwelling	Catheter Size: <input type="checkbox"/> 14 F <input type="checkbox"/> 16 F <input type="checkbox"/> Other: _____	Dates: Start Date: _____ Stop Date: _____	Time: Please specify schedule: _____
Supplies: <input type="checkbox"/> Iodine Swabs <input type="checkbox"/> Lubricant <input type="checkbox"/> Non-Sterile Gloves <input type="checkbox"/> Sterile Gloves <input type="checkbox"/> Chux Pad	<input type="checkbox"/> Straight Foley Catheter <input type="checkbox"/> Leg Bag <input type="checkbox"/> Wipes <input type="checkbox"/> Urinal <input type="checkbox"/> Urine Cups <input type="checkbox"/> Other: _____	Instructions: <input type="checkbox"/> Sterile Procedure Protocol <input type="checkbox"/> Clean Intermittent Protocol <input type="checkbox"/> Other: _____ _____ _____	

(Licensed Prescriber's Stamp)	Licensed Prescriber's Printed Name: _____
	Licensed Prescriber's Signature: _____
	Date: ____/____/____
	Telephone Number: (____) _____
Reviewed by School Nurse or Designee: First Name: _____ Last Name: _____	Signature: _____

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