



Urinary Catheter/Straight Catheter Care Plan

The following section must be completed by the **PARENT/GUARDIAN**:

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**:

(may 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"/> Straight Foley Catheter <input type="checkbox"/> Iodine Swabs <input type="checkbox"/> Leg Bag <input type="checkbox"/> Lubricant <input type="checkbox"/> Wipes <input type="checkbox"/> Non-Sterile <input type="checkbox"/> Urinal Gloves <input type="checkbox"/> Urine Cups <input type="checkbox"/> Sterile Gloves <input type="checkbox"/> Other: _____ <input type="checkbox"/> Chux Pad _____		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: (____) _____

****PLEASE NOTE: A NEW FORM IS REQUIRED EACH SCHOOL YEAR****

SCHOOL FAX NUMBERS

High School: 440.995.6805
 Middle School: 440.449.1413
 Center: 440.995.7405

Gates Mills: 440.995.7505
 Lander: 440.995.7355
 Millridge: 440.995.7255

Excel TECC: 440.995.6755
 CEVEC: 440.646.1117
 Preschool: 440.995.6805