

**Specialized Health Care Procedure:**

**Clean Catheterization**

**Purpose:** To provide a means to empty the bladder when the student is unable to void on his/her own.

**Requirements:** Parents/guardians are required to sign a written authorization for the clean catheterization. A written physician order must also be obtained. Parents/guardians are required to provide all necessary equipment/supplies.

**Personnel authorized to perform procedure:** Can be performed by an RN or LPN, or by any designated staff member trained by the nurse. Training will be reviewed on a yearly basis.

**Equipment required:** Catheter (rubber, latex, plastic, vinyl, or metal); water-soluble lubricant (e.g., K-Y jelly); diaper wipes, cotton balls with soap and water, or student specific cleaning supplies; storage bag for catheter; container for urine (if toilet is not used); gloves (if someone other than student performs procedure)

**Special Considerations:** Catheterization should be done in a private place. Output should be measured if ordered by physician.

**Procedure:**

1. Wash hands.
2. Assemble needed equipment:
3. Explain the procedure to the student at his level of understanding. Encourage the student to participate as much as possible.
4. Position student. Student may be sitting or lying down.
5. Wash hands. Put on gloves.
6. Lubricate the tip of the catheter with a water-soluble lubricant and place on clean surface.
7. Separate the labia (i.e., vaginal lips) and hold open with fingers. Cleanse, with a clean, soapy cotton ball or other student specific cleaning supplies, in a direction from the top of the labia toward the rectum. Repeat three times: once down each side and once in the middle. Use a clean cotton ball each time.
8. Locate the urethral opening.
9. Insert catheter gently into the urethral opening. Some resistance may be met at the bladder sphincter **Do not force catheter. If you feel unusual resistance, notify the family.** Use gentle but firm pressure until the sphincter relaxes. Encouraging the student to breathe deeply may also be helpful.
10. Insert catheter until urine begins to flow making sure the end of the catheter is over the toilet or in a receptacle. When the flow stops, withdraw catheter slightly, making sure all urine is drained. It is also helpful to have the student bear down a couple of times, if able. If student is not able to bear down, you can press gently on the lower abdomen to assist in the removal of all urine in the bladder.
11. When bladder is empty, pinch catheter and withdraw.
12. Remove gloves and assist student with dressing if needed.
13. Put on gloves. Measure and record the amount of urine if ordered.
14. Dispose of urine, clean reusable equipment, and store in properly labeled container Non-disposable catheters should be sent home with student weekly.
15. Remove gloves and wash hands. Have student wash hands.

**Parent Authorization for Specialized Health Care Procedure**

I, the undersigned, who is the parent/guardian of \_\_\_\_\_ request that the following health care service:

**Clean Catheterization**

be performed on my child. I understand that a trained designated staff member will be performing this procedure. It is my understanding that in performing this procedure, the designated person(s) will be using a standardized procedure which has been approved by our physician. I will notify the school immediately if the health status of our child changes, I change physicians, or there is a change or cancellation of the procedure.

**Signature of parent/guardian** \_\_\_\_\_

**Date** \_\_\_\_\_

**Physician's Order for Specialized Health Care Procedure**

Student's Name \_\_\_\_\_ DOB \_\_\_\_\_

**Procedure: Clean Catheterization**

Check one:

- \_\_\_\_\_ I have reviewed the Health Care Procedure and approve of it as written.
- \_\_\_\_\_ I have reviewed the Health Care Procedure and approve of it with the attached amendments.
- \_\_\_\_\_ I do not approve of the Health Care Procedure. A substitute procedure is attached.

Duration of the procedure (not to exceed current school year): \_\_\_\_\_

**Physician's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_