



Houston Independent School District  
Health and Medical Services

**Physician Orders for Urinary Catheterization**

To the Principal of: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Latex Allergy Present:  Yes  No

Etiology \_\_\_\_\_ Prognosis \_\_\_\_\_ Date of Onset \_\_\_\_\_

Procedures(s) required for the student while in the school setting (check and complete all sections that apply):

Clean Intermittent Catheterization or  Sterile Catheterization

Male  Female

Frequency: \_\_\_\_\_

PRN: \_\_\_\_\_

Possible Problems include:

Problem:	Reason:	Action:
1. Bleeding from the urethra	Trauma to the urethra	Discontinue catheterization. Contact family, recommend contacting physician.
2. Inability to pass catheter	Increased sphincter tone caused by anxiety or spasm.	Encourage relaxation (i.e. deep breathing) <u>In boys</u> : Reposition the penis and use gentle but firm pressure until the sphincter relaxes. Flex at hips to decrease reflex resistance of bladder sphincter. <u>In girls</u> : Check catheter placement. If the catheter is in the vagina do not reinsert, rather use a new catheter. If unsuccessful notify family, recommend contacting the physician.
3. No urine as a result of catheterization	May be due to improper placement of catheter or the bladder may be empty.	Check position of catheter.
4. Cloudy urine, mucus, blood, foul odor, color changes, or unusual wetting between catheterizations	May be due to a urinary tract infection.	Report to family any changes in the student's usual pattern or tolerance of procedure.
5.		

Circumstance in which the physician is to be contacted: \_\_\_\_\_

Procedure(s): \_\_\_\_\_

I reviewed and approved the attached standardized procedure(s) as written.

I reviewed and approved the attached standardized procedure(s) with the attached modifications.

I do not approve of the standardized procedure(s) and, including medications, treatments, and prescribed procedures.

This procedure will be performed by trained school personnel and/or the student as close to the prescribed procedures.

Comments: \_\_\_\_\_

Special instructions: (Include precautions, possible reactions and interventions) A registered nurse will coordinate the health care of all students, including medications, treatments, and prescribed procedures.

\_\_\_\_\_  
SIGNATURE OF PHYSICIAN                      TELEPHONE                      DATE

I request the above procedure(s) be administered to my child as ordered by the physician. I authorize the school nurse to contact my child's physician for information concerning my child when necessary.

\_\_\_\_\_  
SIGNATURE OF PARENT                      TELEPHONE                      DATE                      Rev. 8/11

GJ:slr