



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