**Plano Independent School District**

**School Health**

**Catheterization Administrative Guideline**

**Purpose**

The purpose is to completely empty the bladder at scheduled intervals in order to decrease the incidence of urinary tract infection.

Urine that stays stagnant in the bladder is more likely to become infected. A bladder that stays full becomes enlarged and thickened. Scheduled emptying of the bladder allows the patient to become familiar with the difference in the sensation of a full bladder and an empty bladder.

**Definitions**

* **Appendicovesicostomy –**  The appendix is surgically separated from the cecum. One end is connected to the urinary bladder, and the other is connected to the skin to form a stoma. An incision is made into the umbilicus to serve as the canal for the catheter.
* **Bladder -** A distensible musculomembranous organ serving as a receptacle for fluid, such as the urinary bladder.
* **Catheter** - A catheter designed to be passed through the urethra into the bladder to drain the urine.
* **Clean Intermittent Catheterization (CIC) -** A common way for people, with neurogenic bladders that do not empty normally, to void their bladders on a routine schedule. Clean, rather than sterile, technique is used.
* **Cystostomy –** General term for the surgical creation of an opening into the bladder.
* **Individual Health Plan (IHP)** – Plans made for the care of students who have individual health needs while at school.
* **Labia** - Anatomical structures that are part of the female genitalia; they are the major externally visible portions of the [vulva](http://en.wikipedia.org/wiki/Vulva). In humans, there are two pairs of labia: the outer labia, or [labia majora](http://en.wikipedia.org/wiki/Labia_majora), are larger and fattier; the [labia minora](http://en.wikipedia.org/wiki/Labia_minora) are folds of skin often concealed within the outer labia.
* **Penis –** The male sex organ.
* **Stoma -** An artificial opening between two cavities or canals and the surface of the body.
* **Suprapubic Cystostomy –** Surgically created connection between the urinary bladder and the skin just above the pubic bone.
* **Universal Precautions –** A term used in the medical field that encompasses the steps taken in order to prevent the cross-contamination of air and bloodborne pathogens. All body fluids are considered contaminated and precautions should be taken in order to prevent potential transmission.
* **Urethra (Urinary Opening) -** A tube that carries urine from the bladder to outside of the body.

**Program Coordinator**

Coordinator for District Health

Special Education Nurse Case manager

**Responsibilities**

* Coordinates with Plano ISD principals and/or building manager and school nurses in the selection of employees for training.
* Assure quality improvement by revising this guideline as required through the monitoring of training.
* Communicate with medical officer on issues related to quality of care.

**Environment/Settings**

Catheterization procedure should be done in a clean and private setting. Often students are able to perform the procedure in the restroom over the toilet. Supplies are provided by parents.

**Applicable documents**

* Guideline
* Training checklists
* Problem List
* Physician orders
* Individual Health Care Plan

**Medical Control**

The medical advisor of the catheterization administrative guideline is the Plano ISD’s medical officer. The medical officer will direct the following:

* Medical direction in formulating the guideline
* Review and approve the above
* Evaluation as needed

**Restrictions/requirements**

* Current Physician orders
* Consent for Contact of Health Care Professional
* Development of IHP by RN
* Parental consent
* Supplies provided by parent

**Staff Training and Preparation**

Clean intermittent catheterization can be performed by the school nurse or unlicensed personnel as trained by the RN. School nurses will review the applicable documents. Training for the school nurses will be conducted by the Coordinator for District Health, Special Education Nurse Case Manager and/or the Special Assignment nurses. Training and ongoing verification of training will be documented by the training checklist. Additional questions or concerns beyond Plano ISD training should be directed to the school nurse, family and/or health care provider.

**Training**

* Registered Nurse is the person responsible for the training.
* Unlicensed personnel may be trained by an RN.
* Training is done yearly and as needed throughout the year.
* Guideline, problem list, physician orders and parent request are to be reviewed prior to training and throughout the year for review.
* Individualized Health Plan is completed by the nurse.
* Competency checklist must be signed and dated yearly and periodically throughout the year as needed for verification of skills.
* Information is shared with other employees on a need to know basis.

**Procedural Guideline:**

1. **Male**
2. Check doctor’s orders, IHP, PISD guidelines and parent consent.
3. Use Universal precautions. Wash hands before and after Clean Intermittent Catheterization (CIC) is performed.
4. Identify and explain the procedure to the student at his level of understanding. Have the student do as much of the procedure as capable of, with supervision as needed.
5. Assemble all equipment: catheter, gloves, water soluble lubricant, and skin cleanser (wet wipes or soap, water, and cotton balls), and container for urine. Have supplies within easy reach.
6. Place student in position used for this procedure (on back, sitting in wheelchair, or on toilet).
7. Put on gloves.
8. Using a skin cleanser, clean the penis and opening of the urethra in a circular motion, starting at the center and working outward. If student is uncircumcised, pull back the foreskin until the tip of the penis is visible before cleaning.
9. Generously lubricate the top of the catheter with a water-soluble lubricant. Place on clean surface.
10. Place the other end of the catheter into a container or let it drain into the toilet.
11. Hold the penis on the sides and upright. Gently insert the lubricated end of the catheter into the urethra about 4-6 inches until the urine begins to flow. You may need to lower the penis as you continue to insert. There may be some resistance as you reach the bladder. Continue to advance catheter gently. Encourage the student to relax and take a deep breath. Don’t force if unable to advance the catheter.
12. Once urine begins to flow, insert the catheter about 1 inch farther.
13. Hold the catheter in place until urine stops draining. Gently press on lower abdomen or ask the student to squeeze his/her abdominal muscles or lean forward to be sure the bladder is empty.
14. When bladder is completely empty, pinch the catheter and withdraw. This prevents urine still in the catheter from flowing back into the bladder during withdrawal.
15. If the student is not circumcised, pull foreskin back over top of penis.
16. Dispose of catheter.
17. Remove gloves and wash hands.
18. Record the amount of urine obtained and document as instructed by health care provider.
19. **Female**
20. Check doctor’s orders, IHP, PISD guidelines and parent consent.
21. Use Universal Precautions. Wash hands before and after Clean Intermittent Catheterization (CIC) is performed.
22. Identify and explain the procedure to the student at her level of understanding. Have the student do as much of the procedure as capable of, with supervision as needed.
23. Assemble all equipment: catheter, gloves, water soluble lubricant, and skin cleanser (wet wipes or soap, water, and cotton balls), and container for urine. Have supplies within easy reach.
24. Place student in position used for this procedure (on back, sitting in wheelchair, or on toilet).
25. Put on gloves.
26. Separate the labia and hold open with the non-dominant hand. With the other hand, wash area well with the cleanser. Clean thoroughly from front to back.
27. Generously lubricate the top of the catheter with a water-soluble lubricant. Place on clean surface.
28. Place the other end of the catheter into a container or let it drain into the toilet.
29. Keep the labia separated using the second and fourth fingers. Locate the urinary opening.
30. Gently insert the lubricated end of the catheter into the urinary opening 2 to 3 inches. The female urethra is short and straight. Guide the catheter upward toward the bladder until the urine begins to flow.
31. Hold the catheter in place until urine stops draining. Gently press on lower abdomen or ask the student to squeeze her abdominal muscles or lean forward to be sure the bladder is empty.
32. When bladder is completely empty, pinch the catheter and withdraw. This prevents urine still in the catheter from flowing back into the bladder during withdrawal.
33. Dispose of catheter.
34. Remove gloves and wash hands.
35. Record the amount of urine obtained and document as instructed by health care provider.
36. **Continent Urinary Stoma**
37. Check doctor’s orders, IHP, PISD guidelines and parent consent.
38. Use universal precaution. Wash hands before and after catheterization is performed.
39. Identify and explain the procedure to the student at his/her level of understanding. Have the student do as much of the procedure as is capable of, with supervision as needed.
40. Assemble all equipment: catheter, gloves, water soluble lubricant, and skin cleanser (wet wipes or soap, water, and cotton balls), container for urine, and small adhesive bandage or stoma covering. Have supplies within easy reach.
41. Place student in position used for this procedure (lying down or sitting).
42. Put on gloves.
43. Generously lubricate the top of the catheter with a water-soluble lubricant. Place on clean surface.
44. Place the other end of the catheter into a container or let it drain into the toilet.
45. Wash the stoma using skin cleanser.
46. Insert the catheter into the stoma until the urine begins to flow. Insert the catheter approximately ½ - 1 inch further.
47. Hold the catheter in place until urine stops draining.
48. When bladder is completely empty, pinch the catheter and withdraw the stoma. This prevents urine still in the catheter from flowing back into the bladder during withdrawal.
49. Reapply adhesive bandage or stoma covering.
50. Dispose of catheter.
51. Remove gloves and wash hands.
52. Record the amount of urine obtained and document as instructed by health care provider.

**Medical Officer Signature**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician Signature/Plano ISD Medical Officer