CACHE COUNTY SCHOOL DISTRICT MALE SELF-CATHETERIZATION DOCUMENTATION LOG

STUDENT'S NAME: _____ **SCHOOL:** _____ **SCHOOL YEAR:** _____

Urinary Self-Catheterization Protocol

Follow all CCSD catheterization protocols. Only those trained by the School Nurse may assist students with self-catheteriation. Training for catheterization cares must be completed each school year.		Follows cath IHP instructions	Employee & Student assemble equipment	Employee wash hands/don gloves	Student washes hands	Student positions self on the toilet	Student applies hand santizer	Student lubricates tip of catheter	Student retracts foreskin & cleanses in circle	Student grasps catheter	Student inserts cath gently in urethral opening	Student inserts cath until urine flows	Student withdraws cath when urine flow stops	Student cleans urethral opening with wet wipe	Student washes hands	Employee reports problems to nurse/parent	Employee assists student if unable to self-cath	Student tolerated procedure well	**Comments** (cloudy urine, dark color, strong or foul odor, pain, parent called, supplies low, etc)	Initials
Date	**Time**																			

Signatures: Initials:

Signatures: Initials: