Catheterization Care Documentation Record (page 1 of 2)

Complete Nursing Assessment & Interventions in Accordance with Individualized Health Care Plan (IHCP)

Nursing Goal: Maintain integrity of urinary tract, prevent urinary tract infection, prevent incontinence, and foster student independence

Student Name		**DOB**		**School/ District**		**Grade**	
Parent/ Guardian		**Phone**		**Physician/ NP/PA**		**Phone**	
Order Start Date		**Order Exp Date**		**IHCP on File**		**ICD-10 Code**	__ __ __ __ __

Type of Catheter: ☐ **Indwelling** ☐ **In & Out catheter** ☐ **Suprapubic** **Latex Allergy:** ☐**Yes** ☐**No**

Date/Times			Catheterization Care					Complications/Assessment	Signature/Title	*Code
Date	**Start Time**	**Stop Time**	**Complete procedure per medical orders & follow universal precaution**	**Self-Catheter-ization** **Yes**	**No**	**Note amount of urine obtained**	**S & Sx Infection[1]**			

***Medication Administration Procedure Code:** CPT T1002 = RN services up to 15 min. or CPT T1003 = LPN services up to 15 min.

To be completed by Attending Provider (School Nurse/RN): **NOTE: LPN must use supervising RN's NPI number**

Name: _____ Title: _____ NPI number: _____
Name: _____ Title: _____ NPI number: _____
Name: _____ Title: _____ NPI number: _____
Name: _____ Title: _____ NPI number: _____

[1] -c=cloudy urine, f=foul odor, b=bloody urine, c=chills, fe=fever, p=painful urination, fl=flank pain/tenderness, n/v=nausea/vomiting

Student Health Flow Sheet for Additional Comments on Student Response to Catheterization Care Procedure

Date	Time	Complications/Assessment	Signature/Title