

Huber Heights City Schools request for procedure at school

MANAGEMENT PLAN for INTERMITTENT CATHETERIZATION

Individualized Healthcare Plan (IHP) / Emergency Action Plan (EAP)

SECTION I – Parent (Please Print)

Student Name: _____ DOB: _____ Teacher/Grade: _____

Medications Taken at Home: _____

Bus Transportation to and from school: _____ Bus # a.m. _____ Bus # p.m. _____

Emergency Contact: _____
Name Cell # Work # email

Emergency Contact: _____
Name Cell # Home # Work #

Physician: _____ Phone #: _____

Preferred Hospital in Case of Emergency: _____

SECTION II – Physician (Please Print)

SCHOOL PLAN :

Allergies: _____

Date to begin: _____

Type of Catheter: _____ Lumen (Fr.): _____

Time(s) Catheterization to be completed at schools: _____

Student will complete procedure: (Check One)
 Independently Independently with Supervision With Total Assistance

Position during Catheterization: (Check all that apply)
 Lying Seated on Commode Standing Other _____

Output to be recorded after each catheterization? YES NO (If yes, a copy of flow sheet will be sent home to parents upon request)

Is catheter procedure Clean Sterile

Further instructions: _____

Physician Signature: _____

EMERGENCY PLAN: (Parent will be contacted in the event of any of the following:)

1. Student develops a temperature greater than 100 degrees orally.
2. Blood visualized in urine.
3. Unable to complete catheterization.
4. Other:

I, the parent/guardian of student named above, hereby request the nurse or trained staff member to administer the above procedure according to physician instructions. I agree to furnish all equipment, supplies, medication or other items necessary for administration of the procedure and to provide replacement and maintenance as necessary. I agree to notify the school if there is any change in the student's status or physician's orders. I understand the law provides that there shall be no liability for civil damages as a result of the administration of such treatment where the person administering such treatment acts as an ordinarily reasonable prudent person would under the same or similar circumstances.

Parent signature

District Nurse

Date

FOR NURSE USE ONLY

Medication	Self-Carry?	Self-Administer?	Expiration	Location of Medication