## District or Program Clean Intermittent Catheterization Log

| Student     | DOB       | School/    | Grade  |  |
|-------------|-----------|------------|--------|--|
| Name        |           | District   |        |  |
| Parent/     | Phone     | Physician/ | Phone  |  |
| Guardian    | Number/s  | NP/PA      |        |  |
| Order Start | Order End | IHCP on    | ICD-10 |  |
| Date        | Date      | file       | Code   |  |

| Date | Time | APPEARANCE OF URINE<br>(color, clear, cloudy, odor) | Amount of<br>Urine (ml) | Comments | Care given<br>by: (Initials) | Family or RN contacted |
|------|------|-----------------------------------------------------|-------------------------|----------|------------------------------|------------------------|
|      |      |                                                     |                         |          |                              |                        |
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|      |      |                                                     |                         |          |                              |                        |

I certify that the information provided on this form is true and accurate and that the services were provided in accordance with federal and state laws applicable to Medicaid. Delegation of nursing tasks is in accordance with the Colorado Nurse Practice Act.

| Nurse/Delegator       |              | Nurse/Delegator Signature |  | Provider/procedure code: S01/X0205 Date |                                    |
|-----------------------|--------------|---------------------------|--|-----------------------------------------|------------------------------------|
|                       | Please Print |                           |  |                                         |                                    |
| Health Tech/Delegatee |              | Tech/Delegatee Signature  |  | Initials                                | Provider/procedure code: S18/X0225 |
|                       | Please Print |                           |  |                                         |                                    |
| Health Tech/Delegatee |              | Tech/Delegatee Signature  |  | Initials                                | Provider/procedure code: S18/X0225 |
|                       | Please Print |                           |  |                                         | • • • •                            |
| Health Tech/Delegatee |              | Tech/Delegatee Signature  |  | Initials                                | Provider/procedure code: S18/X0225 |
| • _                   | Please Print |                           |  |                                         | •                                  |

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## **CLEANING A REUSABLE CATHETER\***

PURPOSE: To outline care and cleaning of reusable catheters in the school/childcare setting.

## EQUIPMENT:

- Reusable catheter
- Unscented soap
- Clean or disposable towel

## PROCEDURE:

- 1. Before handling the catheter, wash your hands with soap and warm water. Always wear gloves when handling used catheter.
- 2. Use warm water and soap to thoroughly rinse the catheter while holding upright so that the water flows through the inside.
- 3. Avoid touching surfaces: Don't let the catheter touch any bathroom surfaces, such as the floor, wall, or toilet.
- 4. Rinse the catheter with water to remove all traces of soap or cleaning solution.
- 5. Shake the Catheter to get rid of the extra water.
- 6. Hang the catheter upside down and allow it to dry between uses. If not possible to hang dry, place the catheter between layers of the clean or disposable towel and allow to air dry.
- 7. Remove gloves and wash your hands.
- 8. Store in a clean, dry container.
- 9. Throw away the catheter if the plastic looks cloudy, brittle, or cracked. Reusable catheters need to be replaced weekly.