

Parent/Guardian:	
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Healthcare Provider	
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Preferred Hospital:	
Emergency Contact:	
CURRENT HEALTH ISSUES	Mitrofanoff is a surgical procedure that creates a channel for catheterization to the bladder through the abdomen (stomach). A catheter is passed through the Mitrofanoff stoma and into the bladder. By routinely emptying the bladder, bacteria is less likely to grow. Catheterization will also help improve or keep up the function of the kidneys.
PERTINENT HEALTH HISTORY	
ALLERGIES:	
RESTRICTIONS:	
CURRENT MEDICATIONS:	AT HOME AT SCHOOL:
HEALTH CONCERN(S):	Concern: Impaired urinary elimination Goal: Manually empty bladder through clean catheterization through the mitrofanoff stoma Action: <ul style="list-style-type: none"> <input type="checkbox"/> Delegated staff will perform clean intermittent catheterization in accordance with orders dated: _____. <p>Clean intermittent catheterization steps:</p> <ol style="list-style-type: none"> 1. Gather all the supplies you need. 2. Wash your hands and put on gloves. 3. Have your student stand or if student is in a wheelchair they may sit in the chair and empty pee into a plastic bottle/urinal. 4. Clean insertion site with a wipe, wash cloth, gauze, or whatever parent requests or provides 5. Hold the catheter about two inches from the tip. Lubricate the end of the catheter one or two inches with lubricant if catheter is not prelubricated

	<ol style="list-style-type: none"> 6. Gently put the catheter into the Mitrofanoff until you see a flow of pee. 7. After pee starts to flow, put the catheter in a little further (about $\frac{1}{2}$ inch) 8. Keep catheter in place until pee stops flowing then start pulling catheter out slowly. 9. If pee starts to flow again as you are pulling out the catheter, wait until pee stops dripping before pulling catheter out further. 10. Empty the pee into the toilet. If you are not near a toilet, drain the pee into a urinal. 11. Wash urinal with soap and water and place upside down to dry. 12. If using a reusable catheter, clean with soap and water, letting the water flow through the catheter. Let the catheter air dry until the next use. 13. Put clean catheter into a clean container. 14. You may reuse catheter for one week. But, don't reuse catheter if it is discolored, stiff or damaged in any way. Self-Lubricated Catheters are single use and should be thrown away after each use. 15. Remove gloves and wash hands. 16. Document in catheter log.
Concern: Complications of clean intermittent catheterization	Goal: Identifications of signs or symptoms Action: <ul style="list-style-type: none"> <input type="checkbox"/> Watch for signs of urinary tract infections: <ul style="list-style-type: none"> • Blood in the pee <ul style="list-style-type: none"> • Fever • Stomach or back pains <ul style="list-style-type: none"> • General discomfort <input type="checkbox"/> Signs to report to parent and call provider: <ul style="list-style-type: none"> • Blood in the pee (streaks or small traces of blood can happen from catheterization) • Fever higher than 101.5 degrees Fahrenheit • Bad smelling or dark cloudy pee (change from student's baseline). • Pain or tenderness across the lower back or tummy • Redness, irritation, bleeding, or pain at the stoma site

	<ul style="list-style-type: none"> White discharge from the stoma site can be normal, call parent for abnormal discharge or pus at the stoma site.
Concern: Difficulty with catheterization	Goal: Trouble shoot procedure Action: <ul style="list-style-type: none"> <input type="checkbox"/> Have different sizes of catheters available in case there is a problem, if possible. When this happens, you should use a size smaller catheter. <input type="checkbox"/> If meeting resistance or buildup of discharge at the stoma site, stop and use a smaller catheter. <input type="checkbox"/> Reposition student if you do not see pee flow.
EMERGENCY ACTION PLAN	Shelter in place Evacuation plan
Personal Care Services/ Medically Necessary Services (repeat segment if more than one service)	
ICD-10 Code:	
Specific task: example: feeding, cath, diaper change Scope: What is the related service that is needed for the student? Duration: How long does the service take? (minutes or hours/per instance) Frequency: How many times does it need to be done per day? (number times per day or as needed)	
This service is medically necessary through the following dates, not to exceed one year.	
Start Date:	End Date:

I give permission for school personnel to share this information, follow this plan, administer medication and care for my child and, if necessary, contact our physician. I assume full responsibility for providing the school with prescribed medication and equipment devices. I approve this Individualized Healthcare Plan for my child.

parent/guardian	date
health care provider	date
student (optional)	date

school nurse	date
administrator	date