**Clean Intermittent Catheterization-Female Skill Competency Test**

**Student’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade/Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Person trained: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Initials: \_\_\_\_\_\_\_\_**

**Person training: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initials: \_\_\_\_\_\_\_\_**

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| --- | --- | --- |
| **Skills** | **Initial Demonstration** | **Return Demonstration** |
| **Date:** | **Date:** | **Date:** | **Date:** | **Date:** | **Date:** | **Date:** |
| 1. Review IHP and/or healthcare provider’s orders
 |  |  |  |  |  |  |  |
| 1. Gather equipment and place on clean surface
 |  |  |  |  |  |  |  |
| 1. Explain the procedure to the student at her level of understanding
 |  |  |  |  |  |  |  |
| 1. Encourage the student to assist in the procedure as much as she is able to help student learn self-care skills
 |  |  |  |  |  |  |  |
| 1. If the student is completing procedure or assisting in procedure, have student wash hands
 |  |  |  |  |  |  |  |
| 1. Assist student with undressing, as needed
 |  |  |  |  |  |  |  |
| 1. Position the student
 |  |  |  |  |  |  |  |
| 1. If student is lying on a cot/bed, place a disposal pad under the student
 |  |  |  |  |  |  |  |
| 1. Wash hands
 |  |  |  |  |  |  |  |
| 1. Arrange equipment
 |  |  |  |  |  |  |  |
| 1. Put on clean gloves
 |  |  |  |  |  |  |  |
| 1. Lubricate the tip of the catheter with a water soluble lubricant and place on a clean surface
 |  |  |  |  |  |  |  |
| 1. Use a generous amount of lubricant along the length of the catheter since dry catheters may cause excoriations in the urethra, leading to an entry point for bacteria contamination
 |  |  |  |  |  |  |  |
| 1. Separate the labia (vaginal lips) and hold open with fingers
 |  |  |  |  |  |  |  |
| 1. Wash the area with cleaning wipes, disposable wash cloth, mild soapy cotton ball or student specific cleaning supplies starting at the top of the labia moving toward the anus
 |  |  |  |  |  |  |  |
| 1. Repeat procedure a total of 3 times, once down each side and once down the middle, using a clean cotton ball (wipe or wash cloth) each time
 |  |  |  |  |  |  |  |
| 1. Locate the urinary meatus
 |  |  |  |  |  |  |  |
| 1. Gently insert the catheter until there is urine
 |  |  |  |  |  |  |  |
| * 1. Helpful hint: urinary meatus is located just under the clitoris above the vaginal opening. If the catheter is inserted and there is no return of urine, leave the catheter in place and use another catheter to locate the meatus. DO NOT reintroduce the first catheter into the urinary meatus.
 |  |  |  |  |  |  |  |
| 1. If you meet resistance try the following:
 |  |  |  |  |  |  |  |
| * 1. Rotate the catheter
 |  |  |  |  |  |  |  |
| * 1. Have the student sit or lie in a different position
 |  |  |  |  |  |  |  |
| 1. If you are still unable to insert the catheter or the student experiences pain remove the catheter and follow up with parents/guardian and healthcare provider
 |  |  |  |  |  |  |  |
| 1. When urine begins to flow, insert the catheter one inch further
 |  |  |  |  |  |  |  |
| 1. When urine flow has stopped remove the catheter slowly
 |  |  |  |  |  |  |  |
| 1. Remove gloves
 |  |  |  |  |  |  |  |
| 1. Wash hands
 |  |  |  |  |  |  |  |
| 1. Assist student in dressing, as needed
 |  |  |  |  |  |  |  |
| 1. Have student wash hands
 |  |  |  |  |  |  |  |
| 1. Put on clean gloves
 |  |  |  |  |  |  |  |
| 1. Assess urine for cloudiness and/or foul smell
 |  |  |  |  |  |  |  |
| 1. If present, assess student for signs of urinary tract infection:
 |  |  |  |  |  |  |  |
| * 1. fever
 |  |  |  |  |  |  |  |
| * 1. abdominal pain
 |  |  |  |  |  |  |  |
| * 1. blood in urine
 |  |  |  |  |  |  |  |
| * 1. vomiting
 |  |  |  |  |  |  |  |
| * 1. chills
 |  |  |  |  |  |  |  |
| 1. Measure urine per healthcare provider’s order
 |  |  |  |  |  |  |  |
| 1. Discard bodily fluids and catheter per infection control procedures and school district policy
 |  |  |  |  |  |  |  |
| 1. Remove gloves
 |  |  |  |  |  |  |  |
| 1. Wash hands
 |  |  |  |  |  |  |  |
| 1. Document assessment, intervention and outcome in student’s healthcare record
 |  |  |  |  |  |  |  |
| 1. Update student’s parents/guardian, as needed
 |  |  |  |  |  |  |  |
| 1. Special Considerations:
 |  |  |  |  |  |  |  |

**Plan for monitoring Clean Intermittent Catheterization-Female:**

**School Nurse Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Trainee’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School Nurse’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**