

**TRAINING, DELEGATION AUTHORIZATION AND SUPERVISION FORM – Boy Cathing**

Name:  
Student/Child

Birth  
Date:

School/  
Center:

Delegatee:  
Unlicensed Assistive Personnel (UAP)

<b>Cathing a Boy</b>		Training Record RN Initial & Date
<i>Brief description</i>		
A. States purpose of procedure and location.		
B. Identifies supplies –		
C. Procedure:		
1. Gather together all the supplies you need.		
2. Wash your hands and put on gloves.		
3. Your student can either sit on or stand by the toilet. If he's in a wheelchair he can stay in in the chair and empty the urine into the plastic bottle.		
4. Clean tip of penis with diaper wipe, wash cloth, gauze, or whatever parent requests or provides.		
5. Lube several inches from the tip of the cath with the KY jelly.		
6. Hold the penis upright and you will need to pull back the foreskin if your student is uncircumcised.		
7. Gently push in the catheter.		
8. If you feel resistance, gently continue to push until the cath is in and you see urine. Be patient and try having your student take slow deep breaths to help relax.		
9. Urine should start to flow once you are in the bladder. Push the cath in about 1/2 inch further and hold it until the bladder empties.		
10. Keep cath in place until urine stops flowing then start pulling cath out slowly. If urine starts to flow again as you are pulling out the catheter, wait until urine stops dripping before pulling the cath out further.		
11. Empty the urine into the toilet. If you are not near a toilet, drain the urine into a urinal.		
12. Wash urinal with soap and water and place upside down to dry.		
13. If using a reusable cath, clean with soap and water, letting the water flow through the catheter. Then shake any extra water out and let air dry until the next use.		
14. You may reuse cath for one week. But, don't reuse cath 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 cath log.		
<b>Competency Statement</b>		Training RN Signature & Initial
<b>PROCEDURE:</b> Describes and demonstrates correct procedure for cathing a boy.		

<b>DELEGATION AUTHORIZATION</b>			
I have read the care/medication plan, been trained and am competent in the described procedures for cathing a boy. I understand the need to maintain skills and will be observed on an ongoing basis by a Registered Nurse. I have had the opportunity to ask questions and received satisfactory answers.			
Delegatee Signature: _____	Delegation Decision Grid Score _____	Date _____	
Delegating RN Signature: _____	Initials _____	Date _____	

*"This document and the information it contains was created by Children's Hospital Colorado ("CHCO") to serve as a guideline and reference tool for use by CHCO employees while acting within the scope of their employment with CHCO. The information presented is intended for informational and educational purposes only. It is not intended to take the place of your personal physician's advice and is not intended to diagnose, treat, cure or prevent any disease. The information should not be used in place of a visit, call, consultation or advice of your physician or other health care provider.*

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RN Initial & Date	<p align="center"><b>Procedure</b></p> <p align="center">√ = acceptable performance</p>	<p align="center"><b>Follow Up/ Supervision Plan / Comments</b></p>
	<input type="checkbox"/> Procedure Reviewed <input type="checkbox"/> IHP accessible and current <input type="checkbox"/> Competent performance of procedure(s) per specific guidelines <input type="checkbox"/> Confidentiality <input type="checkbox"/> Documentation <input type="checkbox"/> RN notification of change in status <input type="checkbox"/> Child/student tolerating procedure well	<input type="checkbox"/> No opportunity to perform task. <input type="checkbox"/> Simulated emergency response practice. <input type="checkbox"/> Additional on-site training provided <input type="checkbox"/> Supervision plan (minimum annually) date: _____ <input type="checkbox"/> Continue delegation <input type="checkbox"/> Withdraw delegation Comments:
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Delegating RN Signature \_\_\_\_\_ Initials \_\_\_\_\_