

TRAINING, DELEGATION AUTHORIZATION AND SUPERVISION FORM – Girl Cathing

Name:
Student/Child

Birth
Date:

School/
Center:

Delegatee:
Unlicensed Assistive Personnel (UAP)

Cathing a Girl		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. Have your student lie down with knees bent in frog-like position.		
4. Clean perineal/genital area with wipe, wash cloth, gauze, or whatever parent requests or provides.		
5. Hold the genital skin folds apart with one hand.		
6. Hold the cath about two inches from the tip. Lube the end of the cath one or two inches with KY jelly.		
7. Gently put the cath into urethra (about 1 to 2 1/2 inches) until you get a flow of urine.		
8. After urine starts to flow, put the cath in a little further (about 1/2 inch).		
9. Keep cath in place until pee (urine) stops flowing then start pulling cath out slowly.		
10. If urine starts to flow again as you are pulling out the catheter, wait until urine stops dripping before pulling 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 it air dry until the next use.		
14. Put clean cath into a clean container.		
15. 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.**		
16. Remove gloves and wash hands.		
17. Document in cath log.		
Competency Statement		Training RN Signature & Initial
PROCEDURE: Describes and demonstrates correct procedure for cathing a girl.		

DELEGATION AUTHORIZATION

I have read the care/medication plan, been trained and am competent in the described procedures for cathing a girl. 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.

TRAINING, DELEGATION AUTHORIZATION AND SUPERVISION FORM – Girl Cathing

Name:
Student/Child

Birth
Date:

School/
Center:

Delegatee:
Unlicensed Assistive Personnel (UAP)

RN Initial & Date	<p align="center">Procedure</p> <p align="center">√ = acceptable performance</p>	<p align="center">Follow Up/ Supervision Plan / Comments</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:
	<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:
	<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:
	<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:
	<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:

Delegating RN Signature _____ Initials _____