



Pomona Unified School District Special Education - Nursing Daily Log – Catheterization

Student:	DOB:	School/Teacher/Grade:
Order Date: From _____, 20__ to _____, 20__		
<input type="checkbox"/> Clean Technique <input type="checkbox"/> Modified Sterile Technique		Site: <input type="checkbox"/> Stoma <input type="checkbox"/> Urethra
Authorized Healthcare Provider:		Phone: _____ Fax: _____
School Nurse:		Phone: _____

Site Observation: <input type="checkbox"/> Pink <input type="checkbox"/> Red <input type="checkbox"/> Dry <input type="checkbox"/> Cracked <input type="checkbox"/> Drainage <input type="checkbox"/> Bleeding	Demeanor: <input type="checkbox"/> Tolerate <input type="checkbox"/> Agitated <input type="checkbox"/> C/O pain	Urine Description: <input type="checkbox"/> Pale Yellow <input type="checkbox"/> Yellow <input type="checkbox"/> Dark Yellow <input type="checkbox"/> Mucus <input type="checkbox"/> Blood Flecks
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DOCUMENTATION DIRECTIONS - Person administering specialized physical healthcare service shall:

- 1) Enter on chart date and times care is provided and 2) Initial in columns provided.
 - School Nurse and designated qualified staff should include identifying signatures below only one time.
 - If student is absent, note date and write across columns. If pupil is present but a daily procedure is not done, indicate in column and explain reason on comment sheet.
 - Nurse supervising the procedure signs in "Signature" spaces.
 - This form shall be kept as per California State regulations.

Date	Start Time	End Time	*Comments <small>Additional information about abnormal appearance, odor, color of urine, contact with school nurse and/or parent to report problems and outcome, other observations and actions taken.</small>	Initials

Supervising Nurse Print Name/Date School Nurse Print Name/Date Health Assistant Print Name/Date

Supervising Nurse Sign Name/Date School Nurse Sign Name/Date Health Assistant Sign Name/Date

** - Requires Documentation in Comments Section*
8.14 G tube SICOE