Feedback

We appreciate and encourage feedback. If you need advice or are concerned about any aspect of care or treatment please speak to a member of staff or contact the Patient Advice and Liaison Service (PALS):

Freephone (City Hospital Campus): 0800 052 1195
Freephone (QMC Campus): 0800 183 0204
From a mobile or abroad: 0115 924 9924 ext 65412 or 62301
Minicom: 0800 183 0204
E-mail: pals@nuh.nhs.uk
Letter: NUH NHS Trust, c/o PALS, Freepost NEA 14614, Nottingham NG7 1BR

www.nuh.nhs.uk

The Trust endeavours to ensure that the information given here is accurate and impartial.

Nottingham University Hospitals NHS
NHS Trust

Nottingham Children's Hospital

Clean intermittent catheterisation

Information for schools

"Pupils can't learn if they don't feel safe or if health problems are allowed to create barriers. And doing well in education is the most effective route for young people out of poverty and disaffection."

Every Child Matters: Change for Children in Schools 2004

This document can be provided in different languages and formats. For more information please contact:

The Children's Renal and Urology Unit
E17 Paediatric Nephro-Urology Ward
Queen's Medical Centre campus
Tel: 0115 9249924 ext. 61408
Direct line: 0115 9709408

We are here for you

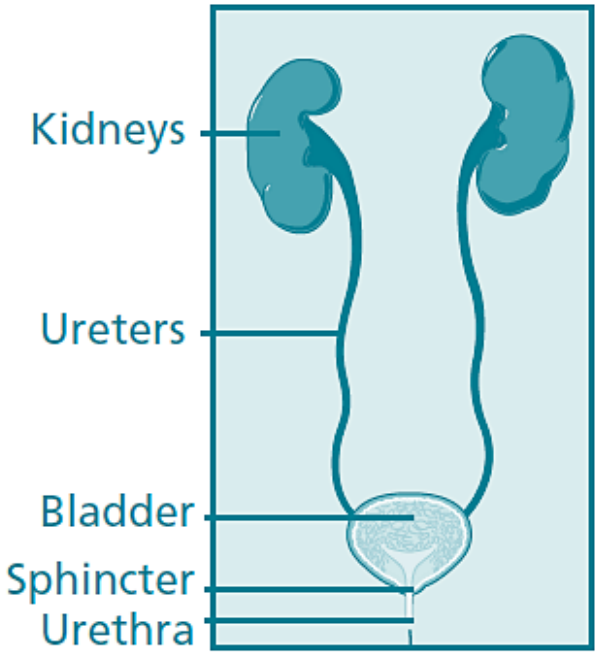
Introduction

This booklet has been prepared to give advice to schools where a pupil requires Clean intermittent catheterisation (CIC), whether that be carried out by the child themselves or by a carer employed by the school.

What is clean intermittent catheterisation (CIC)?

CIC is a method used to empty urine from the bladder at regular intervals during the day.

This is carried out by passing a fine flexible catheter (soft plastic tube) into the bladder along the urethra (see diagram below).



Notes

Training by specialist nurses to include:

- Why catheterisation is necessary.
- What the procedure entails.
- Potential problems and how to deal with them.
- Promoting independence.
- Privacy and dignity.
- The first catheterisation will be supported by the specialist nurse.

This booklet may not answer all of your questions, or give you all the information you would like. If you would like to discuss things further please contact a member of our team using the contact details provided on the front cover.

Why do some children require CIC?

There are several reasons why some children need CIC:

- To become dry, as some children have no bladder control and are wet all the time.
- To prevent repeated urine infections, as some children who are unable to empty their bladders completely, are at risk of developing kidney damage.

You can find out more about the individual child's requirements by talking to the parent/carer.

Who can do CIC at school?

Two or three carers need to be trained to carry out catheterisation, this will allow for training days and sickness cover.

In most schools catheterisation is usually done by teaching assistants but can also be carried out by lunchtime supervisors, secretaries or any permanent member of school staff.

No specific qualification is required but the parents and child should feel comfortable, and give written consent for the procedure to be carried out.

What are the advantages of CIC

Nappies and pads may be disposed of, together with the many problems which often arise from their use.

The child may have the opportunity to wear pants, perhaps for the first time. This will help to give the child more confidence, and a great sense of achievement.

Another important advantage is that this allows the bladder to be emptied regularly, so reducing the possibility of infections. This will help to prevent serious damage to the child's kidneys.

Who will carry out the training?

This will be carried out by a paediatric urology specialist nurse who works within a team of specialist nurses based at Nottingham University Hospitals NHS Trust (NUH).

Part of our role is to teach children and their parents/carers catheterisation and to support them during their long term management. We also offer this service to carers within community organisations, such as teaching assistants in schools.

You can find our contact details on the front cover of this booklet.

Training Programme

When should training take place?

As soon as possible. However, if the child is new to your school in September or if a new carer needs to be trained to start catheterising in September. We would suggest training by the specialist nurses be carried out in September and not in July. It is unfair to both the child and the new school carer to be left to get on unsupported after the six weeks holiday

Parent/carer responsibility

The parent/carer will demonstrate the catheterisation. This enables the school carer to gain an understanding of the procedure before training takes place. It also helps with consistency of the procedure between home and school.

After training takes place the parent/carer will support the school carer, until they feel confident and competent to undertake the procedure on their own.

The parent/carer will provide supplies in good time.

The parent/carer will be the first point of contact for school.

Should the unforeseeable happen and school are unable to provide a carer to catheterise at short notice i.e. due to illness parents/carers maybe asked to step in and catheterise the child.

Supplies should be stored in a locked cupboard within the toileting room to preserve confidentiality and ensure catheters are not tampered with by other children using the room.

School trips should be considered in relation to continence management so that the child is not excluded because of disability. Catheterisation can always be performed sooner than suggested if this facilitates a trip, but should not be left longer than the usual time interval.

Timing of catheterisation should fit into the school day as far as possible in order to minimise any disruption to lessons. However, it is important that the child doesn't always miss the opportunity to socialise with peers at break times.

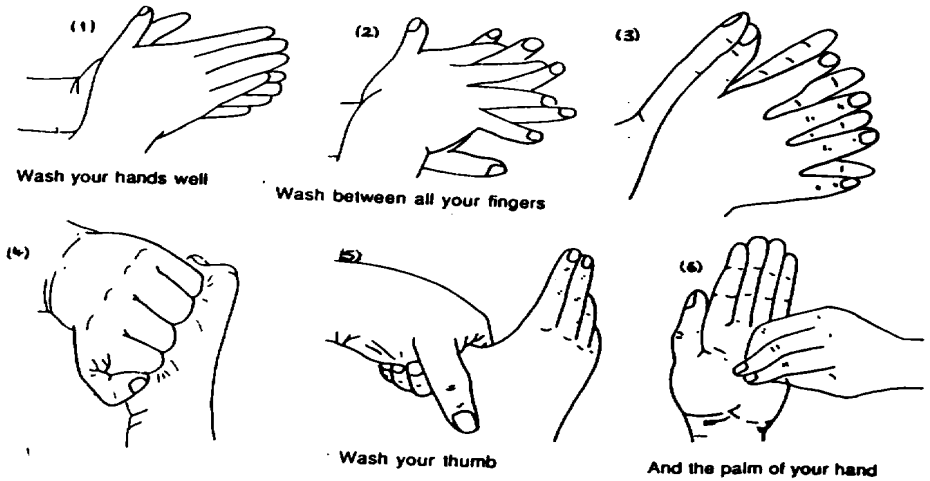
How do I do clean intermittent catheterisation?

Collect all of the things you require before starting. These include:

- Catheter
- Lubricating jelly (if required)
- Jug/receiver
- Baby wipes/soap and water

Girls may require a small mirror whilst learning to catheterise themselves.

Clean intermittent catheterisation is a clean technique, so most importantly; you need to wash your hands as shown below:



(continued overleaf)

Once you have washed your hands try not to touch anything other than the items you need to prepare for catheterisation.

Step 1: Open the catheter package, trying not to touch the tip of the catheter if possible, and prepare the catheters per manufacturer's instructions (you will be shown how to do this).

Step 2: Wash the child's private parts. You will be shown the correct way to do this.

Step 3: Wash your hands again.

Step 4: Hold the catheter a short distance from the tip and insert it into the urethral opening. You will be shown the safe and correct method to do this.

Step 5: When urine begins to drain out insert the catheter a further 1-2 cm. Hold the catheter in place until the urine has stopped. Then slowly withdraw it, stopping if more urine begins to drain. Continue to do this until the catheter is completely out.

Step 6: Wash your hands again.

Please try to keep to the technique you will be taught.

Most catheters are single use only, and should be disposed of in accordance with school policy. It may be worth noting, that at home this equipment is usually disposed of in normal house hold waste.

How often will the child need to be catheterised?

This depends on each individual child and will vary according to how much they drink, but will usually be either, once each day at lunchtime or twice each day at mid morning and early afternoon.

This should be discussed with parents/carers.

Can children catheterise themselves?

Most children will eventually learn to catheterise themselves but the age at which they can do this varies considerably.

Drinks

It is recommended that all school age children drink between six to eight glasses of fluid each day and is particularly important if they have a urinary tract infection.

Facilities

Toileting facilities must be easily accessible, clean and well lit with a lockable door to ensure privacy.

Basic equipment should be available including a toilet, sink, soap, paper towels. Some children may require an area to lie down during catheterisation.

Parents will supply school with catheters, wipes and pads. Dispos-a-gloves can also be supplied if requested.

(continued overleaf)