



CLEAN INTERMITTENT CATHETERIZATION AND PROMOTION OF UROLOGICAL HEALTH

By helping perform clean intermittent catheterization, the nurse plays a leading role in the social inclusion of children with spina bifida in the school and kindergarten. Younger children are catheterized by an adult, and older children perform this procedure themselves.

At home, catheterization is usually carried out by a parent or another relative. At school, this could be carried out by the nurse or another health professional, as part of the activities that support the process of monitoring and treatment of children with chronic diseases. After an introductory training, the personal assistant can also catheterize the child. The supervising physician should prescribe how often the procedure should be carried out.

Before we explain the specific steps of the procedure, we want to review some general aspects:

Along with the prescriptions of the child's physician, it is important for the parents to provide copies of other medical documentation related to the child's urological condition: test results, hospital discharge reports of urological surgeries, a list of prescribed medications, etc. At least one meeting in a calm atmosphere, during which both parties can discuss their expectations and, if possible, prepare a health passport is needed;

If the school nurse has no experience in the procedure, it is best to have a parent present during the first few times the procedure is performed;

Catheterization can be performed in the toilet if the room is large enough, clean, lit and provides the necessary privacy. If these conditions are not available, it would be appropriate to use the health office or another room with plumbing;

The catheters and other necessary supplies must be provided by the child's family. It is best to do this in advance and to have supplies for a longer period of time, for example for the next 5 to 6 days in order to avoid the risk of the child being left without catheters. It is necessary to prepare a schedule for the supply of consumables that is convenient for both parties;

The catheterization schedule should be in accordance with the physician's prescriptions and the child's schedule. In order to promote social inclusion and free communication with peers, it would be appropriate that the time of catheterization not coincide with the long break;

Teachers should be warned that the procedure is time-consuming and that the child could be late for class.

This is not a sterile technique, but it is still important to keep to high hygiene standards;

The appearance and smell of the urine are indicators of the presence of urinary tract infections. If the urine is cloudy with a sharp odor, it is very likely that the child has an infection. In fact, a large proportion of patients on clean intermittent catheterization have asymptomatic bacteriuria, which, per se, is not an indication for treatment (Bakke, 1991). When there are no symptoms such as malaise, fatigue, headache or fever, it is usually enough to increase fluid in

The time spent with the child during the catheterization procedures is a good opportunity for the nurse to promote healthy habits related to the child's urological condition, paying attention to good hygiene, fluid intake, etc.;

During the catheterization, the child may have questions about his/her health or specific actions which are part of the procedure. The nurse should not be afraid to give explanations by presenting the information clearly, with a positive attitude and using understandable language;

By explaining and repeating aloud the individual steps of the procedure, the nurse helps the child's transition to self-catheterization. Even if the child is not ready yet, by repeating the steps he/she learns the sequence and when the child matures emotionally, the transition will be easier;

For some children it is difficult to do it on their own even at an older age due to cognitive difficulties. They often forget the sequence of steps or forget that it is time for a catheter. In these cases, the role of the nurse is rather to supervise the child.

The nurse should approach the catheterization with the necessary discretion that is in line with the perceptions of the child and the child's family. There are children who speak freely about this to their peers, but for others this topic is taboo. The nurse must respect the child's values and adhere to them. take and take cranberry juice for a few days;