

- apparent and the symptoms do not subside. Inform parents of intention to call paramedics or other available medical transportation for transfer immediately to nearest emergency facility.
4. Record procedure on permanent health record.
 5. Notify parents.

Bowel/Bladder Training Program (Prescribed)

A. General Guidelines

1. Students needing bowel/bladder training do not feel the sensation of wetting or soiling themselves and have no control over the muscles of the bowel or bladder.
2. A program can be started even without the student's awareness or understanding.
3. The program is usually started at home and supported at school. Medications and enemas are to be given at home.
4. To be successful the plan must be written, understood and followed carefully by the caregivers at home and at school.
5. The program will vary according to the student's needs and the physician's prescriptions.
6. Either the family or the school staff may recognize the need to establish the routine.
7. Everyone involved in the training program should expect the process to take a long period of time and be prepared to provide emotional support to each other.
8. It is helpful for the family and the school personnel to keep a daily record for about 2 weeks before beginning the program to establish, if possible, the cues, patterns of elimination and the foods and fluid intake.
9. All caregivers should be aware of the effects of illness, medication, changes in the environment on elimination patterns and the warning sign of problems.

B. Purpose of the Bowel/Bladder Training Program

- Purpose - To establish and maintain a routine time, place and method of emptying the student's bowel and bladder in order to improve and maintain the health, self-esteem and acceptance of the student.

C. Equipment

- Varies according to the needs of the student and the doctor's prescriptions if necessary.

D. Personnel Recommendation

- In the school setting the procedures may be provided by or under the supervision of a registered nurse.

PROCEDURE FOR BOWEL/BLADDER TRAINING PROGRAM (PRESCRIBED)

Essential Steps	Key Points and Precautions
<p>1. Preparation of the student</p> <ul style="list-style-type: none"> a) Ensure appropriate intake of food and fluids. b) <i>At home</i> the caregiver will give or insert stool softeners as prescribed. c) Explain the procedure and the participation expected to the student. d) Provide assistance or wash student's hands: provide gloves if appropriate. e) Position the student appropriately. 	<p>Fluids are extremely important in keeping the stool soft. <i>At home only</i>.</p> <p>The emotional, cognitive and physical development will determine the goals for student participation.</p> <p>Varies with each step of the procedure. A bedpan, potty, or commode may be used. Use appropriate adaptations for safety and comfort of the student (straps, harness). Encourage appropriate student assistance.</p>
<p>2. Preparation:</p> <ul style="list-style-type: none"> a) Collect equipment and arrange conveniently near the student. b) Wash your hands, apply disposable exam gloves. 	
<p>3. Method:</p> <ul style="list-style-type: none"> a) Implement the school portion of the bowel/bladder training program. b) Provide the prescribed stimulation. c) Position appropriately for elimination. d) Clean the rectal and/or genital area. e) Provide the prescribed procedures. f) Dispose of gloves and waste. g) Clean the equipment. h) Return student to appropriate place/position. 	<p>The school staff is responsible only for diet, exercise, bladder catheterization or crede and toileting. The process should be broken into small steps for student tolerance and participation.</p> <p>Varies widely. Depends on the procedures and the abilities of the students.</p> <p>Praise the student for any attempt to participate in the procedure. Be patient, but firm.</p>
<p>4. Post bowel/bladder procedure:</p> <ul style="list-style-type: none"> a) Evaluate and document the student's progress. b) Document the time of the procedures, the results, any problems, and your signature on the student's daily treatment log. c) Record the characteristics of the stool, including: amount; odor; color; consistency; and presence of blood, mucus, or parasites. d) Record the characteristics of the urine, including: amount; clearness; odor; color; and presence of any blood. 	<p>Record successes and failures for elimination, as well as the student's toleration and/or participation.</p> <p>Report any changes or problems.</p>

Bowel and Bladder Training Program (Prescribed) Skills Checklist []Initial []Review

Student's Name: _____

Date of Birth: _____

Person Trained: _____

Position: _____

	Demo Date	Return Demonstration					
		Date	Date	Date	Date	Date	Date
I. Information (verbal recall)							
A. States purpose and modification required							
B. Describes the procedures							
1) Liquid/Diet @ o'clock							
2) Toileting @ o'clock							
3) Bladder @ o'clock							
4) Exercise @ o'clock							
C. Describes cues for earlier completion							
Bowel							
Bladder							
D. Identifies warning signs and symptoms							
Procedures to follow							
E. Describes and gives reason for appropriate, safe positioning.							
F. Equipment: identifies, states purpose, cleaning method							
II. Steps							
A. Washes own hands (see skills checklist)							
B. Gathers equipment and arranges conveniently near student.							
C. Explains procedure to student							
D. Washes student's hands							
E. Positions student appropriately for each procedure							
F. Maintains privacy and dignity of student							
G. Dons gloves							
H. Provides prescribed stimulation							
1) Urination							
2) Defecation							
I. Encourages student participation							
J. Praises/reinforces student for participation							
K. Cleans the perineal/genital area							
L. Performs the procedure(s)							
M. Cleans and dries student's perineal/genital area							
N. Removes gloves and washes hands							
O. Dresses student, returns to position							
P. Cleans and stores equipment							
Q. Records Procedures and Results							
R. Reports any problems to school RN							

Overall Rating: _____ **PASS** *Successful completion of a minimum of three demonstrations with 100% accuracy*
 _____ **FAIL** *Practical must be repeated. Trainer must complete Summary of Skills Form and attach to this checklist.*

 Date: School RN Signature Date Employee Signature