



Learning objectives

This list identifies the goals for the **minimum skills and knowledge** required to perform the care appropriate to your child. It allows the care team to monitor the necessary learning.

Instructions: When the learning is satisfactory to the nurse and to the parent, both will write their initials in the table and put their name and signature at the end where indicated.

The family/caregiver (and child, if appropriate) know:	Date	Initials Nurse	Initials Parent
advice on the activities of daily living (clothing, nutrition, hydration, bathing, sleep, activities and transportation)			
type and function of the equipment required for catheterization			
indications and recommended frequency of catheterization			
all of the steps of catheterization			
the approximate amount of urine expected from catheterization			
catheter maintenance and storage procedures			
the frequency of the catheter replacement			
potential problems and recommended solutions			
reasons for consulting the healthcare team			
Comments:			

The family/caregiver (and child, if appropriate) <u>safely</u> and <u>competently</u> master:	Date	Initials Nurse	Initials Parent
hand washing technique			
all the steps of catheterization of the child			
Comments:			



The family/caregiver (and child, if appropriate) take into consideration:	Date	Initials Nurse	Initials Parent
the preparation of the child, the parent/caregiver and the environment before beginning the treatment			
the pediatric approach for the required care			
the degree of the child's autonomy in participating in the treatment			
the need to readjust the treatment as necessary			
the support necessary to the child before, during and after the treatment			
Comments:			

The family/caregiver (and child, if appropriate) have received and understand the following information:	Date	Initials Nurse	Initials Parent
access information for equipment and materials			
general resources available to the child/family			
the date and place for the next appointment if required			
access information for resource people, as needed			
the number to call in case of emergency			
Comments:			

Name of the nurse:	Signature:	Initials:
Name of the nurse:	Signature:	Initials:
Name of the nurse:	Signature:	Initials:
Name of the nurse:	Signature:	Initials:

Name of the parent:	Signature:	Initials:
Name of the parent:	Signature:	Initials: