

# Foley Insertion Checklist

Date: \_\_\_\_\_

Patient Sticker

ACTIONS	YES	NO	COMMENTS
Order for Foley (must have physician order)  Confirm Reason			Doctor's reason for order: <input type="checkbox"/> Urinary obstruction <input type="checkbox"/> Neurogenic bladder <input type="checkbox"/> Recent urologic surgery <input type="checkbox"/> Stage III or IV with incontinence <input type="checkbox"/> Accurate I & O in critically ill pt <input type="checkbox"/> Gross hematuria <input type="checkbox"/> Going to OR <input type="checkbox"/> Post-op <36 hours <input type="checkbox"/> Other: _____
Insertion performed during a non-emergency situation: Not during a RRT or emergency			
Full peri-care done with: <ul style="list-style-type: none"> <li>• Baby wash</li> <li>• Wash cloths</li> <li>• Warm water</li> </ul>			
<b>If using the patient's wash basin, wipe with Aseptic wipe or Bleach wipe before use.</b>			
Size 14 F or 16 F Foley			<input type="checkbox"/> 14 F <input type="checkbox"/> 16 F <input type="checkbox"/> Other: _____
Buddy system used			<input type="checkbox"/> RN <input type="checkbox"/> LPN <input type="checkbox"/> PCT
All 5 cotton swabs used			
Only one kit used			Sterile technique accidentally broken. Number of new kits/catheters used: ____.
U/A and C&S obtained after insertion			
Procedure documented			<input type="checkbox"/> Intervention in client server <input type="checkbox"/> Other unit specific (i.e.-ED, OR, PACU, Cath Lab, LDRP)
Unit where Foley inserted:			<input type="checkbox"/> 2 West <input type="checkbox"/> 4 East <input type="checkbox"/> ICCU <input type="checkbox"/> PACU <input type="checkbox"/> CATH LAB <input type="checkbox"/> 3 East <input type="checkbox"/> 4 West <input type="checkbox"/> CVICU <input type="checkbox"/> ED <input type="checkbox"/> 3 West <input type="checkbox"/> IVU <input type="checkbox"/> OR <input type="checkbox"/> LDRP
<b>PLEASE PLACE THE COMPLETED FORM IN THE DESIGNATED FOLDER ON YOUR UNIT.</b>			

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