



Foley Work Flow

Who needs a Foley Catheter?

1. Assess need by bladder scanning the patient first.
2. < 300 ml's Encourage fluid intake.
3. 300-500 ml's encourage fluids if symptomatic straight cath.
4. > 500 ml's straight cath or insert Foley depending on Physician's order.

- Re-scan within 4 hours if still no void. Repeat sooner if symptoms develop.

- MD order for Foley verified with appropriate indication.

- If still no void after 2 straight Caths within 12 hours place Foley with MD's order.

Catheter Necessity:

- 1. Acute urinary retention.
- 2. Periop use
- 3. Urine output monitoring.
- 4. Assistance with pressure ulcer healing.



Documentation

1. Patient education q shift.
2. Perineal care in hygiene care group of the shift assessment.
3. Urine catheter LDA properties ie. placement date, time, size, type, disposition.
4. Urine Cath LDA group q 4 hours action, site assessment, dressing assessment, catheter urine color, characteristics, I/O urine cath, unobstructive flow, below bladder, off the floor, secured with stat lock, and cath care done.



Cauti Prevention

- When sending a urine culture from a foley notify ANM and check for a specimen already on hold in lab before collecting.

- Insert catheter with sterile technique and use 2 RN'S.

- Review necessity daily and remove promptly.

- Notify PCT's at begining of the shift who has Foley and the need for m-care wipes and special care.

- Educate patient and family on need for proper Foley care.

- Always use a securment device and keep the bag off the floor.