

ALL PROCEDURES MUST HAVE A CORRESPONDING ORDER DOCUMENTED IN THE OFFENDERS EHR. IF THERE IS NO DOCUMENTED ORDER, WRITE A VERBAL ORDER AND ASSIGN TO THE PROVIDER FOR SIGNATURE.

Subjective Data: _____ **Allergies:** _____

Chief complaint: _____

Foley Catheter Materials:

1. Indwelling or straight catheter kit with drainage system
2. Syringe
3. Protective pad
4. Wash cloth
5. Clean and Sterile gloves

Objective Data: (clinically indicated VS)

BP _____ Pulse _____ Resp. _____ Temp. _____ Wt. _____

Urine:	<input type="checkbox"/> Clear	<input type="checkbox"/> Dark	<input type="checkbox"/> Cloudy	<input type="checkbox"/> Bloody	<input type="checkbox"/> Foul oder
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(Nursing Protocol must be signed by the Medical Provider if offender displays any of the below s/s or any additional treatment/ medication required)

Refer to Medical Provider If:

<input type="checkbox"/> Urine is cloudy or has a foul odor.	<input type="checkbox"/> Feeling of bladder fullness.
<input type="checkbox"/> Temperature of 100.4 degrees F.	<input type="checkbox"/> Urine leaking around the tube.
<input type="checkbox"/> Unusual itching, rash, burning or pus.	<input type="checkbox"/> Blood in your urine.

Medical Provider Notified Date: _____ **Time:** _____ **Orders Received for Treatment:** Yes No

Assessment:

- Potential for infection related to vulnerability secondary to indwelling catheter.
- Alterations in comfort related to removal of indwelling catheter.

Plan: Nursing Intervention Routine: (check all that apply)

<input type="checkbox"/> Routine Foley Catheter Care	<input type="checkbox"/> Removal of Foley Catheter	<input type="checkbox"/> Foley Catheter Insertion
<ul style="list-style-type: none"> <input type="checkbox"/> Provided privacy and procedure explained to offender. <input type="checkbox"/> Hands washed with soap and water and gloves applied. <input type="checkbox"/> Protective pad placed under offender. <input type="checkbox"/> Using clean technique, area cleansed with soap and water. <input type="checkbox"/> Foley catheter tube cleansed. <input type="checkbox"/> No signs/symptoms of infection noted. <input type="checkbox"/> Protective pad removed and disposed. <input type="checkbox"/> Gloves removed, disposed, and hands rewashed. <input type="checkbox"/> Offender tolerated procedure well. 	<ul style="list-style-type: none"> <input type="checkbox"/> Provided privacy and procedure explained to offender. <input type="checkbox"/> Hands washed with soap and water and gloves applied. <input type="checkbox"/> Protective pad placed under offender. <input type="checkbox"/> Using clean technique, sterile water removed from retention bulb, Foley catheter removed without difficulty and discarded. <input type="checkbox"/> Area cleansed with soap and water. <input type="checkbox"/> No signs/symptoms of infection noted. <input type="checkbox"/> Protective pad removed and disposed. <input type="checkbox"/> Gloves removed, disposed, and hands rewashed. <input type="checkbox"/> Offender tolerated procedure well. 	<ul style="list-style-type: none"> <input type="checkbox"/> Provided privacy and procedure explained to offender. <input type="checkbox"/> Hands washed with soap and water and gloves applied. <input type="checkbox"/> Protective pad placed under offender. <input type="checkbox"/> Using clean technique, area cleansed with soap and water. <input type="checkbox"/> Gloves removed, disposed, and hands rewashed. <input type="checkbox"/> Using sterile technique, Foley catheter established on sterile field. <input type="checkbox"/> Foley catheter prepared, Offender draped, area cleansed with povidone-iodine solution. <input type="checkbox"/> Foley catheter inserted, retention bulb filled with sterile water, and catheter secured without difficulty. <input type="checkbox"/> Protective pad removed and disposed. <input type="checkbox"/> Gloves removed, disposed, and hands rewashed. <input type="checkbox"/> Offender tolerated procedure well.
<input type="checkbox"/> Education/Intervention: Instructed patient to follow-up sick call if experiencing any signs and symptoms that warrant treatment. Offender verbalizes understanding of instructions.		

Progress Note: _____

Medical Provider Signature/Credentials: _____ **Date:** _____ **Time:** _____

QHCP Signature/credentials: _____ **Date:** _____ **Time:** _____

Offender Name
 (Last, First)

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