

## Foley Catheterization: Female

### PERFORMANCE CHECKLIST

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

UNIT: \_\_\_\_\_

The above named health care provider has met all performance criteria (critical behaviors) identified below

as of \_\_\_\_\_, validated by: \_\_\_\_\_  
*Date*
*Signature*
*Printed Name*

The above named health care provider has not met the performance criteria (critical behaviors) identified below with a checkmark (✓) in “has not met” box. **Refer to action plan.**

\_\_\_\_\_  
*Date*
*Signature of Evaluator*
*Printed Name*

| CRITICAL BEHAVIORS  | MET | NOT MET | COMMENTS  |
|---|-----|---------|---|
| 1. Assemble needed Equipment for peri-bath and foley catheterization.   |     |         | <i>Uses 14 Fr. Catheter as first choice</i>   |
| 2. Explain procedure to patient.  |     |         | <i>Introduce self, explain purpose and necessity of procedure, teach if able. Maintain patient privacy. Keep patient warm.</i>                        |
| 3. Perform Hand Hygiene. Don gloves. Perform peri-bath. Discard disposable peri-bath equipment.   |     |         | <i>Cleanse patient's peri area with soap &amp; water to reduce bacterial contamination. Make sure to wipe basin with disinfectant wipe after use.</i> |
| 4. Perform Hand Hygiene. Follow Standard Precautions  |     |         |   |
| 5. Position patient.  |     |         |   |
| 6. Open catheterization tray (maintain sterility of contents) and make a sterile field with the wrapper   |     |         | <i>Open edges away</i>  |
| 7. Place plastic-lined sheet under buttocks, by folding corners over hands  |     |         |   |
| 8. Don sterile gloves.  |     |         |   |
| 9. Place fenestrated drape over perineum  |     |         | <i>Do not contaminate gloves</i>  |
| 10. Arrange tray contents for use: <ul style="list-style-type: none"> <li>• Pour iodine solution over cotton balls</li> <li>• Lift top tray and place onto sterile field</li> <li>• Dispense lubricant onto tray</li> <li>• Remove plastic shield from Foley and lubricate end of catheter</li> </ul> |     |         | <i>No balloon check necessary before insertion</i>  |

| CRITICAL BEHAVIORS  | MET | NOT MET | COMMENTS  |
|---|-----|---------|---|
| 11. Cleanse urethral meatus <ul style="list-style-type: none"> <li>with less-dominant hand, separate labia and apply gentle traction upward</li> <li>with dominant hand, use forceps to grasp iodine saturated cotton ball and cleanse the meatus wiping top to bottom of center, then outward using a new cotton ball with each wipe.</li> </ul> |     |         | <i>Must keep less-dominant hand in place for entire procedure and keep labia separated at all times.</i>  |
| 12. Continue to use less dominant hand to maintain labia spread apart   |     |         | <i>Have patient take slow, deep breaths to focus the mind and relax musculature.</i>  |
| 13. Pick up catheter with dominant hand approximately 2-3 inches from catheter tip. Place distal end in sterile tray.   |     |         |   |
| 14. Gently insert the catheter into the meatus and advance until You see urine flow, and then advance another ½ - 1 inch.   |     |         | <i>If the catheter is inserted into the vagina leave catheter in vagina and repeat steps 3-12. Remove catheter from vagina after proper placement of urethral catheter.</i> |
| 15. Release labia and hold catheter in place while dominant hand inflates balloon with 10ml sterile water into balloon port.  |     |         |   |
| 16. Gently pull back catheter to position balloon at neck of bladder  |     |         | <i>Stop once any resistance is felt</i>   |
| 17. Place Foley bag below the level of the bladder.   |     |         | <i>Do not curl tubing. Keep straight at all times.</i>  |
| 18. Prep skin front mid thigh adjacent to foley for Stat Lock using alcohol prep and skin protectant.   |     |         | <i>If necessary, clip skin hair with 3-M clipper. Allow sufficient time for alcohol prep and skin protectant to dry.</i>  |
| 19. Apply Stat Lock device to front mid-thigh leaving ½ to 1 inch slack   |     |         | <i>Foley catheter must be secured in stat lock but not too tight.</i>   |
| 20. Document date on statlock   |     |         | <i>Must be replaced every 7 days</i>  |
| 21. Discard disposable equipment in Infectious Waste Trash.   |     |         |   |
| 22. Document intervention   |     |         | <i>Document size, patient tolerance, and description of urine. For Inpatient, use Meditech intervention for the insertion/removal of Foley</i>                              |

**ACTION PLAN**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date Action plan to be completed by: \_\_\_\_\_ Date Revalidation to be completed by: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Supervisor/Designee Signature: \_\_\_\_\_ Title: \_\_\_\_\_

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