

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

**Patient Sticker**

**Foley Insertion Checklist**

Actions	Yes	No	Comments															
Order for Foley (Must have Dr. Order)  <b>Confirm Reason</b>			Doctors 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 14F or 16F Foley			<input type="checkbox"/> 14 Fr <input type="checkbox"/> 16 Fr 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 _____.															
<b>U/A and C&amp;S</b> 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: <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> 2 West</td> <td><input type="checkbox"/> IVU</td> <td><input type="checkbox"/> ED</td> </tr> <tr> <td><input type="checkbox"/> 3 East</td> <td><input type="checkbox"/> ICCU</td> <td><input type="checkbox"/> LDRP</td> </tr> <tr> <td><input type="checkbox"/> 3 West</td> <td><input type="checkbox"/> CVICU</td> <td><input type="checkbox"/> CATH LAB</td> </tr> <tr> <td><input type="checkbox"/> 4 East</td> <td><input type="checkbox"/> OR</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 4 West</td> <td><input type="checkbox"/> PACU</td> <td></td> </tr> </table>				<input type="checkbox"/> 2 West	<input type="checkbox"/> IVU	<input type="checkbox"/> ED	<input type="checkbox"/> 3 East	<input type="checkbox"/> ICCU	<input type="checkbox"/> LDRP	<input type="checkbox"/> 3 West	<input type="checkbox"/> CVICU	<input type="checkbox"/> CATH LAB	<input type="checkbox"/> 4 East	<input type="checkbox"/> OR		<input type="checkbox"/> 4 West	<input type="checkbox"/> PACU	
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<b>PLEASE PLACE THE COMPLETED FORM IN THE                      DESIGNATED FOLDER ON YOUR UNIT.</b>																		

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