

**Foley Catheterization: Male**  
**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>Use 14 Fr. Catheter as first choice</i>
2. Explain procedure to patient			<i>Introduces self, explains purpose and necessity of procedure, teach if able. Maintains 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>Opens 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, retract foreskin if patient is not circumcised and grasp penis at shaft (maintains this hand position for rest of procedure)</li> <li>• with dominant hand, use forceps to grasp iodine saturated cotton ball, start at the opening to the meatus cleanse in a circular motion using as many cotton balls as necessary to cleanse the penis down to the base of the glans.</li> </ul>			<i>Must keep less-dominant hand in place for entire procedure</i>
12. Lift penis to position perpendicular to the patient's body and apply light traction			<i>Changes in angle or traction may assist in passing the catheter. 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.			<i>Do not force catheter. If resistance is met, stop, remove foley and notify physician.</i>
14. Gently insert the catheter into the meatus and advance to "Y" in catheter.			<i>Inserts to "Y" to make sure that the balloon is past the prostate before inflating.</i>
15. Inflate balloon with 10ml sterile water in balloon port.			
16. Gently pull back catheter to position balloon at neck of Bladder.			<i>Stops 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 catheter 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. Inpatient uses Meditech intervention for the insertion/removal of Foley</i>

**ACTION PLAN**

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

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

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