

Foley Utilization Notice

Date_____

Dr._____

In order to reduce foley catheter associated UTIs, please verify the reason for continuing the foley catheter:

- Known or suspected urinary tract obstruction
- Neurogenic Bladder
- Recent Urologic Surgery
- Urinary Incontinence in a patient with Stage III or Stage IV pressure ulcer
- Strict I&O first 36 hours – reason _____
- For irrigation in patient with gross hematuria and potential for clots
- Other_____