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

Subjective Data:  
Chief complaint: ____________________________  

Allergies: ____________________________

Foley Catheter Materials:
1. Straight catheter
2. Lubrifax or K-Y Gel
3. Measuring container
4. Protective pad
5. Wash cloth
6. Clean and Sterile gloves

Objective Data: (clinically indicated VS)
BP _______ Pulse _______ Resp. _______ Temp. _______ Wt. _______ O₂ sat. _______ FSBS: _______

Urine:  
- [ ] Clear 
- [ ] Dark 
- [ ] Cloudy 
- [ ] Bloody 
- [ ] Foul odor

Refer to Health Care Provider If: If during clinic hours the health care provider is to be called if not on site. If after clinic hours the health care provider is to be called the next working day.

- [ ] Urine is cloudy or has a foul odor.  
- [ ] Feeling of bladder fullness.  
- [ ] Penis pain  
- [ ] Temperature of 100.4 degrees F.  
- [ ] Urine leaking around the tube.  
- [ ] Unable to insert catheter  
- [ ] Unusual itching, rash, burning or pus.  
- [ ] Blood in your urine.

Health Care Provider: ____________________________  
Time Notified: _______  
Orders Received for Treatment: [ ] Yes [ ] No

If physical exam is negative for any of the above s/s and/or there is no need for additional medication/treatment, proceed with nursing interventions.

Plan: Interventions (check all that apply)

- [ ] Routine Straight Catheterization - Male  
  - Provided privacy and procedure explained to inmate.  
  - Hands washed with soap and water and gloves applied.  
  - Protective pad placed under inmate.  
  - Move back the foreskin of penis if uncircumcised.  
  - Using clean technique, area cleansed with soap and water.  
  - Apply the K-Y Jelly or another gel to the tip and top 2 inches (5 centimeters) of the catheter.  
  - With one hand, hold penis straight out and insert catheter.  
  - When urine stops, slowly remove the catheter. Pinch the end closed to avoid getting wet.  
  - Wash the end of your penis with a clean cloth or baby wipe. Make sure the foreskin is back in place if uncircumcised.  
  - If using a container to collect urine, empty it in the toilet. Always close the toilet lid before flushing to prevent germs from spreading.  
  - Protective pad removed and disposed.  
  - No signs/symptoms of infection noted.  
  - Gloves removed, disposed, and hands rewashed.  
  - Inmate tolerated procedure well.

- [ ] Routine Straight Catheterization - Female  
  - Provided privacy and procedure explained to inmate.  
  - Hands washed with soap and water and gloves applied.  
  - Protective pad placed under inmate.  
  - Assist patient to the dorsal recumbent position with knees flexed and feet about 2 feet apart. Drape patient.  
  - Apply the K-Y Jelly or another gel to the tip and top 2 inches (5 centimeters) of the catheter.  
  - Using clean technique, separate the labia majora and labia minora, cleanse the urinary meatus, using downward stroke only.  
  - Slowly insert lubricated catheter about 3 inches or 8 centimeters into the urethra.  
  - When urine stops, slowly remove the catheter. Pinch the end closed to avoid getting wet. Wipe area dry from front to back.  
  - If using a container to collect urine, empty it in the toilet. Always close the toilet lid before flushing to prevent germs from spreading.  
  - Protective pad removed and disposed.  
  - No signs/symptoms of infection noted.  
  - Gloves removed, disposed, and hands rewashed.  
  - Inmate tolerated procedure well.

- [ ] Education/Intervention: Instructed patient to follow-up sick call if experiencing any signs and symptoms that warrant treatment. Inmate verbalizes understanding of instructions.

Progress Note: ____________________________

Health Care Provider Signature/Credentials: ____________________________  
Date: _______ Time: _______

RN/LPN Signature/credentials: ____________________________  
Date: _______ Time: _______

Inmate Name ____________________________  
(.Last, First)  

DOC # _______