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 HEALTH CARE PROVIDER FOR SIGNATURE.

Subjective Data:  
Chief complaint: ____________________________

Allergies: ____________________________

Foley Catheter Materials:  
1. Indwelling or straight catheter kit with drainage system  
2. Syringe  
3. Protective pad  
4. Wash cloth  
5. 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.  
[ ] Temperature of 100.4 degrees F.  [ ] Urine leaking around the tube.  
[ ] 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: Intervention: (check all that apply)

☐ Routine Foley Catheter Care  
☐ Provided privacy and procedure explained to inmate.  
☐ Hands washed with soap and water and gloves applied.  
☐ Protective pad placed under inmate.  
☐ Using clean technique, area cleansed with soap and water.  
☐ Foley catheter tube cleansed.  
☐ No signs/symptoms of infection noted.  
☐ Protective pad removed and disposed.  
☐ Gloves removed, disposed, and hands rewashed.  
☐ Inmate tolerated procedure well.

☐ Removal of Foley Catheter  
☐ Provided privacy and procedure explained to inmate.  
☐ Hands washed with soap and water and gloves applied.  
☐ Protective pad placed under inmate.  
☐ Using clean technique, sterile water removed from retention bulb, Foley catheter removed without difficulty and discarded.  
☐ Area cleansed with soap and water.  
☐ No signs/symptoms of infection noted.  
☐ Protective pad removed and disposed.  
☐ Gloves removed, disposed, and hands rewashed.  
☐ Inmate tolerated procedure well.

☐ Foley Catheter Insertion  
☐ Provided privacy and procedure explained to inmate.  
☐ Hands washed with soap and water and gloves applied.  
☐ Protective pad placed under inmate.  
☐ Using clean technique, area cleansed with soap and water.  
☐ Gloves removed, disposed, and hands rewashed.  
☐ Using sterile technique, Foley catheter established on sterile field.  
☐ Foley catheter prepared, Inmate draped, area cleansed with povidone-iodine solution.  
☐ Foley catheter inserted, retention bulb filled with sterile water, and catheter secured without difficulty.  
☐ Protective pad removed and disposed.  
☐ Gloves removed, disposed, and hands rewashed.  
☐ Inmate tolerated procedure well.

☐ Education/Intervention: Instructed inmate 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 #