





# Foley Catheter Maintenance Bundle Easy Reference

Bundle Element	Details	Tips for Practice
<p><b>Foley Insertions</b></p>	<ul style="list-style-type: none"> <li>Perform hand hygiene before and after insertion</li> <li>Use aseptic technique when opening the foley kit and sterile technique during insertions</li> <li>For individually wrapped foleys not located in foley kits, (i.e. coude), use a foley kit for sterile insertion</li> </ul>	<ul style="list-style-type: none"> <li>2 RNs must be present to ensure sterility</li> <li>Complete the insertion flow sheet under the LDA properties in Epic</li> </ul> 
<p><b>CAUTI Prevention</b></p> 	<p><b>Prevent foley contamination by:</b></p> <ul style="list-style-type: none"> <li>Perform and document perineal/foley care every shift &amp; when soilage is present</li> <li>Keeping foley bag off the floor &amp; mattress</li> <li>Secure catheter with a <b>stat lock</b> as tape or other materials harbor bacteria</li> <li>Keep the collection bag &lt;3/4 full</li> <li>Ensure the catheter and tubing are always connected by the red seal</li> </ul>	<p><b>To maintain proper bladder drainage:</b></p> <ul style="list-style-type: none"> <li>Keep foley below level of the bladder</li> <li>Keep catheter &amp; tubing free of kinks and dependent loops</li> </ul> <p>Foleys that <b>do not come in kits</b> will have to be connected to urine collection tubing and bag.</p> <ul style="list-style-type: none"> <li>If the catheter disconnects from the tubing, the entire system must be replaced.</li> </ul>
<p><b>Acute Urinary Retention</b></p> 	<p><b>Before a foley is inserted</b> for acute urinary retention and <b>after a foley is removed</b> for any reason, follow the "Urinary Retention Management" protocol:</p> <p>If patient exhibits discomfort or is unable to void spontaneously <b>after 6 hours</b>, perform a bladder scan.</p> <ul style="list-style-type: none"> <li>&lt;500mL and no discomfort, rescan within 2 hours if no void</li> <li>&gt;500mL or patient is uncomfortable, perform straight catheterization and document in intake/output flowsheet</li> </ul> <p><b>Repeat straight catheterizations for 48 hours.</b></p>	<p>If retention persists <b>despite following the 48-hour protocol</b>, notify MD to initiate bladder management interventions:</p> <ul style="list-style-type: none"> <li>Selective alpha blocker (Flomax) attempt void trial again in 3-5 days</li> <li>Remove medications that contribute to retention</li> <li>Long term intermittent straight caths</li> <li>Teach self-catheterization</li> <li>Consult urology</li> </ul>
<p><b>Sterile Urine Collection</b></p>	<p>For foleys already in place <b>&gt;24 hours</b>:</p> <ul style="list-style-type: none"> <li>Remove foley to minimize false + CAUTIs</li> <li>Collect sample from sterile straight catheterization or from port on new foley system</li> </ul> <p><b>*Don't forget to scrub the hub*</b></p> 	<p>Do not remove the foleys to collect a sterile urine sample if the foley:</p> <ul style="list-style-type: none"> <li>Is a coude catheter</li> <li>Is placed by urology</li> <li>Was placed using glide wire assistance</li> </ul> <p><b>Scrub the tubing port hub and collect the urine sample.</b></p>
<p><b>Bladder Management</b> <i>For patients with spinal cord injuries, neurogenic bladder, or chronic urinary retention</i></p>	<p>Condom catheters are <b>NOT</b> appropriate for this patient population. Do not use bladder management for patients with head injuries (i.e. TBI, DI, decreased LOC without sedation)</p> <ul style="list-style-type: none"> <li><b>Use indwelling foley only when UOP &gt;3L/day. If UOP &lt;3L/day</b>, remove indwelling foley &amp; begin intermittent catheterizations (IC) schedule.</li> </ul> <p><b>If patient is on IC schedule and exhibits discomfort or autonomic dysreflexia, notify MD and insert indwelling foley.</b></p>	<p>After removing indwelling catheter, 1<sup>st</sup> IC is completed <b>after 6 hrs</b> if patient t has not voided. *Bladder scan is not required*</p> <ul style="list-style-type: none"> <li>UOP &lt;500mL, perform next IC in 6 hr.</li> <li>UOP &gt;500mL, perform next IC in 4 hrs. If incontinence continues despite q4 ICs, contact doctor.</li> <li>IC patient immediately before fluid bolus or diuretic administration. Keep IC in place for 1-2 hours after. Resume IC schedule above.</li> </ul>
<p><b>Daily Foley Discussion</b> <b>**Complete perineal and foley care every shift**</b></p>	<ul style="list-style-type: none"> <li>Discuss in rounds need and planned removal of foley</li> <li>Document every shift the foley's indication/necessity</li> <li>Verify indwelling foley orders are current, especially if foley was ordered for only 48 hours.</li> </ul>	<p><b>If a foley order expires, RN must remove foley immediately.</b></p> <p><b>If a foley order is about to expire, and RN thinks the patient meets criteria for maintaining a foley, contact MD to place new foley order.</b></p>