

Report of Foleys, including patient information, days inserted, indication/necessity, and LOS

1	MRN	Dept	Room	M/F	In	Indication/Necessity	LOS			
2						2 GU sx; CBI; need order			Dept	Count
3						newly dx with prostate cancer, urology wants to maintain for output. Plans for nephrostomy tubes and IVC filter 9/25; need order; swelling			FL3T1	3
4						2 s/p sx to LLE with free flap; need order			FL3T2	2
5						retention with hematuria; need order; Urology obs			FL3T3	1
6						2 s/p RUE amputation; need order			FL5T1	2
7						2 POA-chronic with hx of chronic UTI; exchanged q 4 wks; no exchange documented; need order			ICU1	2
8						3 retention with dc 48 ending 9/26 @1800			ICU2	7
9						6 retention with dc 48 ending 9/23; AKI on Flomax			OR	4
10						1 Retention-need order			FL6T3	2
11						2 dc effective now orders 9/26 @0721			FL6T1	3
12						6 retention with dc 48 ending 9/23; suprapubic eval; will reeval			CAU	2
13						s/p ex lap with amputation; need order to maintain; will reeval			Grand Total	28
14						1 retention 2/2 freq straight caths-need order				
15						s/p fem bypass with fasciotomy 9/25; need order to maintain				
16						5 need order with indication				
17						2 bladder outlet obstruction with dc 48 ending 9/26 @2100				
18						2 s/p colostomy revision 9/25				
19						5 dc effective now orders 9/23; went to an unknown sx 9/24; can you f/u? will f/u				
20						1 placed for cystogram and to be removed; can you f/u?- currently performing cystogram				
21						2 retention; placed by urology				
22						6 replaced 2/2 to concerns for bladder rupture; cystogram performed without any evidence; do the patient need to maintain? Need order to maintain				
23						3 nephrotic bladder tissue-recurrent UTI; replaced on admit; need order with indications; chronic prolonged immobilization with dc 48 ending 9/15;				