

# FOLEY CATHETER DAILY TRACKING SHEET

## Review Daily with Physician for Foley Necessity

Patient Name: \_\_\_\_\_ Room # \_\_\_\_\_ MR # \_\_\_\_\_

Foley Insertion Date: \_\_\_\_\_ D/C Foley Date: \_\_\_\_\_

Unit that inserted Foley within last 48 hours:       ED                               OR                               Unit \_\_\_\_\_

Date	Time (check once per day)	Necessity of Foley Reviewed	Order to Continue Foley	Reason to Continue Foley (see list below)	# Foley Days	RN Signature
		Yes    No	Yes    No    N/A			
		Yes    No	Yes    No    N/A			
		Yes    No	Yes    No    N/A			
		Yes    No	Yes    No    N/A			
		Yes    No	Yes    No    N/A			
		Yes    No	Yes    No    N/A			
		Yes    No	Yes    No    N/A			
		Yes    No	Yes    No    N/A			

**REASONS FOR INSERTION/CONTINUING INDWELLING URINARY CATHETER: (List all that apply)**

1. Perioperative use for selected surgical procedures
2. Urine output monitoring in critically ill patients
3. Management of acute urinary retention and urinary obstruction
4. Assistance in pressure ulcer healing for incontinent residents
5. As an exception, at patient request to improve comfort

