

# Foley Insertion Checklist

Patient Name: \_\_\_\_\_

MR #: \_\_\_\_\_

Date: \_\_\_\_\_

Actions	Yes	No	Comments
MD order for Foley verified with appropriate indication			<p><b>Indication for Foley:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1. Perioperative use for selected surgical procedures</li> <li><input type="checkbox"/> 2. Urine output monitoring in critically ill patients</li> <li><input type="checkbox"/> 3. Management of acute urinary retention and urinary obstruction</li> <li><input type="checkbox"/> 4. Assistance in stage III or IV pressure ulcer healing for incontinent patients</li> <li><input type="checkbox"/> 5. As an exception, to improve end of life comfort care</li> <li><input type="checkbox"/> Prolonged immobilization</li> </ul> <p>If none of the above criteria are met consider alternate methods, such as a condom catheter.</p>
Sterile insertion kit used			
Patient properly positioned & Sterile field/drape used			
Hand hygiene prior to donning sterile gloves			
Meatus visualized & cleansed with iodine solution			<ul style="list-style-type: none"> <li><input type="checkbox"/> Difficult visualization due to: _____</li> <li><input type="checkbox"/> New sterile catheter used if meatus was missed on insertion</li> </ul>
Sterile technique maintained			
Smallest possible catheter used			
Closed Drainage System Continuously			
Tubing secured to thigh			
Unit where Foley inserted			<input type="checkbox"/> ED <input type="checkbox"/> OR <input type="checkbox"/> ICU <input type="checkbox"/> MICU <input type="checkbox"/> SICU <input type="checkbox"/> Other _____

Observer Signature: \_\_\_\_\_



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