

Foley Catheter Insertion, Female Resident

Purpose

The purposes of this procedure are to provide for and maintain constant urinary drainage, to monitor the kidney functions of the seriously ill resident, and to obtain a urine specimen for diagnostic purposes.

Preparation

1. Verify that there is a physician's order for this procedure.
2. Review the resident's care plan to assess for any special needs of the resident.
3. Assemble the equipment and supplies as needed.

Equipment and Supplies

The following equipment and supplies will be necessary when performing this procedure.

1. Foley catheter tray (size specified by the ordering physician);*
2. Drainage bag/kit;
3. Specimen container (if ordered);
4. Medication (if ordered);
5. Cotton balls;
6. Antiseptic solution;
7. Sterile towels;
8. Underpad;
9. Sterile forceps;
10. Lubricant;
11. Bath blanket, if indicated;
12. Fenestrated towel;
13. Wash basin;
14. Wash cloth;
15. Soap and water;
16. Prefilled syringe with normal saline (without needle);
17. Scissors;
18. Sterile specimen container;
19. Adhesive tape; and
20. Personal protective equipment (e.g., gloves).

* Most of the equipment/supplies listed above are contained in the catheter tray. However, they are listed individually because there may be times when you will need to obtain and assemble such supplies without the benefit of a catheter tray.

Steps in the Procedure

1. Place the clean equipment on the bedside stand or overbed table. Arrange the supplies so they can be easily reached.
2. Wash and dry your hands thoroughly.
3. There may be instances where peri-care is indicated prior to insertion of the Foley. If so, please follow the following steps.
 - a. Fill the wash basin with warm water. Place the wash basin on the bedside stand within easy reach.
 - b. If the resident's physical or medical condition permits, assist the resident into the dorsal recumbent position with her knees flexed and separated. Refer to the resident's plan of care and/or request information from the Nurse Supervisor regarding safe positioning for the resident.

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Steps in the Procedure (continued)

- c. Put on disposable gloves.
- d. Fold the top covers down to the foot of the bed. Place a sheet (folded once) across the resident's chest. Avoid unnecessary exposure of the resident's body.
- e. Wash the resident's genitalia and perineum thoroughly with soap and water. Rinse the area well and towel dry.
4. Pour the wash water down the commode. Flush the commode.
5. Discard soiled linen into designated container.
6. Discard disposable gloves into designated container. Wash and dry your hands thoroughly.
7. If drainage bag is packaged separately, open package and attach bag to the bed frame. Allow tubing to rest on bed surface.
8. Open the catheter tray using sterile technique.
9. Put on sterile gloves.
10. Position sterile drape under buttocks of resident.
11. Place fenestrated drape over the perineum.
12. Organize the items on the sterile field. Pour antiseptic solution over the cotton balls. Lubricate the catheter tip about two inches. Attach prefilled syringe to the intake lumen of the catheter and instill the fluid to insure that the balloon inflates properly. Then, aspirate all of the fluid back into the syringe and leave attached to the catheter.
13. Place sterile tray onto sterile drape between the resident's thighs.
14. Separate the labia with the thumb and forefinger of your nondominant hand to expose the meatus. (**Note:** This glove is now contaminated.)
15. Using the forceps, pick up a cotton ball and cleanse the perineum with the antiseptic solution. Cleanse in a downward stroke on each side of the meatus. Use only one cotton ball for each stroke. (**Note:** Keep the hand that has not touched the perineum sterile.)
16. Using a third cotton ball, cleanse directly over the meatus.
17. With your sterile hand pick up the catheter approximately 3-5 inches from the tip.
18. Insert the catheter gently into the meatus (approximately 2-3 inches) until urine begins to flow from the bladder. When urine begins to flow advance the catheter another 2-3 inches. Inflate balloon with normal saline and remove syringe. Pull gently on catheter to check placement.
19. If slight resistance is met, instruct the resident to take a slow deep breath to relax the perineal muscles and overcome resistance to entry. If resistance continues, do not force the entry. Stop the procedure and notify your supervisor.
20. Collect the specimen (if ordered) directly into the specimen container. (**Note:** Do not remove more than 800 ml of urine at one time.)
21. Attach catheter to drainage tubing. Tape catheter to inner thigh or secure with leg band. Secure drainage tubing to bottom bed sheet with clip from drainage set.
22. Discard all disposable items into designated containers.
23. Clean wash basin and return to designated storage area.
24. Remove gloves and discard in designated container. Wash and dry your hands thoroughly.
25. Clean the bedside stand and/or overbed table. Return the overbed table to its proper position.
26. Wash and dry your hands thoroughly.
27. Reposition the bed covers. Make the resident comfortable.
28. Place the call light within easy reach of the resident.
29. If the resident desires, return the door and curtains to the open position and if visitors are waiting, tell them that they may now enter the room.

Documentation

1. The date and time the procedure was performed.
2. The name and title of the individual(s) who performed the procedure.

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**Documentation
(continued)**

3. All assessment data (e.g., character, color, clarity, etc.) obtained during the procedure.
4. The size of the foley catheter inserted and the amount of fluid used to inflate the balloon.
5. How the resident tolerated the procedure.
6. If the resident refused the procedure, the reason(s) why and the intervention taken.
7. The signature and title of the person recording the data.

Reporting

1. Notify the Charge Nurse if the resident refuses the procedure.
2. Notify the physician of any abnormalities (i.e., bleeding, obstruction, etc.).
3. Report other information in accordance with facility policy and professional standards of practice.