

Title: **INDWELLING FOLEY CATHETER CARE**

Responsibility: Registered Nurse (RN), or Licensed Practical Nurse (LPN), or Nursing Assistant (NA), or Patient Care Technician (PCT)

Purpose: To increase clinical knowledge on care of indwelling foley catheters and prevent catheter - associated urinary tract infections (CAUTI).

Procedure:

1. Wash hands before and after touching any part of the catheter system and before and after applying gloves.
2. Check for proper drainage whenever coming in contact with patient, at least every four hours.
3. Keep the drainage bag below bladder level to prevent reflux of urine into the bladder.
4. Empty drainage bag at a minimum of every shift.
5. Keep the drainage tubing/catheter junction closed. If the catheter/tubing junction is broken, replace the catheter and collection system. Never clamp the drainage tubing except under doctor's order.
6. Perineal care needs to be done immediately after bowel movements to ensure the perineal area is always clean.
7. The catheter site, and urine need to be inspected for potential problems, and problems need to be reported to the physician.
 - a. Cloudy or malodorous urine are not indications for culturing and may indicate increased fluid needs.
8. Foley catheter assessment needs to be completed each shift and a maintain order needs completed with patient meets the Nurse Driven Protocol criteria for use.
9. Adequate fluid intake helps flush the urinary system and reduces the risk of infection.

<u>Procedure</u>	<u>Point of Emphasis</u>
1. Perform hand hygiene.	
2. Don non-sterile gloves. Use soap and water or perineal wipes to clean the tissue around the meatus and outside of the catheter. To avoid contaminating the urinary tract always clean wiping away from, NEVER toward the urinary meatus.	Do not pull on catheter or the contaminated area will re-enter the urethra.
3. Dry the area.	
4. Ensure catheter is properly secured to upper thigh or lower abdomen with securement device.	Anchoring the catheter prevents in and out movement and decreases risk of infection.
5. Teach patient to do above if able.	
6. Indwelling foley catheter care and documentation should be done every shift and after bowel movements.	The date and time of foley catheter care should be documented in medical record.

Revised by: Nancy Gauger, MSN, RN, Staff Development Coordinator/A. Keegan,BSN, RN, CIC Director Infection Prevention

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