**Resource Tool for Tracking the Use of Indwelling Foley Catheters**

This tool should be completed monthly and updated after new MD orders, new admissions, and changes in status.

1. Enter the room # and resident’s name

2. Enter the Y or N if current MD orders for indwelling Foley catheter present

3. Enter diagnosis for medical necessity

4. Enter Foley catheter size

5. Enter Y or N if leg strap present on observation

6. Enter Y or N if attempt was made to discontinue Foley catheter and the date

7. Enter Y or N if nurse note documented on the attempt to discontinue

8. Enter Y or N if infections i.e., UTI present in the past 30 days

9. Enter Y or No if resident was treated for infection

10. Enter Y or N if family was notified

11. Enter Y or N if care plan was present and updated if indicated

12. Enter comments i.e., recurrent UTI, treatment implemented to assist with the prevention of infections

KEY: Y = yes

N = no

Indwelling Foley Catheter Tracking

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| **Resident**  **Name/Room #** | **Current**  **MD**  **Order** | **Medical**  **Necessity**  **Diagnosis** | **Foley**  **Size** | **Leg**  **Strap**  **Present** | **Attempt to**  **Discontinue**  **\*Date\*** | **Attempt to**  **Discontinue**  **Documented**  **\*Date\*** | **Infections**  **in last 30**  **Days** | **Infection**  **Treated** | **Family**  **Notified** | **Care**  **Plan**  **Updated** | **Comments** |
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Completed By: Key: Y = Yes N = No

Date: