We're going to talk about inserting an indwelling Foley catheter. So first of all I'm going to go over some of the equipment. This is a sterile procedure. You need to check to make sure that you have orders to do this. And you need to know what you are assessing in a patient that might need this. And also be aware you need to make sure that you maintain sterile technique because of the high infection rate with either not properly caring for an indwelling catheter, or not maintaining sterile technique when inserting.

So I'm going to go over some of the different equipment. I always take in two Foley catheter kits. If I don't use those I can always returned one. And two sets of sterile gloves, I know that the gloves in this kit do not fit me. That's why I take in two sets. And again you can always return it if you don't use it.

The other thing I like to take in is a leg strap instead of using tape to secure this to the patient's leg. And you'll see exactly how this works when you come into lab. You also normally don't want to measure your urine output on the Foley bag unless it's specially designed for that. So I'm going to show you some of the ways you can measure. You can use a graduated cylinder, which has cc's on it, and joint commission tells us we should be using mL. So you should be documenting in mLs.

You have a hat You can measure in this. And this actually will be placed over the toilet for the patient to go in to after you remove the Foley catheter so you can continue to monitor I's and O's, or intake and output. This is a urinal that you can measure in for a gentleman. And they also are now creating urinals for women. So you might see those in the facility also.

I have all of my equipment. I have also put checks pads underneath the patient. That's just what I like to do to make sure that if there's any leakage that it's taken care of. You want to maintain patient privacy. You want to consider cultural, or family, or personal issues that may be associated with urination. And you want to provide privacy by closing the curtain or closing the door. And again you want to check your orders.
So the first thing that you would do normally with the patient is you would clean perineal area with clean gloves and soap and water, or just plain water. But you want to do that before insertion. I'm going to move some of this equipment that I don't need right away.

This is one of the first procedures that you may be doing where you have to set up a sterile field with the patient. So be aware of that. The first thing I'm going to do is wash my hands. And I'm going to check the patient.

Remember to do patient education for the patient and the family. So Ms. Smith, I'm Barb and I'm your registered nurse for this shift. And we're going to be inserting an indwelling Foley catheter today to alleviate your bladder. You've been unable to empty your bladder. So can you tell me your full name and your date of birth? Thanks.

Then I want to raise the bed to an appropriate working height. The first one we're going to do today is the female. I also want to verify allergies because I want to make sure that they don't have an allergy to latex or Betadine or some of the studies say shellfish. But just ask if they have an allergy to Betadine or Iodine. And you want to confirm that with the patient. Don't assume because it isn't on their chart that they don't have that allergy. Today we're actually using a latex-free kit.

The female patient is in what's called a dorsel-recumbent position. Our manikin don't bend quite as well as the patient. But you can also explain to a woman that the position is like when they're having an annual physical Pap smear. If they're not familiar with that it's kind of like frog legs is the other way you can say it.

Your kit opens. And remember this is a sterile kit. And on the outside it says that there's a balloon on the end that holds 5 cc or 5 mL. It's a 5 mL balloon. This is 16 French, and we're going to inflate it with 10 mL of sterile water.

When I take this out of the packaging I can roll this back so that I have a trash bag on the bed. I'm going to put it right there because our patient is very compliant today and I didn't need help. And the patient understands that they cannot move while I'm doing this procedure.
Opening up the sterile pack, the first opening I'm opening away because I don't ever want to reach over my sterile field. Then I'm opening the two sides. And so the last one is opened toward me so I do not have to reach over my sterile field. And I'm going to move this by just touching the outside edges, which is non-sterile. And also remember what's included in the kit is water-soluble lubricant, but our manikins are allergic to that. So we're going to use a different kind of lubricant today.

I'm going to go ahead and open up my sterile gloves. If you do want to have a trash bag have it right by your side so you don't have to reach down below your waist, which would be breaking sterile technique. I like to have it right there so I can just drop into it if I need to. Again, I don't want to reach over my sterile field that I've set up. So you will actually see me use my elbow to put this paper off.

I'm just going to take my elbow and put that on the side. Then I'm going to reach into the center of this and move this over closer to the patient. You have a drape, which is a sterile drape. And what you want to do is just touch the outside edges, and you just want to place this between the patient's legs. And you can touch the very center to get this where you need it to be. But remember you're trying not to reach across or over, or to touch anything on the patient.

This is sterile gloves that are included, but because I told you I know these aren't the right size. This is another drape that we will use when we do the male. We normally don't use this on the female. In my kit, I can reach in the center of this and just put this right here.

What we have is the Foley catheter here. And you've seen this in class and you've seen it in your book and the bag. Right here is the Betadine which we don't use on the manikins because they are allergic to that. So what you would use is this. And you would get your cotton balls wet.

Now what I'm going to do is i'm going to move all this over to between the patient's leg. i'm going to have my assistant pull the patients legs apart a little bit more just for purposes of demonstration. And if you have to help somebody with this remember you do not want reach across their sterile field.
This actually has two different tubes in it. You want to make sure that you read the tubes closely. This is actually the lubricant. And you can see it has a different color on the end. And this is the sterile water that we're going to inflate the balloon with. You want to make sure you get the right one in the right place.

I like to just kind of twist and screw that in so that you have that all ready to go. I will oftentimes just squirt the lubricant in there so that I have it all ready to go. This is the specimen container that you can put off to the side if you want to use it. What I'm going to do is I've put the lid on and I'm just going to put it right over here. So it is out of my line of sight but I've put the lid on it. So it's closed.

OK, now you are committed. This is my non-sterile hand. This is my sterile hand. Remember that, once this goes on the patient it is no longer sterile. What I'm going to use this for is I'm going to plant my hand here, and you're going to spread the labia. This is a woman. These have been saturated and you're going to do swipes. The side, the side, the middle, and sometimes with a woman you need to do one more in the middle to get that done.

You can take off the end of this. You're going to lubricate, and you're going to go in. I'm going to have my assistant get our fake lubricant out so that I have this ready.

What you're looking for on a woman, you're usually putting this in a few inches. But what you're really looking for urine return. And we will actually get urine return today. Once we get urine return in the tubing then you're going to go just a little bit further. You'll get urine return back in here. And you got up a little bit further because you don't want to actually be in the sphincter. It's hard to see the urine today, but when you do this in lab we'll have it set up so that you see that.

Once you're in then what you want to do is you want to hold this. And you want to go ahead and inflate the balloon with the full 10 mL of normal saline. And then the secret to getting this off without squirting yourself is to pull and twist a little bit. Then you want to just gently tug it to make sure that it's in.

If you need to ever get a sterile sample later this is the port that you use for the that. You use a needle or sometimes a Luer-Lok with the syringe. And you wipe that off with alcohol, and you could get a sterile.
You have this ready to go. We're going to get rid of all of our things, throw these in the trash. And remember that you need to educate the patient and families that the bag needs to remain below the bladder. There's actually a place on the side of the bed, a J hook, that you can hang that on.

Then you want to make sure that you secure this to the patient's leg. And you want to leave a little bit of slack in the tubing so that the patient can roll over and things like that and not mess that up.

The other thing that you want to remember with this, you're going to secure this, then you want to make sure that your document. You're going to document the approximate amount that you get out. You're going to document the color, clarity, and how the patient tolerated it. Then at the end you're going to make sure that the patient's modesty is-- you've pulled the blankets back up, you've put the bed back to the lowest position, you've put the two side rails up, and that the call light is within reach.

So magically through video, it's now time to remove this. You're going to make sure that the patient knows that they may not have to urinate for a while because you've emptied their bladder. Again, you'd want to have chest pad up. You'd want to clean the perineal area. You're going to deflate the balloon.

So you are going to get another syringe, a different one then you used originally. You're going to just screw that on. And you're going to let it go back by itself. Now the other thing you want to make sure that you documented is the amount of fluid that you put into the balloon. And on the packaging it says to wait a full 30 seconds to make sure that the balloon is completely deflated. And you can see that it's going up on its own.

So we have the 10 mL out. And what I like to do is just tell the patient to take a deep breath and blow out to relax the sphincter. And then as they're doing that I pull it out with a hand over hand motion, wrap that up in my clothes. You don't need to use sterile gloves to take it out. You can just use clean gloves. Since this is the magic of video I just left the gloves on.
So you got wrap that all up, throw it in the trash. And just like I said with the enema, you don't want to leave that in the trashcan for the patient's family and the patient to see. You clean everything up. If the checks pads have become wet then you make sure that you remove those so that the patient's laying on a clean, dry surface. Cover the patient back up, make sure that you do you documentation. And there may be cases where you actually do a bladder scan before and after insertion of the Foley catheter. And that's it today for a female.