

FOLEY CATHETERS

PURPOSE

To familiarize and acquaint the transfer Paramedic with the skills and knowledge necessary to adequately maintain a Foley catheter interfacility transfer environment.

OBJECTIVES

COGNITIVE

- Identify the two components in assessing a Foley catheter
- Identify the three primary indications for the placement of a Foley catheter
- Define the normal urinary output
- State the treatment for accidental removal of a Foley catheter
- State the treatment for a clotted catheter

PSYCHOMOTOR

- View a Foley catheter
- Locate various components of a Foley catheter

AFFECTIVE

- Defend the rationale for not raising the collection bag above the level of the patient
 - Explain the reasoning for performing an hourly (or sooner) record of fluid input/output
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OVERVIEW

There are numerous types of Foley catheters available, but they all possess similar characteristics. A tube is introduced into the urinary meatus and passes through the urethra until the distal end resides in the bladder of the patient. A balloon is then inflated with sterile water which effectively anchors and seals off the bladder.

Foley catheters provide a means to drain the contents of the patient's bladder, as well as, giving an accurate reading on the patient's urinary flow. Foley catheters are the choice for patients with constricted areas along the urethra, such as benign prostatic hypertrophy.

The downside to the use of Foley catheters is the increased potential for infection. A 75 % chance of cystitis (bladder infection) exists if a catheter has been indwelling for three days. Near 100 % certainty of infection is present if the catheter is left in place for ten days.

INDICATIONS

There are three primary indications for the placement of a Foley catheter:

- ◆ Urinary incontinence
- ◆ Monitoring an accurate fluid output (1 ml/kg/hr is the normal rate)
- ◆ Inability to void

ASSESSMENT

- ◆ Assess drainage
 - ✓ Color
 - ✓ Amount
 - ✓ Consistency
- ◆ Assess entrance site
 - ✓ Redness
 - ✓ Swelling
 - ✓ Warmth
 - ✓ Discharge
 - ✓ Pain

PROBLEMS

- ◆ Accidental Removal
 - ✓ Provide supportive treatment
 - ✓ If severe bleeding follows the accidental removal, apply a loose dressing
 - ✓ Document removal
- ◆ Clotting of the catheter
 - ✓ Maintain strict, aseptic technique
 - ✓ Flush catheter with 50 cc of sterile saline
 - ✓ Do not force solution, if resistance is encountered, stop
 - ✓ Observe the fluid collection in the bag following irrigation
 - ✓ Document procedure and time
- ◆ Do not raise the bag above the level of the patient's body thus allowing the contents to flow back into the patient.
- ◆ Be alert for sudden reduction in urine flow. Acute renal failure may develop from an occluded catheter. Document and notify the receiving facility.
- ◆ When moving the patient from the cot to the bed (or vice versa), always check to make sure the collection bag is detached from the bed and placed on the patient. Failure to do so may result in urethral or bladder damage.
- ◆ An hourly record (more if requested by the physician) may be needed on fluid input and output.