Foley Care and Documentation

Stephanie Castle, BSN RN; Ashley Dohler, BSN, RN; Erin Harr, BSN, RN; Heidi Hartman, BSN, RN; Katlyn Nelson, BSN, RN; Jessica Silva, BSN, RN

5 Acute Care

Introduction

Urinary tract infections, associated with an indwelling catheter, are the single most common nosocomial infection in hospitals worldwide. CAUTI’s increase healthcare costs, prolong hospitalization, and may result in sepsis, and even death. Due to rising costs and mortalities, multifactoral interventions are needed in order to prevent CAUTI’s. The intervention this study is focusing on is documentation of Foley care being completed in comparison of patients who have acquired a CAUTI.

Methods

• Chart audits
• A brief survey regarding Foley care and CAUTI prevention was created by this group of nurses and administered to several RNs and PCAs on 5AC over a two-week period. Identification of individuals was recorded as occupation only. Results were reviewed and compared with chart audits.
• Research articles

Results

Chart Audits
• 35 Patients
• 120 Opportunities to perform and document catheter care
• Documented 49 times
• This is only 41% of the time

Survey Results

Survey results were reviewed in view of the following: RN vs. PCA response; definitions of Foley care provided; perceived documentation vs. actual documentation (using data from chart audits); recommendations for practice improvement.

RN vs. PCA: No significant different existed between RN and PCA knowledge regarding Foley care.

Foley Care definitions: Varied from general to detailed; many were unsure regarding frequency; product use 91% accurate; CAUTI prevention strategies correctly identified by 100% in a select all that apply formatted question.

Foley Care documentation

Practice improvement recommendations:
Most (73%) voted against having Foley care as an additional task; however, a majority (95%) agreed that it would be prudent to move the Foley care band to the Urinary drains/tubes section in I-VIEW.

Discussion

Prevention
• Use of urinary catheters only for appropriate indications to indwelling urethral catheters
• Provision of adequate training to medical staff, patients, and other caregivers on catheter placement and management.
• Removal of catheters when no longer indicated. (Removal assessment form every 24 hours)
• Not routinely replacing urethral catheters.
• Using a continuously closed drainage system.
• Not routinely irrigating catheters; catheters are irrigated only under select circumstances.
• Appropriate documentation when catheter care is completed.

Care
• Wash hands or perform hand hygiene immediately before and after any manipulation of the catheter site or drainage bag.
• Clean the perineal area and catheter tubing proximal to distal, with body cleanser or wipes daily and after every bowel movement.
• Empty the foley bag every 8 hours, or when the drainage bag is 2/3 full, to avoid traction on the catheter from the weight of the drainage bag.
• Keep drainage bag below level of patient’s bladder to avoid back flow.

Conclusions

The reduction of CAUTI’s is a unit goal hospital wide. As Registered Nurses, it is our responsibility to educate our patients and their families on the importance of catheter care. Education for staff on proper catheter care, its frequency, and documentation could help improve patient outcomes. Nursing staff, both RNs and PCAs, can participate in Foley care or have the patient perform care if able. There is room for improvement; changing where to document catheter care could increase documentation of catheter care, or could subsequently serve as a reminder to perform care.

References
