

FOLEY CATHETER DAILY TRACKING SHEET

Review Daily with Physician for Foley Necessity

Patient Name: _____ Room # _____ MR # _____

Foley Insertion Date: _____ D/C Foley Date: _____

Unit that inserted Foley within last 48 hours: ED OR Unit _____

Date	Time (check once per day)	Necessity of Foley Reviewed	Order to Continue Foley	Reason to Continue Foley (see list below)	# Foley Days	RN Signature
		Yes No	Yes No N/A			
		Yes No	Yes No N/A			
		Yes No	Yes No N/A			
		Yes No	Yes No N/A			
		Yes No	Yes No N/A			
		Yes No	Yes No N/A			
		Yes No	Yes No N/A			
		Yes No	Yes No N/A			

REASONS FOR INSERTION/CONTINUING INDWELLING URINARY CATHETER: (List all that apply) _____

1. Perioperative use for selected surgical procedures
2. Urine output monitoring in critically ill patients
3. Management of acute urinary retention and urinary obstruction
4. Assistance in pressure ulcer healing for incontinent residents
5. As an exception, at patient request to improve comfort

