



RIVERSIDE MEDICAL CENTER, INC.



METRO PACIFIC HEALTH
THE HEART OF FILIPINO HEALTHCARE

DEPARTMENT: Nursing Services Division		POLICY NUMBER: DPOTMH-MPP-NSD-P043 (01)	
TITLE/DESCRIPTION: POLICY ON ASSISTING IN FOLEY AND STRAIGHT CATHETERIZATION			
EFFECTIVE DATE: August 29, 2025	REVISION DUE: August 28, 2028	REPLACES NUMBER: N/A	NO. OF PAGES: 1 of 9
APPLIES TO: Nursing Services Division and Medical Services Division		POLICY TYPE: Multi disciplinary	

PURPOSE:

To establish clear guidelines for nurses in assisting physicians during Foley and straight catheter insertion procedures, ensuring adherence to sterile technique, proper preparation, and accurate documentation—while preventing infection, maintaining patient dignity, and supporting safe, effective urinary catheterization practices.

DEFINITIONS:

Foley Catheter (Indwelling Catheter): A flexible tube with an inflatable balloon at the tip that is inserted into the bladder and left in place to allow continuous urine drainage.

Straight Catheter (Intermittent Catheter): A single-use catheter inserted into the bladder to drain urine and then immediately removed after the bladder is emptied.

Catheterization: The process of inserting a catheter through the urethra into the bladder to drain urine, either temporarily or continuously.

Aseptic Technique: A method used to prevent contamination by pathogens, involving sterile equipment and practices during medical procedures.

Post-Obstructive Diuresis: Excessive urine output following relief of urinary retention, which may result in dehydration or hypotension if not monitored properly.

RESPONSIBILITY:

Physician, PGI, Nurse, Nursing Attendant

POLICY:

1. Nurses shall not perform Foley or straight catheter insertion unless they have received appropriate training and certification in accordance with institutional policy. In the absence of such authorization, catheterization shall be performed exclusively by doctors.
2. Foley catheterization may be indicated for urinary retention, surgical procedures, critical monitoring, or palliative care. Straight catheterization may be used for bladder decompression, urine specimen collection, or intermittent management of neurogenic bladder
3. Nurses shall provide post-procedural care and ensure secure placement of Foley catheters when used.



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PROCEDURE (SOP):

I. Preparation

1. The nurse verifies the physician's order for catheterization, including: Type of catheter (Foley or straight), Indication for use and Need for urine specimen collection.
2. The nurse reiterates the physician's explanation of the procedure to the patient and validates the patient's understanding and agreement to undergo the procedure.
3. The Nurse informs the resident doctor / pgi of the procedure.
4. The Nurse ensures privacy to the patient.
5. The nurse performs hand hygiene and dons clean gloves for initial patient preparation.
6. The nurse positions the patient appropriately:
Female: Dorsal recumbent position (on back, knees flexed and hips externally rotated)
Male: Supine position with legs slightly apart

II. Sterile Setup

1. The nurse prepares the materials for the procedure (e.g., catheter, drapes, gloves, lubricant, antiseptic solution, foley bag, sterile water and urine container).
2. The Doctor dons sterile gloves.

III. Assisting the Resident/PGI for insertion

1. The nurse lubricates the catheter tip using sterile lubricant.
2. The nurse hands antiseptic solution and swabs to the physician for cleansing the urethral area
3. The nurse assists the physician by: Positioning exposing the genital as needed, Handing over the sterile catheter (Foley or straight) when ready
4. The physician inserts the catheter into the urethra using sterile technique:
 - Foley catheter: Nurse assists in inflating the balloon with sterile water after urine flow is observed.
 - Straight catheter: Nurse holds the container to collect urine, if specimen is needed.
5. The nurse connects the Foley catheter to the drainage bag and ensures secure attachment.
6. The nurse secures the catheter tubing using tape or a securement device—attaching it to the inner thigh for female patients or to the upper thigh or lower abdomen for male patients—ensuring enough slack to prevent tension or pulling on the urethra.



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IV. Post-Insertion Task

1. The nurse secures the catheter to the patient's thigh (or abdomen for males if needed) to prevent tension or displacement.
2. The nurse ensures the drainage bag is positioned below the bladder level to facilitate gravity drainage.
3. The nurse observes the initial urine output:
 - 3.1 If a specimen is required, the nurse collects it from the catheter port using a sterile syringe before urine enters the bag. PLEASE SEE POLICY COLLECTION OF SPECIMEN.
 - 3.2 Ensure that the drainage bag does not come into contact with the floor.
4. The nurse removes the straight catheter immediately after drainage if that procedure is used.
5. The nurse disposes of all used materials in accordance with infection control protocols.
6. The nurse performs hand hygiene after glove removal.

V. Documentation

1. The nurse documents the following:
 - Type of catheter used
 - Amount and characteristics of initial urine output
 - Any specimen collected and sent for examination
 - Name of the physician who performed the insertion

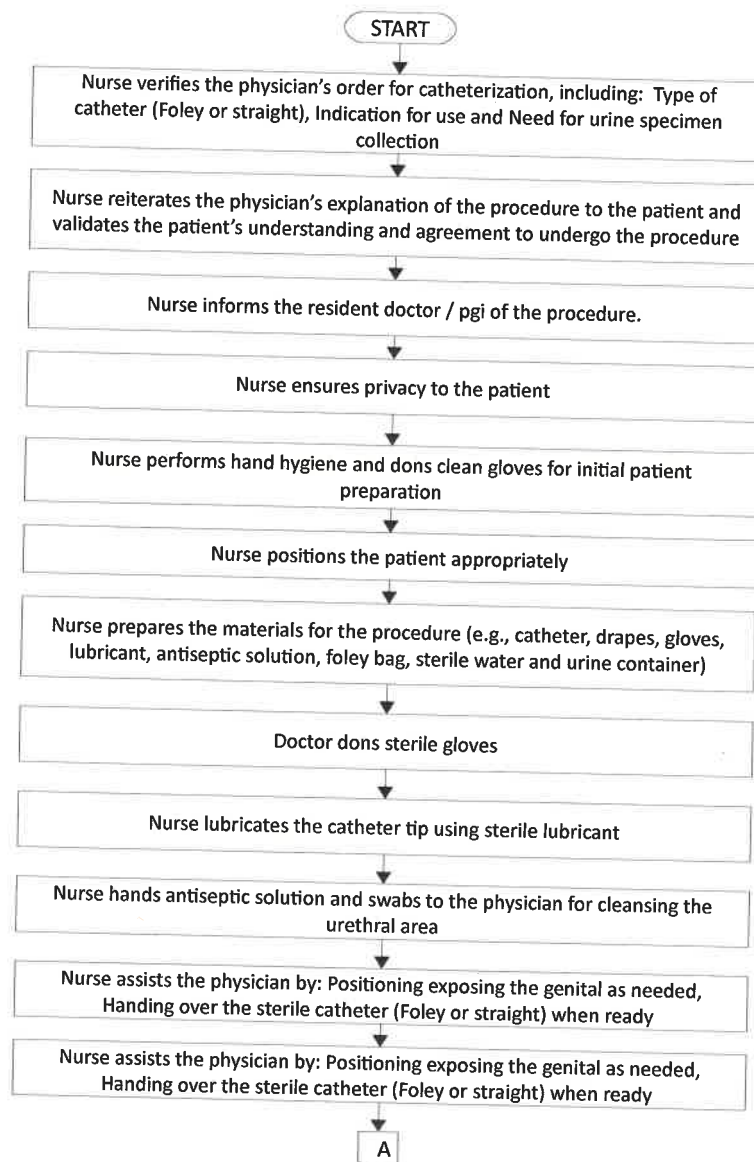
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WORK INSTRUCTION:

KEY TASK	PERSON RESPONSIBLE
1. Verifies the physician's order for catheterization.	Nurse
2. Reiterates the physician's explanation of the procedure to the patient and validates the patient's understanding and agreement to undergo the procedure.	
3. Informs the resident doctor / pgi of the procedure.	
4. Ensures privacy to the patient.	
5. Performs hand hygiene and dons clean gloves for initial patient preparation.	
6. Prepares the materials for the procedure (e.g., catheter, drapes, gloves, lubricant, antiseptic solution, foley bag, sterile water and urine container).	
7. Assists the physician on inserting catheter.	
8. Provide post-procedural care and ensure secure placement of Foley catheters when used.	
9. Secures the catheter tubing using tape or a securement device—attaching it to the inner thigh for female patients or to the upper thigh or lower abdomen for male patients—ensuring enough slack to prevent tension or pulling on the urethra.	
10. Inserts the catheter into the urethra using sterile technique.	Physician

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WORK FLOW:





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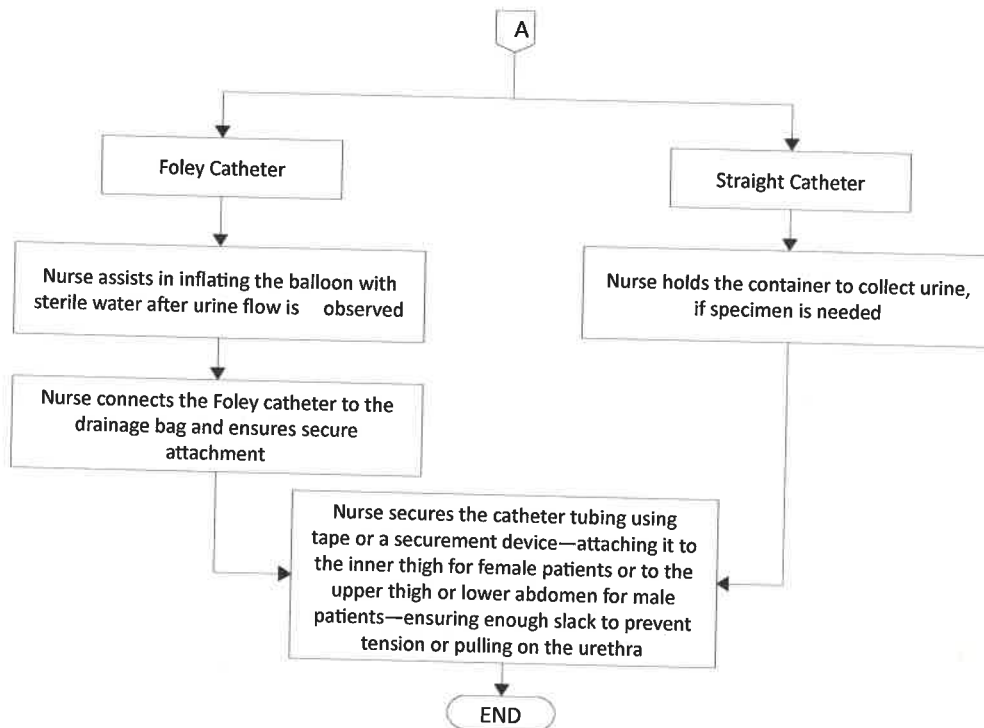
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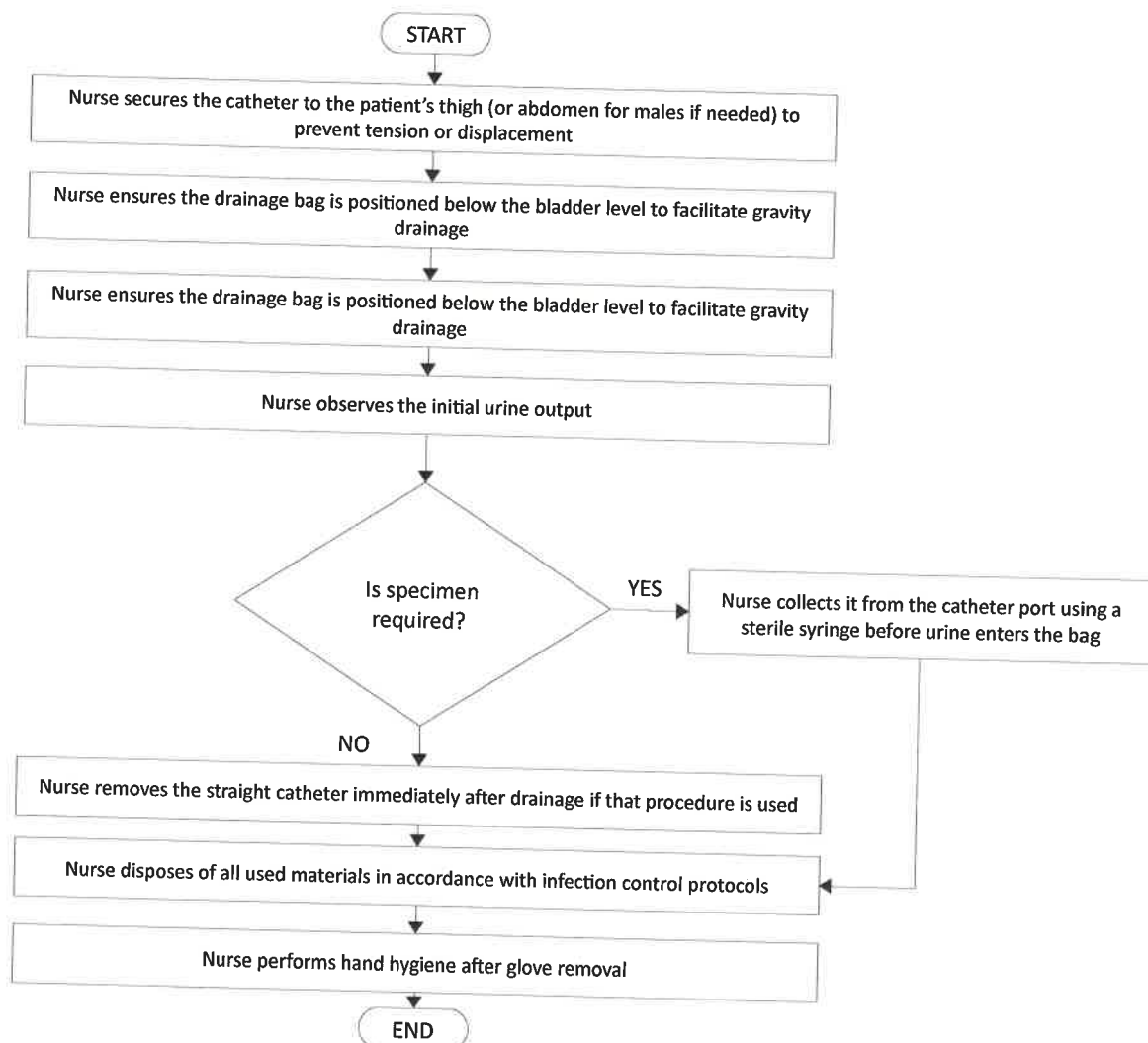
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Post-Insertion Task



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FORMS: N/A
EQUIPMENT: N/A
REFERENCES: <ol style="list-style-type: none">Centers for Disease Control and Prevention (CDC). (2019). <i>Guideline for Prevention of Catheter-Associated Urinary Tract Infections (CAUTI)</i>. Retrieved from: https://www.cdc.govPerry, A. G., Potter, P. A., & Ostendorf, W. R. (2021). <i>Clinical Nursing Skills and Techniques</i> (10th ed.). Elsevier.World Health Organization (WHO). (2020). <i>Best Practices for Urinary Catheterization in Healthcare Setting</i>





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