

**Tufts Medicine Care at Home  
Annual Skills  
Foley Catheter Insertion - Female**

**Employee:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Evaluator:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Purpose:** *To verify that the clinician demonstrates correct sterile technique and procedural skill for insertion of a female Foley catheter. Verbalizations, documentation, and education are assessed separately.*

| Step | Key Actions / Critical Behavior                                                       | Met | Needs Improvement | Comments |
|------|---------------------------------------------------------------------------------------|-----|-------------------|----------|
| 1    | Performs hand hygiene and dons PPE                                                    |     |                   |          |
| 2    | Verbalizes correct positioning and drapes patient appropriately                       |     |                   |          |
| 3    | Opens Foley catheter kit using sterile technique                                      |     |                   |          |
| 4    | Applies sterile gloves without contamination                                          |     |                   |          |
| 5    | Lubricates catheter tip using sterile technique                                       |     |                   |          |
| 6    | Cleanses perineum front-to-back using sterile swabs                                   |     |                   |          |
| 7    | Inserts catheter slowly until verbalizing urine return is observed; advances slightly |     |                   |          |
| 8    | Inflates balloon with sterile water and confirms placement                            |     |                   |          |
| 9    | Attaches drainage bag and secures below bladder level                                 |     |                   |          |
| 10   | Maintains sterile technique throughout procedure                                      |     |                   |          |
| 11   | Performs hand hygiene and ensures patient comfort                                     |     |                   |          |

**Evaluator Summary:**

☐ Competent      ☐ Repeat Evaluation

**Evaluator Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_