

OBSERVATION CHECKLIST

SITE ORIENTATION

X = successfully completed
demonstrated or verbalized

O = unsuccessfully completed
not observed or verbalized

At a minimum, the following was covered:

- Review location and content of Physician Orders and Standing Order lists
- Explanation of treatment
- Location of facility drug reference
- Treatment storage issues
- Medications administration records used in the facility
- Documentation including prescribed and PRN
- Medication error forms and procedure

The following steps have been evaluated for 1) Emptying indwelling catheter bag or 2) Changing the bag:

- 1. Read & follow Indwelling catheter care Protocol
- 2. When bag is more than 1/2 full; it needs to be emptied by staff trained by PAI nurse or Consultant nurse.
- 3. Wash hands and put gloves on
- 4. Gather your supplies, alcohol wipe & approved measuring device. If changing catheter bag, gather the new catheter bag as well
- 5. Wipe around drain spout with an alcohol wipe as best as you can before disconnecting to drain urine into an approved measuring device. Caution, not to contaminate by touching spout on anything. Replace spout after it has been wipe again with alcohol. Note changes in color or odor.
- 6. Empty urine in toilet after it has been measured, carefully so not to splash on you or floor
- 7. Rinse measuring container with water, then spray with disinfecting spray
- 8. Remove gloves & wash hands
- 9. Document urine output in MARs and report to residence

If Catheter bag leaks or needs to be changed, follow 1 thru 9 and,

- 10. Wipe with alcohol all around where catheter bag & foley connect
- 11. Disconnect catheter bag from foley, being careful not to pull on foley or contaminate it
- 12. Remove cap from new bag being careful not to contaminate it by touching anything, and connect the two together.
- 13. Wipe around the connection area again with alcohol and make sure catheter bag is not pulling. Also remember to keep catheter bag hanging below bladder

COMMENTS: _____

Med trainee-print: Colette Rice

Date: 1-3-19

Med trainee-sign: Colette Rice

Date: 1-3-19

PASS: Needs re-training: Nurses signature/Date _____