# CATHETERIZATION WITH A MITROFANOFF VALVE

## STAFF TRAINING CHECKLIST

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|---|---|
| X = Successfully completed step (Demonstrated skill/Verbalized correct information) | O = Unsuccessfully completed step (Did not demonstrate skill/Verbalized incorrect information) |

**PAI staff will review the PAI Catheterization with a Mitrofanoff Valve Procedure and will observe another staff completing the process prior to meeting.**
**The PAI Nurse will observe and discuss the catheterization process with the staff. To demonstrate competency, the staff will complete all steps or verbally indicate what they would do.**

____ Staff will wash their hands.
____ Staff will gather supplies:
   a. Gloves
   b. Water soluble lubricant
   c. Clean cloth or cleansing swabs
   d. Catheter
   e. Urine collection container
____ Ask individual to sit upright (at a minimum of a 45 degree angle).
____ Staff will put on gloves and clean the stoma site with a clean wet cloth or cleansing swab from stoma outward.
____ Staff will remove the catheter from package, keeping the catheter tip sterile.
____ Staff will apply water soluble lubricant to the tip of the catheter and to the stoma site.
____ Staff will put drain end of catheter into urine collection container and then insert lubricated tip into stoma site until urine flows, keeping catheter in place until urine stops flowing.
____ Staff will remove catheter once the individual's bladder is empty.
____ Staff will wipe off any urine or lubricant from the individual's abdomen area.
____ Staff will measure the urinary output, noting the amount, color, odor and consistency and then will empty the urine into the toilet and rinse the container well.
____ Staff will document the output amount on the individual's Medication Administration Record (MAR) and contact the home if requested.
____ Staff will disinfect the urine collection container at the end of the day with a solution of ½ vinegar and ½ water, then rinse and store.

Passed: _____ Needs Re-Training: _____ Date for Re-Training: _____

COMMENTS: _____

Staff Name (Print) Natalie Johnson Date: 9/18/19

Staff Signature Natalie Johnson Date: 9/18/19

Nurse Signature _____ Date: _____

# VEST (ACS) OBSERVATION CHECKLIST

## SITE ORIENTATION

| X = successfully completed demonstrated or verbalized | O = unsuccessfully completed not observed or verbalized |
|---|---|

When a treatment is prescribed by a physician the following will be covered:

____Review location and content of Physician Orders and Standing Order lists.
____Explanation of treatment needed
____Location of f 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 step have been evaluated:

____1. Knowledge of ACS Vest protocol, equipment set up and operation.
____2. Knowledge of adjunct treatments, (Nebulizer or inhaler).
____3. Wash hands.
____4. Assemble equipment.
____5. Position consumer per M.D. orders.
____6. Adjust vest, set pressure, frequency and timer per M.D.'s orders.
____7. Administer adjunct treatment if ordered - - begin vest treatment.
____8. Observe respiration status/ Encourage consumer to cough loosened secretions.
____9. Document on MAR.
____10. Wash Hands.

COMMENTS:_____

_____

_____

_____

Med trainee-print Natalie Johnson Date 9/18/19
Med trainee-sign Natalie Johnson Date: 9/18/19
PASS: _____ Needs Re-Training:____Nurses Signature/Date:_____

# EMPTY & MEASURECATHETER BAG, CHANGE IF NEEDED
# OBSERVATION CHECKLIST

## SITE ORIENTATION

X = successfully completed demonstrated or verbalized

O = unsuccessfully completed not observed or verbalized

At a minimum, the following was covered:

MD 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 ½ 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: Natalie Johnson Date: 9/18/19
Med trainee-sign: Natalie Johnson Date: 9/18/19
PASS: MD Needs re-training:____ Nurses signature/Date Mengda Deng 9/18/19

# EMPTYING ILLEOSTOMY/COLOSTOMY BAG 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 **Emptying Illeostomy or Colostomy bag:**

____1. Wash your hands
____2. Gather your supplies; gloves, goggles, wipes or paper towel, container to empty stool into, and disinfectant.
____3. Inform consumer what you are about to do.
____4. Provide privacy.
____5. Put gloves on.
____6. Loosen clothing to view the entire bag & stoma (site). Observe skin around stoma for changes in color, excessive bleeding, swelling, or any other changes.
____7. Unroll the bottom of bag and empty into designated container.
____8. Wipe drainage edge of bag to clean any excess stool off.
____9. Add odor drops if have them.
____10. Roll bottom edge up and secure with attached Velcro or Colostomy clip.
____11. Empty contents from container into toilet after measuring if required.
____12. Then rinse and spray container with disinfectant after each use.
____13. Remove gloves & wash hands.
____14. Document/Record as needed.

COMMENTS:_____

Med trainee-print Natalie Johnson Date 9/18/19

Med trainee-sign Natalie Johnson Date 9/18/19

PASS:____ Needs re-training:____ Nurses signature/Date_____