

	Policy:	Physician Assistant: Insertion of a Foley Catheter
	Number:	
Approved by: MAC June 21, 2010	Manual:	
Signature:	Section:	Medical Directive Emergency
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TITLE: Physician Assistant: Insertion of Foley Catheter

APPROVAL: Emergency Department Committee
Medical Advisory Committee

ORDER: Physician Assistants (PAs) may insert a Foley catheter.

RECIPIENT PATIENTS:

1. Patients at Huntsville District Memorial Hospital Emergency Department where an attending physician is caring for the patient has approved this directive as indicated below.

AUTHORIZED IMPLEMENTERS:

1. PAs who have successfully completed applicable Assessment performance readiness requirements
2. PAs who are identified below.
3. PAs who have been identified as working with the consultant physician where the consultant physician has approved this directive as indicated below.

INDICATIONS: The PAs may insert a Foley catheter in a patient who consents that requires one as indicated by the Supervising Physician.

CONTRAINdicATIONS:

1. The PAs will not insert a catheter on any patient of an attending physician whose name is not on the list of supervising physicians.
2. The PAs will not insert a Foley catheter on any patient where valid consent is not obtained from the patient to have the catheter inserted.

CONSENT: PAs implementing this directive will obtain consent in accordance with the hospital's consent policy.

PHYSICIAN NOTIFICATION: Not Required

Effective Date: June 21, 2010	Revised Date:	Version:
File Name: PA Directive re Insertion of Foley Catheter		

PROCEDURE FOR DIRECTIVE:

1. The PA will drape and prep the patient in the usual manner.
2. The PA will insert a #16 or #18 - two or three way catheter in the usual manner.
3. If the PA encounters any significant problems with the insertion of the catheter, then he or she will stop the procedure and contact the supervising physician.

DOCUMENTATION AND COMMUNICATION: The PA will document the insertion of the Foley catheter by writing an order in the order section of the chart – “Foley catheter to straight drain” and make a progress note in the chart upon completion of the procedure. It will be signed in the following way:

PA Name/ Signature
PA-MD 03

QUALITY MONITORING AND REVIEW GUIDELINES:

1. This Medical Directive will be reviewed on a regular basis in keeping with the usual practice within Huntsville District Memorial Hospital.
2. Staff identifying any untoward or unintended outcomes arising from implementation of orders under this directive, or any issues identified with it will report these to the attending supervising physician and/or to the lead supervising physician, as soon as possible for appropriate disposition.

PHYSICIAN ASSISTANTS:

Name	Signature	Date
_____	_____	_____

SUPERVISING PHYSICIANS:

Name

Signature

Date
