

# AGENCY NAME

## Self Management Plan for Foley Catheters

Name: \_\_\_\_\_

Date: \_\_\_\_\_

<p><b>Green Zone = "All Clear"</b></p> <ul style="list-style-type: none"><li>• Urine is clear yellow with out any odor</li><li>• There is at least 1/4 cup of urine every hour</li><li>• There is no pain, itching, burning or drainage near or at the Foley exit site</li><li>• Temperature is 98.6° or less by mouth</li></ul>	<p><b>Green Zone Means:</b></p> <ul style="list-style-type: none"><li>• Continue with good personal hygiene</li><li>• Clean and / or change the Foley bags and tubing as your Home Care Nurse instructs</li><li>• Keep Home Care Nurse appointments</li><li>• Keep physician appointments</li></ul>
<p><b>Yellow Zone = "Caution"</b></p> <ul style="list-style-type: none"><li>• The Foley has fallen out</li><li>• Urine is cloudy and / or has a slight odor</li><li>• Increased pain, itching, burning and / or drainage near or at the Foley exit site</li><li>• A feeling of bladder fullness and / or little or no urine in the drainage bag</li><li>• Urine is leaking, bed and / or clothes are wet</li><li>• The color of the urine is dark and looks like tea</li><li>• Temperature is 100.5° by mouth</li></ul>	<p><b>Yellow Zone Means:</b></p> <ul style="list-style-type: none"><li>• Your symptoms indicate that you may have an urinary tract infection</li><li>• Call your Home Health Nurse and / or your physician <b>AGENCY NAME 24 hour phone number is: XXX-XXXX</b></li></ul> <p>Primary MD: _____ Phone Number: _____ <i>(Please notify your Home Care Nurse if you contact or go see your MD)</i></p>
<p><b>Red Zone = "Medical Alert"</b></p> <ul style="list-style-type: none"><li>• Urine is very cloudy and / or has a strong foul odor</li><li>• There is constant pain, itching, burning and / or drainage near the Foley exit site</li><li>• There is pain and / or a feeling of bladder fullness in the lower part of your stomach</li><li>• There is no urine in the bag</li><li>• There is blood in your urine</li><li>• Temperature is above 100.5 ° by mouth</li></ul>	<p><b>Red Zone Means:</b></p> <ul style="list-style-type: none"><li>• This indicates that you need to be evaluated by a physician right away</li></ul> <p>Primary MD: _____ Phone Number: _____ <b>AGENCY NAME 24 hour phone number is: XXX-XXXX</b></p> <p><i>(Please notify your Home Care Nurse if you go to the emergency room or are hospitalized)</i></p>