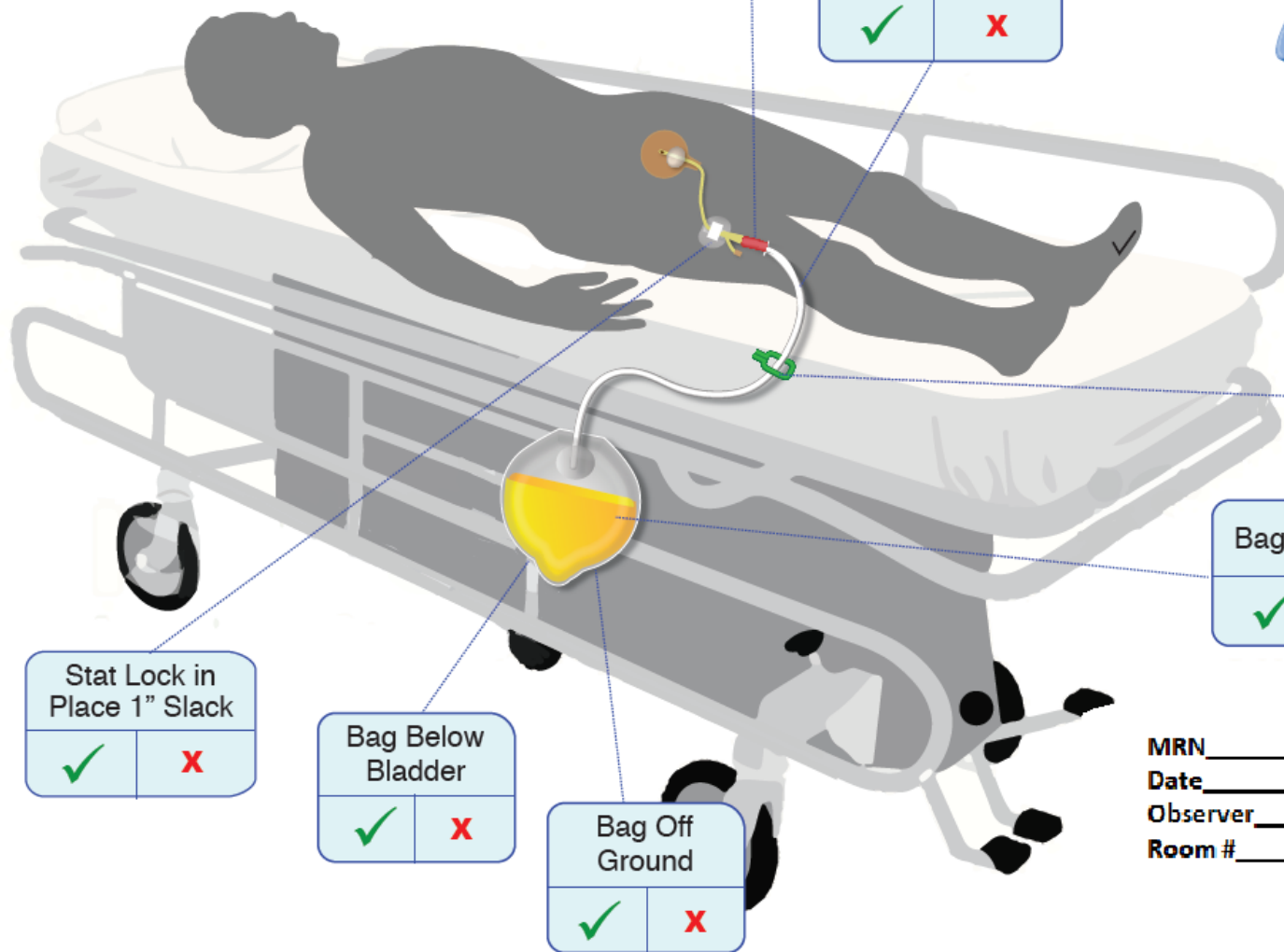


CAUTI PREVENTION BUNDLE

Patient Education Yes or No

Reason for Continuing Foley Documented: Yes or No



Seal Intact

✓	✗
---	---

Clean, Dedicated Drainage Container

✓	✗
---	---

No Dependent Loops

✓	✗
---	---

Peri Care Done

✓	✗
---	---

Green Clip

✓	✗
---	---

Bag < 2/3 Full

✓	✗
---	---

Stat Lock in Place 1" Slack

✓	✗
---	---

Bag Below Bladder

✓	✗
---	---

Bag Off Ground

✓	✗
---	---

MRN _____
 Date _____
 Observer _____
 Room # _____