

EZ-Lok®

SAMPLING PORT

BARD® EZ-Lok® Sampling Port (indicated by the blue stem in the port) accepts Luer lock (Fig. 1a) or slip tip syringes (Fig. 1b).

1. Occlude drainage tubing a minimum of 3 inches below the sampling port by kinking the tubing until urine is visible under the access site.

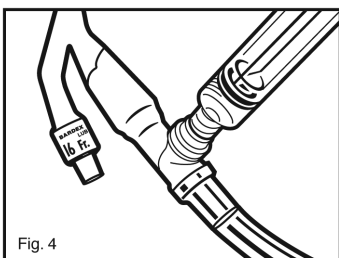
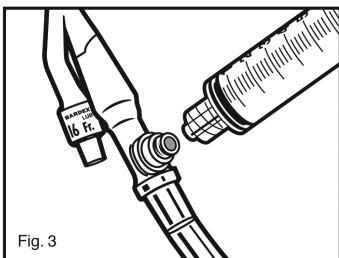
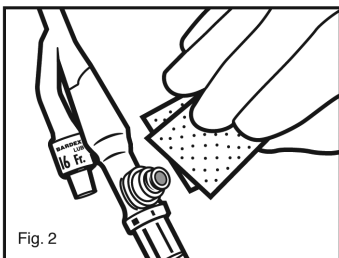
2. Swab surface of BARD® EZ-Lok® Sampling Port with antiseptic wipe. (Fig. 2)

3. Using aseptic technique, position the syringe in the center of the sampling port. The syringe should be held perpendicular to the surface of the sampling port (at approximately 80 - 100 degree angle). Press the syringe firmly and twist gently to access the sampling port. (Fig. 3)

4. Slowly aspirate urine sample into syringe and remove syringe from sample port. (Fig. 4)

5. Unkink tubing and transfer urine specimen into specimen cup or follow hospital protocol. Discard syringe according to hospital protocol.

6. Follow established hospital protocol for specimen labeling and transport to lab.



STERILE EO

Sterilized using ethylene oxide

Sterile unless package is opened or damaged, except for any individually packaged components within the tray which are not labeled as sterile. These components are not terminally sterilized.

Caution: Federal (U.S.A.) law restricts this device to sale by or on the order of a physician.

Single Use Only.
Do not re-sterilize.
For urological use only.

Warning: On catheter, do not use ointments or lubricants having a petrolatum base. They will damage the catheter and may cause balloon to burst.

Warning: After use, this product may be a potential biohazard. Handle and dispose of in accordance with accepted medical practices and applicable local, state and federal laws and regulations.

Visually inspect the product for any imperfections or surface deterioration prior to use. If package is opened or if any imperfection or surface deterioration is observed, do not use.

Please consult product label and insert for any indications, contraindications, hazards, warnings, cautions and directions for use.

BARD

www.bardmedical.com

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Covington, GA 30014 USA
1.800.526.4455

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UROLOGY

Directions for Use/Patient Education Information

Insert Foley catheters only for appropriate indications and leave in place only as long as needed

*This catheter is intended for use in the drainage and/or collection and/or measurement of urine.**

CDC Guidelines for Appropriate Indications for Indwelling Urethral Catheter Use

- Patient has acute urinary retention or bladder outlet obstruction
- Need for accurate urine output measurements
- Use for selected surgical procedures
- To assist in healing of open sacral or perineal wounds
- Patient requires prolonged immobilization
- To improve comfort for end of life care

Proper Techniques for Urinary Catheter Insertion

- ☐ Perform hand hygiene immediately before and after insertion
- ☐ Insert urinary catheters using aseptic technique and sterile equipment
- ☐ Use the smallest Foley catheter possible, consistent with good drainage
- ☐ Document the indications for catheter insertion, date and time of catheter insertion, individual who inserted catheter, and date and time of catheter removal in the patient record

** Generally, drainage is accomplished by inserting the catheter through the urethra and into the bladder. However, drainage is sometimes accomplished by suprapubic or other placement of the catheter, such as nephrostomy tract.*

Proper Techniques for Urinary Catheter Maintenance

- ☐ Secure the Foley catheter. Use the STATLOCK® Foley Stabilization Device if provided
- ☐ Maintain a closed drainage system by utilizing pre-connected, sealed catheter-tubing junctions
- ☐ Maintain unobstructed urine flow and keep the catheter and collection tube free from kinking
- ☐ Keep the collection bag below the level of the bladder or hips at all times
- ☐ Empty the collection bag regularly using a separate, clean collection container for each patient

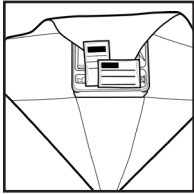
BARD | MEDICAL

UROLOGY

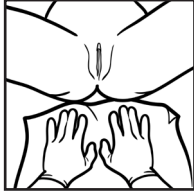
Directions for use



1. Wash hands and don clean gloves



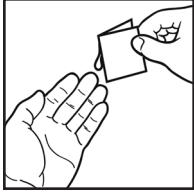
2. Using proper aseptic technique open outer CSR wrap



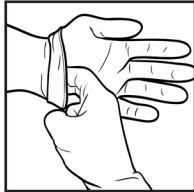
3. Place underpad beneath patient, plastic/"shiny" side down



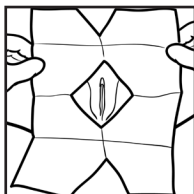
4. Use the provided cleansing wipe to cleanse patient's peri-urethral area



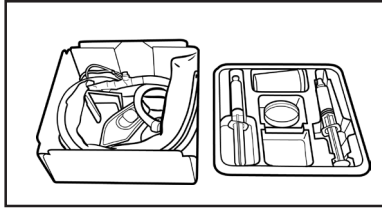
5. Remove gloves and perform hand hygiene with provided alcohol hand sanitizer gel



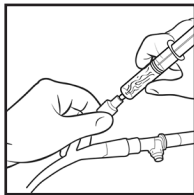
6. Don sterile gloves



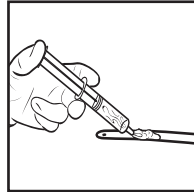
7. Position fenestrated drape on patient



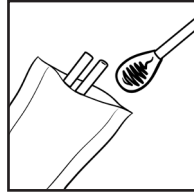
8. Remove top tray and place next to bottom tray (keep on CSR wrap)



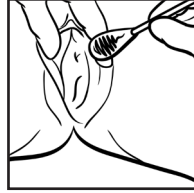
9. Attach the water filled syringe to the inflation port.
NOTE: IT IS NOT NECESSARY TO PRE-TEST THE FOLEY CATHETER BALLOON



10. Remove Foley catheter from wrap and lubricate catheter



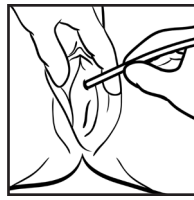
11. Prepare patient with packet of pre-saturated antiseptic swab sticks



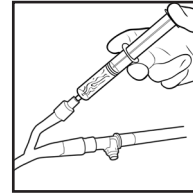
NOTE: USE EACH SWAB STICK FOR ONE SWIPE ONLY

Female Patient: with a downward stroke cleanse the right labia minora and discard the swab. Do the same for the left labia minora. With the last swabstick cleanse the middle area between the labia minora

Male Patient: Cleanse the penis in a circular motion starting at the urethral meatus and working outward

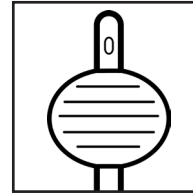


12. Proceed with catheterization in usual manner. When catheter tip has entered bladder, urine will be visible in the drainage tube. Insert catheter two more inches and inflate catheter balloon

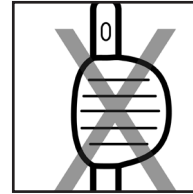


13. Inflate catheter balloon using sterile water and fill with recommended volume as referenced on product label.

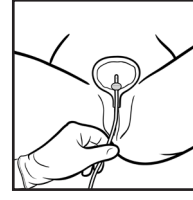
NOTE: USING LESS THAN THE RECOMMENDED VOLUME OF STERILE WATER CAN RESULT IN ASYMMETRICALLY INFLATED BALLOON



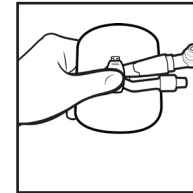
Properly Inflated with recommended volume of sterile water



Improperly Inflated with less than the recommended volume of sterile water



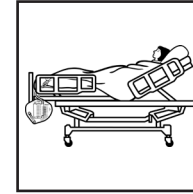
14. Once inflated, gently pull catheter until the inflated balloon is snug against the bladder neck



15. Secure the Foley catheter to the patient

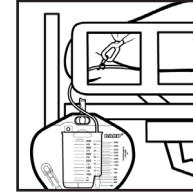
Use the STATLOCK® Foley Stabilization Device if provided (see STATLOCK® Foley Stabilization Device IFU)

NOTE: PLEASE MAKE SURE PATIENT IS APPROPRIATE FOR USE OF STATLOCK® STABILIZATION DEVICE.

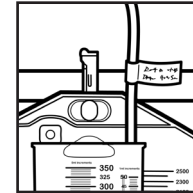


16. Position hanger on bed rail at the foot of the bed

NOTE: EXERCISE CARE TO KEEP BAG OFF THE FLOOR



17. Use green sheeting clip to secure drainage tube to the sheet. Make sure tube is not kinked



18. Indicate time and date of catheter insertion on provided labels. Place designated labels on patient chart and drainage system

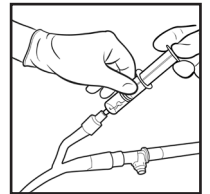


19. Document procedure according to hospital protocol

Foley Catheter Removal

1. To deflate catheter balloon: gently insert a Luer lock or slip tip syringe in the catheter valve. Never use more force than is required to make the syringe "stick" in the valve

2. Allow the pressure within the balloon to force the plunger back and fill the syringe with water. If you notice slow or no deflation, re-seat the syringe gently



3. Use only gentle aspiration to encourage deflation if needed. Vigorous aspiration may collapse the inflation lumen, preventing balloon deflation

4. If the balloon will not deflate and if permitted by hospital protocol, the valve arm may be severed. If this fails, contact adequately trained professional for assistance, as directed by hospital protocol

5. Should balloon rupture occur, care should be taken to assure that all balloon fragments have been removed from the patient