

# Competency Verification Record

## UVA Health

### Indwelling Urinary Catheter Removal

Employee Name: \_\_\_\_\_ Employee ID #: \_\_\_\_\_ Date: \_\_\_\_\_

Successful completion is documented on the Annual Competency Record (ACR) or Department Specific Competency Form using the following competency statement(s):

**Competency Statement(s):** Demonstrate safe removal of indwelling catheter

**Evaluator(s):** Competency Verification Record will be signed by a RN, LPN or MA whose competency has been validated.

**Method of validation (circle one):**

DO	Direct Observation – Return demonstration or evidence of daily work.
T	Test: Written or oral assessments, surveys or worksheets, passing grade on a CBL test.
S	Simulation
C	Case Study/ Scenarios: Create/share a story of a situation then ask questions that capture the nature of the competency that is being referenced.
D	Discussion: Identify questions related to a competency and ask orientee to provide an example of their real-life experiences.
R	Reflection: A debriefing of an actual event or a discussion of a hypothetical situation.
QI	Quality Improvement Monitoring: Audits or compliance checks on actual work or documentation to ensure the competency is completed.
N/A	If the specific product or process step is not used in the respective area or by the respective role, then this step is deemed N/A.

**Note:** This Competency Verification Record is **not** a required part of the permanent personnel record. This form is to be used as a guide for competency check off only; **the Annual Competency Record is used to document competency.** . (If competency validation occurs away from the unit, this form can be completed by the validator; the signed form can then be presented to the unit NEC or manager as evidence of competency. The Annual Competency Record is then signed indicating that the competency was validated).

Demonstrated Skill Behaviors for Competency (Critical Behaviors in Bold)	Method of Validation	Evaluator's Initials
Preparation <ul style="list-style-type: none"> <li>• Verify LIP order</li> <li>• Gather equipment</li> <li>• Positively identify patient</li> <li>• Provide privacy</li> <li>• Explain procedure to patient</li> </ul>	D/ DO/S	
Implementation <ul style="list-style-type: none"> <li>• Perform hand hygiene</li> <li>• Don appropriate PPE</li> <li>• Position patient</li> <li>• Drape patient</li> <li>• Detach urinary catheter from StatLock device</li> <li>• Attach the syringe to the post on catheter</li> <li>• Allow the syringe to drain the balloon passively (do not pull back on plunger)</li> <li>• Have patient take deep breath and then exhale</li> <li>• Grasp the catheter and gently pull it from the urethra slowly and</li> </ul>	DO/S	

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evenly <ul style="list-style-type: none"> <li>• Cleanse perineal area</li> <li>• Position patient for comfort</li> <li>• Remove PPE</li> <li>• Perform hand hygiene</li> </ul>		
Documentation <ul style="list-style-type: none"> <li>• Measure and record urine in collection bag</li> <li>• Discard bag and tubing in trash</li> <li>• Document time of catheter removal</li> <li>• Amount of sterile water removed from balloon</li> <li>• Any complications</li> <li>• Record time, volume, and characteristics of patients first void after removal of catheter</li> <li>• Document teaching provided to patient and family</li> </ul>	D/DO	

**Critical Elements:** Urology Patients may have a catheter with a 30 ml balloon, review EPIC documentation prior to removing catheter.

**References:**

[\*Lippincott Procedures: Indwelling urinary catheter removal\*](#)  
[\*Guide to Preventing Catheter-Associated Urinary Tract Infections\*](#)  
[\*Where does all the garbage go?\*](#)  
*Competency Verified by:*

\_\_\_\_\_  
 Evaluator's Name (printed)                      Evaluator's signature                      Date: \_\_\_\_\_