

**Removal of Indwelling Urinary Catheter (IUC)
Competency Verification Record
University of Virginia Health System**

Employee Name: _____ Employee ID #: _____ Date: _____

***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).*

Instructions:

| Demonstrated Skill: | Evaluator's Initials/ comments |
|--|--------------------------------|
| Positively identify patient | |
| Explain procedure to the patient and provide privacy | |
| Assemble equipment | |
| Cleanse hands, apply splash-guard face mask, and apply gloves | |
| Place a protective pad under the patient and position appropriately, draping to expose perineum and urinary catheter | |
| Detach urinary catheter from StatLock device | |
| Attach the syringe to the port on the catheter | |
| Allow the syringe to drain the balloon passively (do not pull back on the plunger) | |
| Grasp the catheter and gently pull it from the urethra slowly and evenly. | |
| Measure and record urine in collection bag prior to discarding. | |
| Cleanse patient's perineal area. | |
| Position patient for comfort | |
| Remove gloves and cleanse hands | |
| Report and document the time catheter was removed. | |

Competency Verified by:

Evaluator's Name (printed) Evaluator's signature Date: _____