Application of Grip-Lok 3400LFC for Large Foley Catheter Securement

Grip-Lok Large Foley Catheter securement (3400LFC) does not utilize adhesive to secure the catheter in place. This design secures the catheter in a channel created by a foam insert and the fabric loop over-strap. The loop over-strap is divided in half and is placed on both sides of the catheter bifurcation crotch. Grip-Lok is applied in the same simple manner as a bandage and can be easily placed on skin with gloved hands.

- Soft and flexible fabric design improves patient comfort.
- Provides superior securement for both horizontal and vertical lifting accidental pulls.
- Simple to apply, inspect and adjust tubes, lines and catheters.
- Hypoallergenic, breathable and latex-free to reduce the risk of allergic reactions and skin irritation.

Prepare the skin according to the standard hospital protocol for dressing application. Skin prep or hair removal may be required on some patients for better adhesion. Skin must be CLEAN and DRY prior to Grip-Lok application.

1. Open the top fabric over-strap and position the catheter between the foam strip and the strap so that the catheter bifurcation crotch is centered. Pull the paper backing from one side of the Grip-Lok and secure to skin, then the other.

2. Separate the two sides of the fabric over-straps.

3. Secure one side of the top strap over the catheter at the bifurcation crotch.

4. Secure the other side of the top strap over the drainage lumen. The catheter is secured and the degree of rotational, and limited horizontal movement can be adjusted by applying the top fabric over-straps in a tighter fashion.

Grip-Lok 3400LFC and the 3600PFC will also fit triple lumen catheters.
Grip-Lok® 3400LFC and 3600PFC Foley Catheter Securement Devices

Grip-Lok® 3400LFC and 3600PFC are catheter stabilization devices that are strong enough to lock Foley catheters securely in place, yet versatile enough for almost every patient.

Indwelling urinary catheters should be routinely secured to reduce the risk of urethral erosion or accidental dislodgment.1-4 Optimal management of an indwelling catheter includes securing the catheter to the thigh or abdomen in a way that prevents the catheter or its retention balloon from exerting excessive force on the bladder neck or urethra.5

As recommended, the 3400LFC and 3600PFC attaches at the catheter’s stiffest point, which is usually just below the bifurcation where the retention balloon is inflated, to prevent occlusion of the catheter lumen.2 The 3400LFC is sized for most adults while the smaller 3600PFC may be preferred for pediatric and small adult patients.

The Grip-Lok 3400LFC and 3600PFC will secure latex and silicone Foley catheters as well as triple lumen catheters and the design does not allow the Foley catheter to rotate at the securement site causing flow blockage.

Adhesive Foley catheter securement products are an attractive alternative to strap devices that should be used with caution in patients with severe peripheral vascular disease affecting the lower extremities.6

Grip-Lok 3400LFC and 3600PFC Features:
► Soft and flexible design with no hard plastic parts for improved patient comfort.
► Easy to apply, open, inspect and adjust lines, tubes and catheters.
► Provides superior securement for both horizontal and vertical lifting accidental catheter pulls.
► All Grip-Loks are hypoallergenic, breathable and latex-free to reduce the risk of allergic reactions and skin irritation.

Grip-Lok® ORDERING INFORMATION – individually packaged sterile

<table>
<thead>
<tr>
<th>PRODUCT #</th>
<th>DESCRIPTION</th>
<th>APPLICATION</th>
<th>TUBING RANGE</th>
<th>DEVICE LENGTH</th>
<th>U/M</th>
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<tbody>
<tr>
<td>3400LFC</td>
<td>Large Foley Catheter</td>
<td>Adult Foley Catheter Securement</td>
<td>12 - 30 French</td>
<td>6.25” (15.9 cm)</td>
<td>100/bx</td>
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<tr>
<td>3600PFC</td>
<td>Pediatric Foley Catheter</td>
<td>Pediatric Foley Catheter Securement</td>
<td>12 - 30 French</td>
<td>3.5” (8.9 cm)</td>
<td>100/bx</td>
</tr>
</tbody>
</table>

References
3. Techniques for stabilizing urinary catheters. Tape may be the oldest method, but it’s not the only one. M Hanchett. American Journal of Nursing. 2002; 102(3):44-6.