Core Body Temperature

In the ICU, when careful temperature monitoring is important (e.g. sepsis surveillance, active heating or cooling of patients) temperature measurement is an essential component of patient assessment and management decisions. For critical patient temperature monitoring, pulmonary artery temperature has long been the standard by which alternative core temperature modalities are measured against. Bladder thermometers show excellent agreement with pulmonary artery catheters over a wide range of temperatures providing essentially identical readings to pulmonary artery catheters regardless of urine flow. Urine temperature monitoring is reliable, safe, convenient and provides continuous readings.

Non-Core Body Temperature

Recent introduction of infrared temporal artery monitoring technology has seen wide adoption in ICUs. A recent publication (Stelfox et al., 2010) found infrared temporal artery temperature technology demonstrated limited agreement for temperatures below 36°C and greater than or equal to 38.3°C. The authors recommended not using the technology in situations where body temperature needs to be measured with accuracy. A 2008 American College of Critical Care Medicine guideline reviewed available temperature measuring technologies and identified the accuracy by modality (O’Grady et al., 2008). The authors recommend axillary, temporal artery estimates and chemical dot thermometers should not be used in the ICU.
...choosing the most accurate modality is critical.


Foley catheters are intended for use in the drainage and/or collection and/or measurement of urine. Temperature sensing Foley catheters provide a measure of core bladder temperature and are intended for use with compatible 400-series temperature sensing monitors.

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