

Impaired urinary elimination

Nr.	Nursing Diagnosis	Date	Nursing Intervention/s and tasks	Sign.
	<p>Impaired urinary elimination</p> <p>Related factors:</p> <p>Anatomical obstruction Hemolytic blood transfusion reaction Indwelling catheter Nephrotoxic drugs Renal vascular occlusion Sensory motor impairment Severe renal ischemia secondary to sepsis, shock, hypovol. Urinary tract infection</p> <p>Symptoms / Risk factors:</p> <p>Dysuria Frequency of voiding Hesitancy Incontinence Increased blood urea nitrogen(BUN) and serum creatinine Nocturia Reduced creatinine clearance Retention Temp > 37.5 °C Urgency Urine output less than 400 ml/ 24 hours Urine output less than _____ Weight gain</p> <p>Outcome / Goal:</p> <p>BUN and electrolytes within or near normal levels Normal vital signs Urine output greater than 30ml /hr Urine output greater than _____</p>		<p>Urinary Elimination Management</p> <p>Palpate bladder for distention Administer fluids /diuretics as prescribed Assist with prescribed bladder elimination procedure such as catheterization Catheterize patient using clean or sterile technique every ____ hours. Record Monitor for signs and symptoms of excess fluid volume: Edema and Hypertension Monitor intake and output and record. Report output less than 30 ml/hour Monitor lab results: Sodium, Potassium, Calcium, phosphate, Magnesium and PH Monitor output, color and odor of urine Monitor urine specific gravity Monitor urinalysis: urine, electrolytes, creatinine clearance, BUN and creatinine Monitor vital signs (Temp) _____ Monitor vital signs _____ Obtain culture of cloudy, foul-smelling urine Weigh daily</p> <p>Urinary catheter care</p> <p>Check the area around the urethra for inflammation Check the drainage tube frequently to make sure it is not kinked. Keep the urinary drainage bag below the level of the bladder Make sure that the urinary drainage bag does not drag and pull on the catheter Remove catheter as soon as possible</p>	