Patients info label here

Risk for urinary retention

Nr.	Nursing Diagnosis	Date	Nursing Intervention/s and tasks	Sign.
	Risk for urinary retention Related factors: Neurol. symptoms due to Pain and swelling in operative area Symptoms / Risk factors: Difficult to void Outcome / Goal: Be free of bladder distention, with residuals after voiding Empty bladder in sufficient amounts		Urinary Retention Care Administer medications, as indicated Catheterize for residual urine and leave indwelling catheter, as indicated. Encourage client to void every 2 to 4 hours and when urge is noted Encourage oral fluids up to 2000 ml per day Monitor laboratory studies: Creatinin and Electrolytes Monitor vital signs closely Monitor vital signs closely and Observe for Hypertension and Edema Observe urinary stream, noting size and force Percuss and palpate suprapubic area. Stimulate bladder emptying by running water	

Plan created:12.11.2016 by:____

signature