Patients info label here

Urinary retention

Nr.	Nursing Diagnosis	Date	Nursing Intervention/s and tasks	Sign.
	Urinary retention *Related factors:* Blockage High urethral pressure caused by weak detrusor Inhibition of reflex arc Mechanical obstruction, enlarged prostate Strong sphincter *Symptoms / Risk factors:* Bladder distention Dribbling Dysuria Overflow incontinence Residual urine Sensation of bladder fullness Small, frequent voiding or absence of urine output *Outcome / Goal:* Void in sufficient amounts with no palpable bladder distent.		**Urinary Retention Care** Percuss and palpate suprapubic area. Stimulate bladder emptying by running water 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 and Observe for Hypertension and Edema Observe urinary stream, noting size and force	

Plan created:12.11.2016 by:_____

signature