Assessing Clients with Urinary Elimination Disorders

Exercise

- Use the following health history questions and leading statements, categorized by functional health patterns, with a family member, friend, or client. Identify areas for focused physical assessment based on findings from the health history.

Assessing Urinary Elimination

Health Perception–Health Management

Have you ever had a bladder or kidney disease, injury, or surgery? Describe.
How was this problem treated?
Describe your usual intake of fluids and food for a 25-hour period. What type of fluids do you drink?
Describe the current problem you are having with urinary elimination.
Are you taking any medications for this problem? If so, what are you taking and how often?
Are you taking medications for any other health problem? Explain.
For women: Describe how you care for yourself in terms of urinary elimination (for example, hygiene and direction of wiping after voiding).
What do you do to care for yourself if you believe you have a urinary infection?
If you have had a surgical alteration of urine flow (such as an ileal conduit), describe how you care for yourself (what skin and appliance care do you provide, how often do you empty the bag?).
Have you ever been taught to begin the flow of your urine by using the Credé maneuver or any other method? Explain.
Have you worn or do you now wear an incontinence pad, external catheter, or indwelling catheter? Explain.
Have you ever done self-catheterization? If so, why and how often?

Nutritional–Metabolic

Do you limit the amount of salt in your diet? Explain.
How much coffee, tea, or alcohol do you drink in a 24-hour period?
Have you ever restricted your fluid intake? Explain.
Do you ever have swelling of any part of your body? Describe.

Elimination

How many times a day do you urinate? Do you have to get up at night to urinate? Has there been a change in your usual pattern of urination?
Do you experience a sudden urge to urinate?
Has there been a recent increase or decrease in the amount of urine you eliminate with each voiding?
Has there been a recent change in the color or odor of your urine?
Have you ever had problems controlling urination when you laugh, sneeze, or cough?
Is it difficult for you to start or maintain the flow of urine?
Have you ever had difficulty controlling urination when you are sleeping?
Do you have any discharge from your urethra? Describe.

Activity–Exercise

Do your urinary problems interfere with your usual activities of daily living (such as walking, cleaning house, shopping, driving, socializing)? Explain.
Have you ever been taught to do Kegel exercises to tone bladder muscles? If so, how often do you practice these?
Describe your energy level. Has there been a recent change? Explain.

Sleep–Rest

Does a problem with urinary elimination interfere with your ability to rest or sleep? Explain.
Has there been a recent change in the number of times you wake up to urinate during the night? Explain.

Cognitive–Perceptual

Do you have any pain or burning with urination? Explain.
Have you experienced any tenderness or pain over the lower sides of your back or severe pain that spreads to your lower abdomen? If so, describe its location, intensity, aggravating factors, and duration.
Self-Perception–Self-Concept
   How has this problem with your urinary elimination affected how you feel about yourself?
   How has this problem with your urinary elimination affected how you feel about your normal life?
   If appropriate: How do you feel about wearing incontinence pads? Using an external catheter? Having an indwelling catheter? Having a urinary diversion?

Role–Relationship
   Is there a history of bladder or kidney problems in your family? If so, describe.
   Has your urinary elimination problem affected your role in your family? If so, how?
   Has your problem with urinary elimination affected your interactions with your family? with friends? at work? in social activities?
   Has a urinary elimination problem affected your ability to work? Explain.

Sexuality–Reproductive
   Has your problem with urinary elimination affected your usual sexual activities? Explain.
   Describe how having this health problem has made you feel about yourself as a man or a woman.

Coping–Stress
   Have you experienced increased stress because of this problem with urinary elimination? Explain.
   Have you noticed an increase in urination when you experience stress?
   What do you feel is the most stressful time you have had with this urinary problem?
   Describe what you do to cope with stress.
   Who or what will be able to help you cope with stress caused by this problem with urinary elimination?

Value–Belief
   Are there significant others, practices, or activities that help you cope with this health problem? Explain.
   How do you perceive the future with this problem?