



NURSING CARE PLAN Urinary Elimination

ASSESSMENT DATA

Nursing Assessment

Mr. John Baker is a 68-year-old shopkeeper who was admitted to the hospital with urinary retention, hematuria, and fever. The admitting nurse gathers the following information when taking a nursing history. Mr. Baker states he has noticed urinary frequency during the day for the past 2 weeks, and that he doesn't feel he has emptied his bladder after urinating. He also has to get up two or three times during the night to urinate. During the past few days, he has had difficulty starting urination and dribbles afterward. He verbalizes the embarrassment his urinary problems cause in his dealings with the public. Mr. Baker is concerned about the cause of this urinary problem. He is diagnosed with benign prostatic hypertrophy (BPH) and referred to a urologist who suggests a transurethral resection of the prostate (TURP) in several months. He is placed on antibiotic therapy.

Physical Examination

Height: 185.4 cm (6'2")
 Weight: 85.7 kg (189 lb)
 Temperature: 38.1°C (100.6°F)
 Pulse: 88 BPM
 Respirations: 20/minute
 Blood pressure: 146/86 mm Hg

Diagnostic Data

CBC normal; urinalysis: amber, clear, pH 6.5, specific gravity 1.025, negative for glucose, protein, ketone, RBCs, and bacteria; IVP: evidence of enlarged prostate gland

Catheterization for urinary retention yielded 300 mL amber urine, Foley left in place for 2 days

NURSING DIAGNOSIS

Impaired Urinary Elimination (retention and overflow incontinence) related to bladder neck obstruction by enlarged prostate gland (as evidenced by dysuria, frequency, nocturia, dribbling, hesitancy, and bladder distention)

DESIRED OUTCOMES*

Urinary Continence [0502] as evidenced by:

- Able to start and stop stream
- Empties bladder completely

Knowledge: Treatment Regimen [1813] as evidenced by substantial:

- Description of self-care responsibilities for ongoing care
- Description of self-monitoring techniques

NURSING INTERVENTIONS*/SELECTED ACTIVITIES

RATIONALE

Urinary Incontinence Care [0610]

Monitor urinary elimination, including consistency, odor, volume, and color.

These parameters help determine adequacy of urinary tract function.

Help the client select appropriate incontinence garment or pad for short-term management while more definitive treatment is designed.

Appropriate undergarments can help diminish the embarrassing aspects of urinary incontinence.

Instruct Mr. Baker to limit fluids for 2 to 3 hours before bedtime.

Decreased fluid intake several hours before bedtime will decrease the incidence of urinary retention and overflow incontinence, and promote rest.

Instruct him to drink a minimum of 1,500 mL (six 8-ounce glasses) fluids per day.

Increased fluids during the day will increase urinary output and discourage bacterial growth.

Limit ingestion of bladder irritants (e.g., colas, coffee, tea, and chocolate).

Alcohol, coffee, and tea have a natural diuretic effect and are bladder irritants.

Urinary Retention Care [0620]

Instruct Mr. Baker or a family member to record urinary output.

Serves as an indicator of urinary tract and renal function and of fluid balance.

Catheterize for residual urine, as appropriate.

An enlarged prostate compresses the urethra so that urine is retained. Checking for residual urine provides information about bladder emptying.

Implement intermittent catheterization, as appropriate.

Helps maintain tonicity of the bladder muscle by preventing overdistention and providing for complete emptying.

NURSING INTERVENTIONS*/SELECTED ACTIVITIES

RATIONALE

Provide enough time for bladder emptying (10 minutes).

In addition to the effect of an enlarged prostate on the bladder, stress or anxiety can inhibit relaxation of the urinary sphincter. Sufficient time should be allowed for micturition.

Instruct the client in ways to avoid constipation or stool impaction.

Impacted stool may place pressure on the bladder outlet, causing urinary retention.

Teaching: Disease Process [5602]

Appraise Mr. Baker's current level of knowledge about benign prostatic hypertrophy.

Assessing the client's knowledge will provide a foundation for building a teaching plan based on his present understanding of his condition.

Explain the pathophysiology of the disease and how it relates to urinary anatomy and function.

In this case, urinary retention and overflow incontinence are caused by obstruction of the bladder neck by an enlarged prostate gland.

Describe the rationale behind management, therapy, and treatment recommendations.

Adequate information about treatment options is important to diminish anxiety, promote compliance, and enhance decision making.

Instruct Mr. Baker on which signs and symptoms to report to the health care provider (e.g., burning on urination, hematuria, oliguria).

In the individual with prostatic hypertrophy, urinary retention and an overdistended bladder reduce blood flow to the bladder wall, making it more susceptible to infection from bacterial growth. Monitoring for these manifestations of urinary tract infection is essential to prevent urosepsis.

EVALUATION

Outcomes partially met. Following removal of the Foley catheter, Mr. Baker reported continued difficulty initiating a urinary stream but experienced less dribbling and nocturia. He and his wife selected an undergarment that was acceptable to Mr. Baker and he reports that he feels more confident. Intermittent catheterization not indicated. Intake is approximately 200 mL in excess of output. He is able to discuss the correlation between his enlarged prostate and urinary difficulties. A transurethral resection of the prostate is scheduled in 2 weeks.

**The NOC # for desired outcomes and the NIC # for nursing interventions are listed in brackets following the appropriate outcome or intervention. Outcomes, interventions, and activities selected are only a sample of those suggested by NOC and NIC and should be further individualized for each client.*

APPLYING CRITICAL THINKING

1. Considering Mr. Baker's history and assessment data, what other physical conditions could explain his symptoms?
2. The primary care provider has recommended surgery. What assumptions will the nurse need to validate in helping prepare Mr. and Mrs. Baker for this surgery?
3. It does not appear that other alternatives have been considered. Why might this be so?

4. Incontinence can lead to client decisions to limit social interactions. What would be an appropriate response if Mr. Baker states that he will just stay home until he has his surgery?

See *Critical Thinking Possibilities in Appendix A.* ∞