**NURSING CARE PLAN FOR URINARY ELIMINATION continued**

### Applying Critical Thinking

1. Considering Mr. Baker’s history and assessment data, what other physical conditions could explain his symptoms?
2. The physician 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.

### Urinary Elimination

**CONCEPT MAP**

- **JB**
  - 68 y.o. male
  - BPH

**Altered Urinary Elimination (retention and overflow incontinence) r/t bladder neck obstruction by enlarged prostrate gland (aeb dysuria, frequency, nocturia, dribbling, hesitancy, and bladder distention)**

**Urinary Continence Care**
- Monitor urinary elimination, including consistency, odor, volume, and color
- Help the client select appropriate incontinence garment or pad for short-term management while more definitive treatment is designed
- Instruct client to limit fluids for 2 to 3 hours before bedtime
- Instruct him to drink a minimum of 1,500 mL (six 8-ounce glasses fluids per day)
- Limit ingestion of bladder irritants (e.g., colas, coffee, tea, and chocolate)

**Outcomes partially met**
- Following removal of the Foley catheter, client reported continued difficulty initiating a urinary stream but less dribbling and nocturia
- Selected an acceptable undergarment and he reports more confident
- Intermittent catheterization not indicated
- Intake is ~200 mL > output
- Able to discuss the correlation between enlarged prostate and urinary difficulties
- TURP scheduled in 2 weeks

**Knowledge: Treatment Regimen aeb substantial**
- Description of self-care responsibilities for ongoing care
- Performance of treatment procedure

**Urinary Retention Care**
- Instruct client or a family member to record urinary output
- Catheterize for residual urine, as appropriate
- Implement intermittent catheterization, as appropriate
- Provide enough time for bladder emptying (10 minutes)
- Instruct the client in ways to avoid constipation or stool impaction
- Appraise client’s current level of knowledge about benign prostatic hypertrophy
- Explain the pathophysiology of the disease and how it relates to urinary anatomy and function
- Describe the rationale behind management, therapy, and treatment recommendations
- Instruct client on which signs and symptoms to report to the health care provider (e.g., burning on urination, hematuria, oliguria)

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**Legend:**
- Assessment
- Nursing Diagnosis
- Outcomes
- Nursing Interventions
- Activities
- Evaluation/Reassessment