Facilitating Urinary Elimination Self-Care
- Teach the client and family to maintain easy access to toilet facilities, including removing scatter rugs and ensuring that halls and doorways are free of clutter.
- Suggest graduated lighting for nighttime voiding: a dim night-light in the bedroom and low-wattage hallway lighting.
- Advise the client and family to install grab bars and elevated toilet seats as needed.
- Provide for instruction in safe transfer techniques. Contact physical therapy to provide training as needed.
- Suggest clothing that is easily removed for toileting, such as elastic waist pants or Velcro closures.

Promoting Urinary Elimination
- Instruct the client to respond to the urge to void as soon as possible; avoid voluntary urinary retention.
- Teach the client to empty the bladder completely at each voiding.
- Emphasize the importance of drinking eight to ten 8-ounce glasses of water daily.
- Teach female clients about Kegel exercises to strengthen perineal muscles.
- Inform the client about the relationship between tobacco use and bladder cancer and provide information about smoking cessation programs as indicated.
- Teach the client to promptly report any of the following to the primary care provider: pain or burning on urination, changes in urine color or clarity, malodorous urine, or changes in voiding patterns (e.g., nocturia, frequency, dribbling).

Asepsis
- Teach the client to maintain perineal-genital cleanliness, washing with soap and water daily and cleansing the anal and perineal area after defecating.
- Instruct female clients to wipe from front to back (from the urinary meatus toward the anus) after voiding, and to discard toilet paper after each swipe.
- Provide information about products to protect the skin, clothing, and furniture for clients who are incontinent. Emphasize the importance of cleaning and drying the perineal area after incontinence episodes. Instruct in the use of protective skin barrier products as needed.
- Teach clients with an indwelling catheter and their family about care measures such as cleaning the urinary meatus, managing and emptying the collection device, maintaining a closed system, and bladder irrigation or flushing if ordered.
- For clients with a urinary diversion, teach about care of the stoma, drainage devices, and surrounding skin. For continent diversions, teach the client how to catheterize the stoma to drain urine.
- For clients with an indwelling catheter or urinary diversion, emphasize the importance of maintaining a generous fluid intake (2.5 to 3 quarts daily) and of promptly reporting changes in urinary output, signs of urinary retention such as abdominal pain, and manifestations of urinary tract infection such as malodorous urine, abdominal discomfort, fever, or confusion.

Medications
- Emphasize the importance of taking medications as prescribed. Instruct the client to take the full course of antibiotics ordered to treat a urinary tract infection, even though symptoms are relieved.
- Inform the client and family about any expected changes in urine color or odor associated with prescribed medications.
- For clients with urinary retention, emphasize the need to contact the primary care provider before taking any medication (even over-the-counter medications such as antihistamines) that may exacerbate symptoms.
- For clients taking medications that may damage the kidneys (e.g., aminoglycoside antibiotics), stress the importance of maintaining a generous fluid intake while taking the medication.
- Suggest measures to reduce anticipated side effects of prescribed medications, such as increasing intake of potassium-rich foods when taking a potassium-depleting diuretic such as furosemide.

Dietary Alterations
- Teach the client about dietary changes to promote urinary function, such as consuming cranberry juice and foods that acidify the urine to reduce the risk of repeated urinary tract infections or forming calcium-based urinary stones. See “Dietary Measures” on page 1279.
- Inform clients with stress or urge incontinence to limit their intake of caffeine, alcohol, citrus juices, and artificial sweeteners because these are bladder irritants that may increase incontinence. Also, teach clients to limit their evening fluid intake to reduce the risk of nighttime incontinence episodes.

Measures Specific to Urinary Problems
- Provide instructions for clients with specific urinary problems or treatments such as
  a. Timed urine specimens (see Chapter 32)
  b. Urinary incontinence
  c. Urinary retention
d. Retention catheters.

Referrals
- Make appropriate referrals to home health agencies, community agencies, or social services for assistance with resources such as grab bars and raised toilet seats, providing wheelchair access to bathrooms, obtaining toileting aids such as commodes, urinals, or bedpans, and services such as home health aides for assistance with activities of daily living.

Community Agencies and Other Resources
- Provide information about resources for durable medical equipment such as commodes or raised toilet seats, possible financial assistance, and medical supplies such as drainage bags, incontinence briefs, or protective pads.
- Suggest additional sources of information and help such as the National Council of Independent Living; United Ostomy Association, Inc.; National Association for Continence; Simon Foundation for Continence.