Nursing Care Plan for Urinary Retention

PATIENT INFORMATION

Name: _____ Age: _____

Gender: _____

Medical History

URINARY RETENTION

Urinary Retention

NURSING ASSESSMENT

Subjective Data

Patient complaints

Objective Data

Physical examination findings

Diagnostic test results

Vital signs

NURSING DIAGNOSES

Impaired Urinary Elimination related to

Risk for Infection related to

Pain related to

Anxiety related to

EXPECTED OUTCOMES

The patient will demonstrate effective urinary elimination

The patient will remain free from signs of infection

The patient will report a decrease in pain or discomfort

The patient will express feelings of reduced anxiety and increased comfort

NURSING INTERVENTIONS

Monitor Urinary Function - Observations

Bladder Training - Techniques used

Pain Management - Medications and methods

Patient Education - Topics covered

Anxiety Reduction - Strategies implemented

Catheter Care - Care techniques

EVALUATION

Notes on the effectiveness of interventions

Adjustments to the care plan

DOCUMENTATION

Notes

PHYSICIAN/HEALTHCARE PROVIDER SIGNATURE

Signature

Date: _____ dd / mm / yyyy