UTI System Disorder

PATIENT INFORMATION

Full Name: _____ Date of Birth: _____ dd / mm / yyyy

Gender: _____ Patient ID: _____

Contact Number: _____ Email Address: _____

Care Facility: _____

Other Key Information: (eg. gestation period)

☐ Catheter in use

SYMPTOMS PRESENT:

Symptoms present:

- ☐ Dysuria
- ☐ Bladder fullness
- ☐ Suprapubic and flank tenderness
- ☐ Fever
- ☐ Malaise
- ☐ Urinary urgency and frequency
- ☐ Lower abdominal discomfort
- ☐ Bloody urine
- ☐ Chills

Acute Pain: Patients who have developed a UTI describe a burning sensation paired with a sense of urgency and frequency to void.

ACUTE PAIN:

Acute Pain:

- ☐ Pain in pelvis
- ☐ Dysuria
- ☐ Frequency
- ☐ Burning with urination

Suggested Intervention: Heating pads for lower back and suprapubic area to relax muscles. Use of analgesics such as phenazopyridine. Monitoring of irritant foods such as coffee, alcohol, spicy food, and high-sugar drinks.

DEFICIT FLUID VOLUME:

Deficit Fluid Volume:

- ☐ Altered mental status
- ☐ Hypotension
- ☐ Decreased urine output
- ☐ Increased body temperature
- ☐ Thirst

Suggested Intervention: Encouraging fluid intake to flush bacteria out of the urinary system and dilute the urine. Monitoring of the patient's intake and output to see changes in the deficit. Limit the patient's consumption of caffeine, high-sugar drinks, and alcohol. Chart for a urinalysis and watch for dehydration.

DISTURBED SLEEP PATTERN:

Suggested Intervention: Limiting fluid intake 2 to 4 hours before bed. Advising against caffeine and alcohol that act as urinary tract irritants, inducing diuresis. Encourage and educate patients on healthy sleep habits such as avoiding phone use, dimming lights, and setting up a comfortable sleep environment. Medication such as diuretics should be administered at least 6 hours before bedtime to avoid interrupting the patient's sleep schedule.

IMPAIRED URINARY ELIMINATION:

Impaired Urinary Elimination:

- [ ] Urinary incontinence
- [ ] Frequency
- [ ] Urinary retention

Suggested Intervention: Encouraging the patient to not dismiss or avoid the urge to void as this can worsen the infection with the stasis of urine. Encourage the patient to void every 2 to 3 hours to avoid the accumulation of urine and retention. In serious cases where the patient has a neurogenic bladder, catheter insertion may be needed. Provide cranberry-based products or probiotics to create an acidic environment, slowing and potentially inhibiting future bacteria growth.

PHYSICIAN'S NOTES AND RECOMMENDATIONS

Physician's Notes and Recommendations

Physician's Signature:
Date: _____ dd / mm / yyyy