

NR 224 week 5 edapt

Urinary Elimination

Urinary Elimination

Normal urine should appear to be a pale straw color that is transparent and free from odor.

Darker-colored urine suggests dehydration, potential blood in the urine, possible liver disease, or medication interaction.

Urine that is turbid or cloudy suggests infection or possibly renal calculi.

Which factors can affect urinary elimination?

Hydration status

Pelvic muscle

tone Body

position Age

Renal calculi

Medications

Urgency: An immediate desire to void

Polyuria: Voiding excessive amounts of urine

Dysuria: Pain or discomfort with voiding

Oliguria: Diminished amounts of urine

Frequency: Voiding more than 8 times, while awake

Nocturia: Awakening from sleep to void

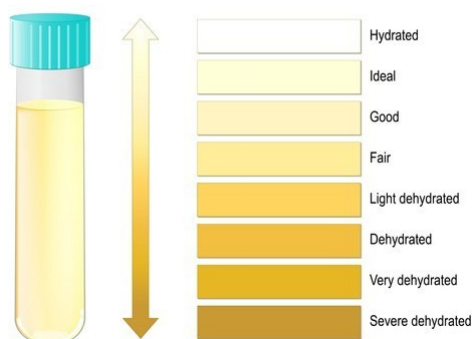
Hesitancy: Delay at the start of urination

Hematuria: Blood in the urine

Urinary incontinence: Involuntary evacuation of urine

Urinary retention: Inability to empty the bladder

Urine color



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James is a 90-year-old male client who reports getting up four to five times per night to empty his bladder and struggles to control his bladder long enough to get to the bathroom in time.

James is experiencing which urinary patterns?

Urgency

Nocturia

The nurse is assessing a client with urinary incontinence. Which items should be included as part of the nursing assessment?

Bladder distention

Signs of infection

Perineal irritation

Fluid intake

Classic signs and symptoms of UTI are:

- dysuria: pain with urination
- urinary frequency and/or urgency
- incontinence
- cloudy urine/odor
- flank pain
- fever

What discharge instructions should the nurse provide a 20-year-old client being discharged with a urinary tract infection (UTI)?

Drink at least 2 liters of water per day.

Wipe front to back.

Void after sex.

Catheters may be used to:

- relieve urinary retention
- obtain a sterile urine specimen
- measure the amount of residual urine in the bladder
- empty the bladder before and during surgery
- prepare for certain diagnostic procedures

Three types of catheters are used.

- Indwelling [urethral or suprapubic catheter,]

this is inserted into the bladder via the urethra or abdomen. It is anchored by a balloon and drains by gravity to a drainage bag attached to a leg (leg bag) or bed.

- External [condom catheter,]

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this is placed outside the body on male clients and has a lower risk than indwelling catheters. In infants and small children, a bag that sticks to the surrounding perineal area can be used in either gender

- Intermittent [straight catheter.]

short term catheter is used to empty the bladder. No anchor is necessary. These catheters are used to quickly empty the bladder, then discontinued.

A client is having spinal surgery that is expected to last 4 hours. The catheter, pictured here, will be inserted to drain the bladder. What type of catheter is being used?

Indwelling catheter

Paul is a 22-year-old male who suffered major abdominal trauma as a result of a motor vehicle accident. He has an ureterostomy which he cares for independently. Which nursing diagnoses could apply to Paul?

Risk for impaired skin

Risk for disturbed body image

A client who was admitted to the hospital for seizures, developed delirium on the fourth day. What type of incontinence would this client likely experience?

Functional incontinence

Kristina, an active mother of three children, is seen in the clinic and reports leaking urine when she coughs and laughs. One of the recommendations from the primary healthcare provider is Kegel exercises. Kristina asks the nurse why she should perform these exercises. What is the nurse's best response?

“Kegel exercises will strengthen your pelvic floor muscles.”

Urge incontinence: Incontinence after a strong sense of urgency; may be in small or large amounts

- Interventions: Avoid bladder irritants. Try bladder training and/or pelvic floor exercises.

Overflow incontinence

- Interventions: Timed or double voiding. Catheterization may be needed in severe cases.

Functional incontinence: The bladder functions normally but the client is unable to access the toilet due to a physical or cognitive condition.

- Interventions: Provide assistance and/or mobility aids to help with toileting.

Reflex incontinence: Incontinence with no sense of urgency

- Intervention: Empty the bladder at scheduled intervals.

Transient incontinence: Treatable or reversible incontinence