

Nursing Care Plan for Urinary Retention

Patient Information

Name: _____

Age: _____

Gender: _____

Medical History: _____

Diagnosis: Urinary Retention

Nursing Assessment

1. Subjective Data

- Patient complaints: _____

2. Objective Data

- Physical examination findings: _____
- Diagnostic test results: _____
- Vital signs: _____

Nursing Diagnoses

1. Impaired Urinary Elimination related to _____.
2. Risk for Infection related to _____.
3. Pain related to _____.
4. Anxiety related to _____.

Expected Outcomes

1. The patient will demonstrate effective urinary elimination: _____
2. The patient will remain free from signs of infection: _____
3. The patient will report a decrease in pain or discomfort: _____
4. The patient will express feelings of reduced anxiety and increased comfort: _____

Nursing Interventions

1. Monitor Urinary Function:

- Observations:

2. Bladder Training:

- Techniques used:

3. Pain Management:

- Medications and methods:

4. Patient Education:

- Topics covered:

5. Anxiety Reduction:

- Strategies implemented:

6. Catheter Care:

- Care techniques:

Evaluation

- Notes on the effectiveness of interventions:

- Adjustments to the care plan:

Documentation

- Notes:

Physician/Healthcare Provider Signature

- Signature: _____ Date: _____