

UTI Nursing Care Plan

Patient information		
Full name:	Date of birth:	Gender:
Contact number:	Patient ID:	
Email address:	Care facility:	
Other key information:	Catheter in use: <input type="checkbox"/> Yes <input type="checkbox"/> No	Symptoms present: <input type="checkbox"/> Dysuria <input type="checkbox"/> Urinary urgency and frequency <input type="checkbox"/> Bladder fullness <input type="checkbox"/> Lower abdominal discomfort <input type="checkbox"/> Suprapubic and flank tenderness <input type="checkbox"/> Bloody urine <input type="checkbox"/> Fever <input type="checkbox"/> Chills <input type="checkbox"/> Malaise
Acute pain		
<i>Patients who have developed a UTI describe a burning sensation paired with a sense of urgency and frequency to void.</i> <input type="checkbox"/> Pain in pelvis <input type="checkbox"/> Dysuria <input type="checkbox"/> Frequency <input type="checkbox"/> Burning with urination	Suggested intervention: <ul style="list-style-type: none"> • 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. 	Notes/referral:
Deficit fluid volume		
<input type="checkbox"/> Altered mental status <input type="checkbox"/> Hypotension <input type="checkbox"/> Decreased urine output <input type="checkbox"/> Increased body temperature <input type="checkbox"/> Thirst	Suggested intervention: <ul style="list-style-type: none"> • Encourage fluid intake to flush bacteria out of the urinary system and dilute the urine. • Monitor 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. 	Notes/referral:

Disturbed sleep pattern		
Suggested intervention: <ul style="list-style-type: none"> • Limiting fluid intake 2 to 4 hours before bed • Advising against caffeine and alcohol that act as urinary tract irritants, inducing diuresis 	Notes/referral:	
Impaired urinary elimination		
<input type="checkbox"/> Urinary incontinence <input type="checkbox"/> Frequency <input type="checkbox"/> Urinary retention	Suggested intervention: <ul style="list-style-type: none"> • Encourage the patient not to 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. 	Notes/referral:
Physician's notes and recommendations		
Physician's signature:	Date:	