

UTI System Disorder

Patient Information

Full Name: _____

Date of Birth: ____ / ____ / _____

Gender: _____

Patient ID: _____

Contact Number: _____

Email Address: _____

Care Facility: _____

Other Key Information: (eg. gestation period)

Catheter in use

Symptoms present:

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

Acute Pain:

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

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

Suggested Intervention:	Notes/referral:
<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. 	

Deficit Fluid Volume:

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

Suggested Intervention:	Notes/referral:
<ul style="list-style-type: none"> • 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:	Notes/referral:
<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. 	

<ul style="list-style-type: none"> • 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. 	
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Impaired Urinary Elimination:

- Urinary incontinence
- Frequency
- Urinary retention

Suggested Intervention:	Notes/referral:
<ul style="list-style-type: none"> • 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 Signature: _____ **Date:** ____ / ____ / _____