



# QUANTUM CARE

THERAPY & ADVENTURES

*Empowering your abilities*

## COMMUNITY NURSING BLADDER ASSESSMENT

### Patient Information

Surname: DOB: undefined  
 First Name: Sex: undefined  
Referred By:

### Presenting Problems:

#### Is Condition:

- ☐ Gradual  
☐ Sudden  
☐ Onset  
☐ Worsening

#### How does your bladder problem affect your life:

#### Medical History:

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> High Cholesterol | <input type="checkbox"/> Heart conditions     | <input type="checkbox"/> Epilepsy             | <input type="checkbox"/> Fractures        |
| <input type="checkbox"/> Stroke           | <input type="checkbox"/> Respiratory Problems | <input type="checkbox"/> Smoking              | <input type="checkbox"/> Cancer           |
| <input type="checkbox"/> Hepatitis        | <input type="checkbox"/> Diabetes             | <input type="checkbox"/> Falls                | <input type="checkbox"/> Thyroid Problems |
| <input type="checkbox"/> Kidney Issues    | <input type="checkbox"/> Alcohol              | <input type="checkbox"/> Rheumatoid Arthritis | <input type="checkbox"/> Blood Disorder   |

#### Other/Details:

#### Surgical History:

#### Medications:

#### Bladder:

Bladder Diary Maintained: Yes

Bladder Diary Details:

Urine Colour:

Urine Odor: ☐ Offensive

#### Toileting Function:

#### Incontinence aids currently used:

#### Fluid Balance:

☐ Fluid Restriction

Fluid Restriction Total: 0 mls

Input Fluids	Volume (ml)	Output Fluids	Volume (ml)
Caffeine Drinks	0	Frequency	undefined
Alcohol Drinks	0	Nocturia	undefined
Other Drinks	0	Minimum void	0
IV Fluids	0	Maximum void	0
Total	0	Total	0

**Bladder Dysfunction:**

Type of Bladder Dysfunction	Symptoms	Leakage Amount
Stress Incontinence	Nil	None
Overactive Bladder & Urge Incontinence	Nil	None
Nocturnal Enuresis	Nil	None
Overflow Incontinence	Nil	None
Reflex Incontinence	Nil	None
Post Micturition Dribbling	Nil	None

**Mobility:**

Function: Independant

Details:

**Cognitive Function:****Communication:****Hand Function:****Environmental Barriers:****Bowel Symptoms:**

Faecal Soiling:

Faecal Incontinence:

Stool Type (As per Bristol Stool Form Scale): undefined

**Other Bowel Symptoms:****Physical Examination:****Skin Condition:**

Perineum, groin, thighs, buttocks:

**Comments:****Urogenital Examination:**

Male:

**Comments:****Transient causes of incontinence (PRAISED):**

Transient Cause	Yes/No/NA
Pharmaceutical. Psychology – causing depression, grief, anxiety:	No
Restricted mobility, retention:	No
Atrophic urethritis or atrophic vaginitis	No
Infection - urinary (symptomatic)	No
Stool impaction	No
Excessive urine output caused by endocrine/cardiovascular disorder, excessive fluid intake and pedal oedema	No
Dehydration. Delirium and other confusional states	No

**OtherComments:**Fluid Assessment fully completed today: ☐ Yes**Management Plan:**

Interventions Required	Yes/No/NA

<b>Bladder Training:</b>	No
<b>Bowel Management:</b>	No
<b>Advise re: "good bladder habits:</b>	No
<b>Prompted Toileting:</b>	No
<b>Toilet positioning for bladder emptying:</b>	No
<b>Fluid/Dietary changes:</b>	No
<b>Carer Education</b>	No
<b>Referral to GP/Specialist</b>	No
<b>Referral to Nurse Continence Advisor</b>	No
<b>Continence Aids</b>	No

**Other Comments:**

**Trial of Pad/s:**

**Result of Pad/s Trial:**

**Final Comments:**

Nurse's Full Name:

Designation: