QUANTUM CARE
THERAPY & ADVENTURES
Empowering your abilities

Date: 30. 11. 2022.

COMMUNITY NURSING BLADDER ASSESSMENT

Surname:
First Name:

DOB: 0
Sex:undefined
Referred By:

Presenting Problems:

Medical History:

- ☐ High Cholesterol
- ☐ Stroke
- ☐ Hepatitis
- ☐ Kidney Issues
- ☐ Heart conditions
- ☐ Respiratory Problems
- ☐ Diabetes
- ☐ Alcohol
- ☐ Epilepsy
- ☐ Smoking
- ☐ Falls
- ☐ Rheumatoid Arthritis
- ☐ Fractures
- ☐ Cancer
- ☐ Thyroid Problems
- ☐ Blood Disorder

Other/Details:

Surgical History:

Medications:

Bladder:

Bladder Diary Maintained: Yes

Bladder Diary Details:

Urine Colour:

Urine Odor: ☐ Offensive

Bladder Dysfunction:

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

Toileting Function:

Fluid Balance:

Fluid Restriction: No

Fluid Restriction Total: 0

Input Fluids	Volume (ml)	Output Fluids	Volume (ml)
Caffeine Drinks	0	Frequency	undefined
Alcohol Drinks	1000	Nocturia	undefined
Other Drinks	0	Minimum void	0
IV Fluids	0	Maximum void	0
Total	0	Total	0

Mobility:

Function: Independant

Details:

Cognitive Function:

Hand Function:

Environmental Barriers: