



COMMUNITY NURSING BLADDER ASSESSMENT

Patient Information

Surname:

First Name:

DOB: undefined

Sex:undefined

Referred By:

Presenting Problems:

Is Condition:

☐ Gradual

☐ Sudden

☐ Onset

☐ Worsening

How does your bladder problem affect your life:

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

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 |
|------------------------|-----------|
| | |

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

Other Comments:

Trial of Pad/s:

Result of Pad/s Trial:

Final Comments:

Nurse's Full Name: dwqdwq

Designation: