Date: 27. 11. 2022.

COMMUNITY NURSING BLADDER ASSESSMENT

Surname: DOB: 0

First Name: Sex:undefined

Referred By:

Presenting Problems:

Medical History:

- ☐ Heart conditions
- ☐ Respiratory Problems
- ☐ Diabetes
- ☐ Alcohol
- ☐ Epilepsy
- ☐ Smoking
- ☐ Falls
- ☐ Rheumatoid Arthritis
- ☐ Fractures
- ☐ Cancer
- ☐ Thyroid Problems
- ☐ Blood Disorder

Other/Details:

Surgical History:

Medications:

Function:

Bladder:

Bladder Diary Maintained: Yes

Bladder Diary Details:

Urine Colour:

Urine Odor: ☐ Offensive

Fluid Balance:

Fluid Restriction: No

Fluid Restriction Total: 1000

Fluid Input (24hrs) Caffeine Drinks:0 mls Alcohol Drinks:0 mls Other Fluids:0 mls Total:0 mls

Fluid Output (24hrs) Fre

Mobility:

Function: Independant

Details: