



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

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:

Designation: