

| COMMUNITY NURSING BLADDER ASSESSMENT                     |  |   |  |
|--|--|---|--|
| Surname:   |  |   | DOB: 0   |
| First Name:  |  |   | Sex:undefined<br>Referred By:                    |
| Presenting Problems:                                     |  |   | Referred by.                                     |
| 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:                                     |  |   |  |
| Stress Incontinence: No symtpoms, Leakage Amount: None   |  |   |  |
| Overactive Bladder: No symtpoms, Leakage Amount: None    |  |   |  |
| Nocturnal Enuresis: No symtpoms, Leakage Amount: None    |  |   |  |
| Overflow Incontinence: No symtpoms, Leakage Amount: None |  |   |  |
| Reflex Incontinence: No symtpoms, Leakage Amour          | nt: None   |   |  |
| Post Micturition Dribbling: , Leakage Amount:            |  |   |  |
| Toileting Function:                                      |  |   |  |
| Fluid Balance:   |  |   |  |
| Fluid Restriction: No                                    |  |   |  |
| Fluid Restriction Total: 0                               |  |   |  |
| Fluid Input (24hrs)                                      |  | Fluid Output (24hrs)                        |  |
| Caffèine Drinks:   | 0 mls  | Frequency:                                  | undefined  |
| Alcohol Drinks:  | 0 mls  | Nocturia:                                   | undefined  |
| Other Drinks:  | 0 mls  | Minimum void:                               | 0 mls  |
| IV Fluids:   | 0 mls  | Maximum void:                               | 0 mls  |
| Total:   | 0 mls  | Total:                                      | 0 mls  |

| Mobility:             |
|-----------------------|
| Function: Independant |
| Details:              |

Cognitive Function:

Hand Function:

bccbc

**Environmental Barriers:**