

Avoid constipation.

Encourage adequate fluid intake.

Sexually active female adolescents are advised to urinate as soon as possible after they have intercourse to flush out any bacteria introduced. Children who have recurrent UTIs or neurogenic bladder are sometimes maintained on daily low-dose antibiotics. Giving the dose at bedtime in children who stay dry through the night allows the drug to remain in the bladder longer. The nurse should reinforce the importance of compliance to parents and older children.

Obstructive Uropathy

Structural or functional abnormalities of the urinary system that obstruct the normal flow of urine can result in renal dysfunction. The area above the obstruction may demonstrate increased pressure, dilation, and urinary stasis. If the blockage is low in the urinary tract, both ureters and kidneys may be affected; if one kidney or ureter is affected, the other may be normal. The renal pelvis and calyces typically show dilation termed **hydronephrosis** from obstruction, although a kidney may have hydronephrosis and not be obstructed.

Obstruction may be congenital or acquired, unilateral or bilateral, and complete or incomplete with acute or chronic manifestations. The obstruction can occur at any level of the upper or lower urinary tract ([Fig. 26-2](#)). Partial obstruction may not be symptomatic and changes caused may be partially or completely reversible if there is early intervention. Boys are affected more frequently than girls, and malformations should be suspected when patients have associated congenital defects (e.g., prune belly syndrome, chromosomal anomalies, anorectal malformations, neural tube defects). Prenatal diagnosis with ultrasonography has been a factor leading to early diagnosis and intervention with subsequent decrease in renal impairment.