

**NCLEX IV (8): Physiological Integrity/Physiological Adaptation**

Anatomy and Physiology

Normal Structures

Urinary system contains kidneys, urethra, bladder, and ureters. There are two kidneys located below the ribs toward the middle of the back, they remove waste from the body, balance the body's fluids, release hormones to regulate BP, and control the production of RBC's. The bladder expands to store urine and contracts and flattens to empty urine through the urethra. Urea is carried in the bloodstream to the kidneys where it is removed with water and other wastes to form urine. The Urethra allows urine to pass outside the body. The brain signals the bladder muscles to tighten and squeeze urine out of the bladder. There are two sphincter muscles that keep urine from leaking by closing around the bladder. Nerves sends signals when it is time to urinate.

Pathophysiology of Disease

UTI occurs in the urinary system, it can attack the kidney's, bladder, and urethra. **Bacteria can cause an infection in the urinary tract.** In the bladder a common bacterium is E. coli that is found in the GI tract. An infection of the urethra; happens when the GI tract bacteria spreads from the anus to the urethra. Infection and inflammation are problems that occur with UTI.

**NCLEX IV (7): Reduction of Risk**

Anticipated Diagnostics

Labs

**Urinalysis** (looks at bacteria and WBCs for signs of infection), urine culture w/ antimicrobial susceptibility testing.

Physical examination, ultrasound and CT scan.

Additional Diagnostics

Cystoscopy (long, thin tubes with a lens to see the urethra and bladder from the inside), blood tests, pelvic or rectal exams.

**NCLEX II (3): Health Promotion and Maintenance**

Contributing Risk Factors

Previous UTI, Age (older adults and young children are more likely), poor hygiene, enlarged prostate or structural problems in the urinary tract, changes of the bacteria that live inside the vagina, sexual activity, pregnancy, kidney stones, diabetes.

Signs and Symptoms

Pain or burning while urinating (dysuria), bloody urine, pressure or cramping in lower abdomen or groin. Frequently urinating. Fever, chill, lower back pain, N/V. **Cloudy foul-smelling urine.**

**NCLEX IV (7): Reduction of Risk**

Possible Therapeutic Procedures

Non-surgical

Antibiotics (amoxicillin, nitrofurantoin, and sulfonamides). Antifungals.

Surgical

Chronic UTI: endoscopic, percutaneous, or laparoscopic. Kidney stone removal.

Prevention of Complications

(What are some potential complications associated with this disease process)

Repeated UTI's, permanent kidney damage from a kidney infection due from untreated UTI, **and sepsis.**

**NCLEX IV (6): Pharmacological and Parenteral Therapies**

Anticipated Medication Management  
Antibiotics: trimethoprim, Fosfomycin, nitrofurantoin, cephalexin, and ceftriaxone (all treat infections).  
Uristat or phenazopyridine (pain relief).  
Fever or **pain relief**: acetaminophen.

**NCLEX IV (5): Basic Care and Comfort**

Non-Pharmacologic Care Measures  
Drink lots of water, avoid coffee, alcohol, sodas. Use a heating pad on the bladder. Cleanliness while urinating, cranberry juice.

**NCLEX III (4): Psychosocial/Holistic Care Needs**

What stressors might a patient with this diagnosis be experiencing?  
Anxiety, stress, **agitated**, **pain**, **discomfort**, **chills**, shaking, night sweats, and fatigue.

**Client/Family Education**

List 3 potential teaching topics/areas  
•Take antibiotics as prescribed  
  
•Drink plenty of water and fluids.  
  
•Urinate often and maintain good overall hygiene.

**NCLEX I (1): Safe and Effective Care Environment**

Multidisciplinary Team Involvement  
(Which other disciplines do you expect to share in the care of this patient)  
PCP, urologist, family members, pharmacy, gynecology.

**Potential Patient Problems (Nursing Diagnoses)**

List two potential patient problems you will be addressing along with clinical reasoning, goals/expected outcomes, assessments, and priority nursing interventions. The patient problems must be in priority order.

**Problem # 1: Acute Pain**

**Clinical Reasoning:** Inflammation and infection of the urinary tract. (Burning on urination, facial grimacing, decreased physical activity).

**Goal/EO:** Pt will report 2/10 pain by the end of my care.

**Ongoing Assessments:** 1. Assess description of PQRST of pain before starting my care.

2. Assess dysuria, urine frequency, urgency, and pyuria after each urine output.

3. Assess risk factors of UTI (catheter use, blockages of urinary tract, age) before starting my care.

4. Assess labs and diagnostic studies (WBC, urinalysis, and bacteria in urine) during my care time.

5. Assess VS (temp, HR, BP, RR) q 4hrs during my care time.

**NI:** 1. Apply a heating pad to lower abdomen or lower back PRN during my care time.

2. Administer analgesics (acetaminophen) PRN during my care.



c. **\_Nurse Craig got Mrs. Jordan to take deep breaths and cough out contestants.**

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3) Do you feel the nurse and medical team utilized therapeutic communication techniques when interacting with individuals, families, and health team members of all cultural backgrounds?

a. If **yes**, describe: Yes, all the nurses were informed with each about Mrs. Jordan's condition. They gave report off to the next health team member about any changes they had while taking care of the patient. Nurse Craig informed the Primary care physician about the patient's recent change in her breathing and pain she was experiencing. The nurse also communicated with the pharmacy to make sure all the medication the patient is correct, and that she is taking the medication she is prescribed. Nurse Craig listened to patient and got Doctor Baxter to talk to Mrs. Jordan about her concerns.

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b. If **no**, describe:

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### Reflection

1) Go back to your Preconference Template:

a. Indicate (circle, star, highlight, etc.) the components of your preconference template that you saw applied to the care of this patient.

2) Review your Nursing Process Form: Did you select a correct priority nursing problem?

a. If **yes**, write it here: \_\_\_\_\_ Impaired Urinary elimination

b. If **no**, write what you now understand the priority nursing problem to be:

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3) Review your Patient Problem Form: Did you see many of your anticipated nursing assessments and interventions used?

a. Were there interventions you included that *were not* used in the scenario that could help this patient?

i. If **yes**, describe: \_ Encourage pt. to increase oral fluids. Have pt. demonstrate proper catheterization techniques q 2hrs during my time of care. Apply a heating pad to lower abdomen or lower back.\_ Encourage plenty of water and fluid intake all throughout my time of care

e. \_\_\_\_\_

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ii. If **no**, describe:

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4) After completing the scenario, what is your patient at risk for developing?

a. \_ Sepsis or kidney failure

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b. Why? \_If left untreated can result in a life-threatening infection in the blood. Bacteria that enter the urinary tract through the urethra can travel to the kidneys.

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## SOAP Note Based on Priority Problems

### Priority Patient Problem #1: \_\_ Impaired Urinary elimination

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<p><b><u>Subjective:</u></b></p> <p><i>This section explains the client symptoms. Include a narrative of the patient's complaints/concerns and/or information obtained from secondary sources.</i></p>	<p><b>History Present Illness (HPI):</b> urosepsis</p> <p><b>PMH:</b> congestive heart failure, urosepsis, diabetes.</p> <p><b>Allergies:</b> NKA</p> <p><b>Current Medications:</b> Levofloxacin, IV 20mg Furosemide, 0.25mg digoxin, albuterol 0.5% solution by nebulizer,</p>
<p><b><u>Objective:</u></b></p> <p><i>This section is your clinical observations. Include pertinent vital signs, pertinent labs and diagnostics related to the priority problem.</i></p>	<p><b>Vital Signs:</b> T- 100.6F, P-98, R-28, BP-130/94, O2 Sat-89% 2L</p> <p><b>Labs:</b> WBC-13,000, Hgb- 11.3, Hct-33%, <b>Urinalysis:</b> cloudy, slight amber, protein 2mg/dL, WBC-10, RBC-4-6. <b>Cholesterol-225mg/dL.</b></p> <p><b>Diagnostics:</b> urinalysis, chest x-ray, blood cultures, CBC w/ differential, C-reactive protein.</p>
<p><b><u>Assessment:</u></b></p> <p><i>Focused assessments on your priority problem.</i></p>	<p><b>Assess signs and symptoms of urine urgency, dysuria, and nocturia throughout my care.</b></p> <p><b>Assess PQRST of the bladder during my time of care.</b></p> <p><b>Assess cloudiness or smell of urine during q urine output during my care. Assess pattern and amount at q urine output during my care time.</b></p>
<p><b><u>Plan</u></b></p> <p><b>*Based on priority problem only</b></p> <p><i>Include what your plan is for the client. What treatments or medications are needed? You can include procedures, consults, labs/diagnostics, etc. What</i></p>	<p><b>Plan:</b></p> <p><b>Analgesics for pain. Antibiotics for infections and antifungals. Urinalysis, urine culture. WBC</b></p> <p><b>Limit the use of indwelling bladder catheters during my time of care.</b></p> <p><b>Encourage plenty of water and fluid intake all throughout my time of care.</b></p>

*nursing interventions are being performed?*

**Educate on bladder training q 1hr during my shift.**

**Have pt. demonstrate proper catheterization techniques q 2hrs during my time of care.**

**Educate on proper hygiene after q output during my care.**

**Administer analgesics (acetaminophen).**

**Teaching & Resources: Educate on drinking plenty of fluids and to use heating pad on area of discomfort. Primary Care Provider, urologist, family members, pharmacy**