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Medical Diagnosis/Disease: UTI

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

Anatomy and Physiology  
Normal Structures  
The upper urinary tract consists of 2 kidneys, and 2 ureters, and the lower urinary system consists of a bladder and urethra. The kidneys are bean shaped organs, that's primary function is to filter the blood and maintain the body's internal homeostasis. Urine formation occurs as well. The ureters are tubes that carry urine from the renal pelvis to the bladder at a specific angle that prevents any backflow. The bladder serves as a reservoir for urine and waste products. The bladder expands when filled and contracts when empty. The urethra, which is shorter in females, is a small tube that controls voiding and serves as a conduct for urine from the bladder to the outside of the body. Together, all these parts work to expel urine from the contraction and relaxation of the bladder and sphincters and muscles.

Pathophysiology of Disease  
The urinary tract above the urethra is considered sterile, and the body encompasses several mechanisms that aid in the maintenance of sterility and prevention of infection. These mechanisms include normal voiding with complete emptying of the bladder, ureterovesical junction competence, and ureteral peristaltic activity that propels urine towards the bladder. The high PH of urine allows for the interference of the growth of bacteria. The most common causes of UTI's originate from the perineum and are introduced via ascending route, usually by urologic instrumentation that allows bacteria present at the opening of the urethra to enter the bladder.

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

Anticipated Diagnostics  
Labs  
Dipstick urinalysis  
Urine culture and sensitivity  
  
Additional Diagnostics  
H&P, CT, US, cystoscopy

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

Contributing Risk Factors  
Catheters  
Urinary Retention  
Renal Impairment  
Obstruction  
Aging  
Diabetes  
HIV infection  
Shorter urethra  
Obesity  
Urinary tract stones  
Voiding dysfunction  
Poor personal hygiene  
Multiple sexual partners  
Pregnancy

Signs and Symptoms  
Dysuria  
Frequency  
Sudden desire to void  
Suprapubic discomfort  
Diminished urine stream  
hematuria  
cloudy urine  
  
Upper- fever, chills, flank pain

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

Possible Therapeutic Procedures  
Non-surgical  
n/a  
  
Surgical  
n/a

Prevention of Complications  
(What are some potential complications associated with this disease process)  
  
Kidney infection  
Sepsis  
Pregnancy issues  
HTN

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

Anticipated Medication Management  
Antibiotics  
Analgesics

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

Non-Pharmacologic Care Measures  
Increased fluid intake  
Wiping front to back  
Urination after sexual intercourse

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

What stressors might a patient with this diagnosis be experiencing?  
Frequent waking during the night, nocturia



**Client/Family Education**

List 3 potential teaching topics/areas

- Take full course of antibiotics, even when feeling better
- Increase fluids
- Practice wiping front to back

**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)

- HCP
- RN
- Family
- Urologist
- Lab
- Pharmacy

**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: burning with urination, suprapubic discomfort, infection

Goal/EO: Client will have a pain rating on the numeric pain scale of a 3/10 or less by the end of my shift.

Ongoing Assessments: pain rating, RR, pulses, BP, VS, Facial grimacing, PQRST of pain

- NI:
1. Administer pain medications as ordered
  2. Respond immediately to reports of pain PRN
  3. Encourage the use of a sitz bath PRN
  4. Provide rest periods to facilitate comfort and relaxation q shift
  5. Educate on s/sx to report the HCP PRN
  6. Apply heating pad to the suprapubic area or lower back PRN

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**Problem # 2 Impaired Urinary Elimination**

Clinical Reasoning: dysuria, diminished urine stream

Goal/EO: Client will be clear of UTI as evidenced by clear, non-foul-smelling urine, pain-free urination, normal WBC count, and absence of fever, chills, flank pain, and suprapubic pain by the end of my shift.

Ongoing Assessments: urine color, odor, I&Os, frequency of urination





### SOAP Note Based on Priority Problems

**Priority Patient Problem #1:** \_\_\_\_\_

<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></p> <p><b>PMH:</b></p> <p><b>Allergies:</b></p> <p><b>Current Medications:</b></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></p> <p><b>Labs:</b></p> <p><b>Diagnostics:</b></p>
<p><b><u>Assessment:</u></b></p> <p><i>Focused assessments on your priority problem.</i></p>	

**Plan**

**\*Based on priority problem only**

*Include what your plan is for the client. What treatments or medications are needed? You can include procedures, consults, labs/diagnostics, etc. What nursing interventions are being performed?*

**Plan:**

**Teaching & Resources:**