**CLIENT CARE PLAN**

**Client:** Pathways, CarePlan  
**Client ID#:** 1165425300  
**Admission Date:** 12-06-2006

46 Urinary Function

<table>
<thead>
<tr>
<th>Admission Rating</th>
<th>K</th>
<th>B</th>
<th>S</th>
</tr>
</thead>
<tbody>
<tr>
<td>Desired Outcome</td>
<td>K</td>
<td>B</td>
<td>S</td>
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<thead>
<tr>
<th>Cat.</th>
<th>Target</th>
<th>Care Description Note</th>
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</thead>
</table>
| TGC  | Anatomy/Physiology | Urinary System Function  
Instruct client/caregiver |
| TGC  | Bladder Care | Identify / Decrease Factors that Increase Symptoms  
Instruct client/caregiver  
1) To empty bladder completely  
2) To void frequently  
3) Proper technique for urethral cleansing  
4) Increase fluids to 8-10 glasses clear fluids/day per physician recommendation  
5) 1/2 cup cranberry juice daily if possible |
| TGC  | Signs/Symptoms-Physical | When to Notify Providers  
Instruct client/caregiver to report to RN and or physician  
1) Fever, chills  
2) Burning with urination  
3) Flank pain, bladder spasms  
4) General malaise  
5) Frequency  
6) Confusion |
| S    | Signs/Symptoms-Mental/Emotional | Other  
Evidence of Urinary Tract Infection  
Assess at each visit |

**Employee Signature** ___________________________  
**Date** ___________________________  
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