

OKLAHOMA DEPARTMENT OF CORRECTIONS
NURSING PRACTICE PROTOCOLS
PAINFUL URINATION

MSRM 140117.01.28
(R-6/11)

(example – **Urinary Tract Infection**)

Subjective Data:

Chief complaint: _____ **Allergies:** _____

Onset: _____ New Onset Chronic Recurrence

History:

Sexually transmitted disease: None Gonorrhea Syphilis Herpes Chlamydia
Diabetic: Yes No FSBS: _____

Associated Symptoms:

Change in voiding: Burning / painful urination Frequency Urgency Dribbling Inability to void
Lumbosacral back pain or mid-abdominal pain: Yes No If "Yes" describe: _____

Radiation of pain: Yes No If "Yes" describe: _____ Pain scale: (0-10) _____

Nausea Vomiting Fever Chills Tiredness Headache

Objective Data: (clinically indicated VS)

BP _____ Pulse _____ Resp. _____ Temp. _____ Wt. _____

Abdomen:	<input type="checkbox"/> Soft	<input type="checkbox"/> Slightly firm	<input type="checkbox"/> Rigid	<input type="checkbox"/> Distended
Bowel sound:	<input type="checkbox"/> Normal	<input type="checkbox"/> Hyperactive	<input type="checkbox"/> Hypoactive	<input type="checkbox"/> Absent
Mucus membrane:	<input type="checkbox"/> Moist	<input type="checkbox"/> Dry	<input type="checkbox"/> Parched	
Turgor:	<input type="checkbox"/> Normal	<input type="checkbox"/> Decreased		
Urine:	<input type="checkbox"/> Dark	<input type="checkbox"/> Cloudy	<input type="checkbox"/> Bloody	<input type="checkbox"/> Foul order
Appearance:	<input type="checkbox"/> Mild distress	<input type="checkbox"/> Moderate distress	<input type="checkbox"/> Severe distress	

NOTIFY MEDICAL PROVIDER/RN IMMEDIATELY IF:

- Offender unable to void
- Offender unable to ingest fluids
- Temperature > 101
- Offender has vomiting associated with other symptoms

Refer to Medical Provider If:

- Dipstick urine abnormal
- Suspected gonorrhea, chlamydia, syphilis, or pyelonephritis
- Offender has costo-vertebral angle tenderness
- Offender has history of kidney stones

Medical Provider/RN Notified Date: _____ **Time:** _____ **Orders Received for Treatment:** Yes No

Assessment:

- Alterations in comfort / elimination related to urinary tract infection

Plan:

Nursing Intervention Routine: Include First Aid

- Acetaminophen 325 mg - 2 tablets p.o. three times a day for 4days
OR
- Ibuprofen 200 mg – 2 tablets p.o. three times a day for 4 days
- Clean catch urine specimen (critical in females)
- Dip-stick urine
- Increase fluids to at least 2 liters unless history of CHF / Pulmonary edema

Progress Note: _____

Offender Education:

- Instructed to increase fluid intake, void every 2-3 hours, medication use, follow -up sick call if no improvement.
Offender verbalizes understanding of instructions.

LPN Signature/credentials: _____ **Date:** _____ **Time:** _____

RN/Provider Signature/credentials: _____ **Date:** _____ **Time:** _____

Offender Name
(Last, First)

DOC #