

OKLAHOMA DEPARTMENT OF CORRECTIONS  
NURSING PRACTICE PROTOCOLS  
**PAINFUL URINATION**

MSRM 140117.01.28  
(R-12/15)

(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  Urgency  Dribbling  Inability to void  
Lumboscaral 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	<input type="checkbox"/> Severe distress	

(Nursing Protocol must be signed by the Medical Provider if offender displays any of the below s/s or any additional treatment/ medication required)

**NOTIFY MEDICAL PROVIDER 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 Notified Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Orders Received for Treatment:**  Yes  No

**Assessment:**

- Alterations in comfort / elimination related to urinary tract infection

**Plan: Nursing Intervention Routine:** (check all that apply)

- Check in assessment only for medical providers visit.
- Assessment completed. Chief complaint resolved prior to appointment. Instructed offender to follow-up sick call for signs/symptoms warranting further evaluation.
- 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
- Education/Intervention: Instructed to increase fluid intake, void every 2-3 hours, medication use, follow -up sick call if no improvement. Offender verbalizes understanding of instructions.

**Progress Note:** \_\_\_\_\_

**Medical Provider Signature/Credentials:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**QHCP Signature/credentials:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

Offender Name  
(Last, First)

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