Urinary Retention Nursing Care Plan

Patient's information
Patient name: Mark Anderson
Age:72
Gender: Male
Date of birth: May 31, 1952
Medical history
Benign prostatic hyperplasia (BPH) Hypertension Type 2 diabetes

Assessment	
Subjective	**Objective**
Difficulty urinating, constant feeling of bladder fullness, discomfort in the lower abdomen, and straining while urinating	Palpable bladder distention, abdominal tenderness on palpation. Post-void residual of 400 mL confirmed through bladder scan. Temperature: 98.5°F Blood pressure: 135/85 mmHg Pulse: 80 bpm Respiratory rate: 18 breaths per minute

Nursing diagnosis
Impaired urinary elimination related to bladder outlet obstruction from BPH. Risk of infection related to unrinary stasis. Pain related to bladder distention. Anxiety related to inability to urinate and discomfort.

Goals and outcomes	
Long-term	**Short-term**
The patient will achieve normal urinary elimination patterns, with minimal post-void residual volume (below 100 mL) within two weeks.	The patient will report a reduction in the sensation of bladder fullness within 24 to 48 hours.
The patient will remain free from urinary tract infections for the next 3 months.	The patient will have a reduced post-void residual volume (from 400 mL to less than 200 mL)
The patient will demonstrate self-management of urinary retention symptoms, including scheduled voiding and fluid intake, within one month.	The patient will verbalize understanding of the prescribed medications and demonstrate adherence within 3 days.

Nursing interventions
Monitor urinary output closely to assess the degree of urinary retention. Perform bladder scans after each voiding episode to measure residual urine. Administer prescribed medications, such as alpha-blockers (e.g., tamsulosin), to relieve bladder outlet obstruction. Educate the patient on fluid intake, encouraging scheduled voiding every 2 – 3 hours during the day. Monitor for signs of infection, such as fever, chills, and cloudy urine.

Rationale
Monitoring provides immediate feedback on the effectiveness of interventions and helps track urine retention severity. Bladder scans are non-invasive methods to confirm the extent of urinary retention. Alpha-blockers help relax the muscles of the prostate and bladder neck to improve urine flow. Timed voiding helps prevent bladder overdistention and reduces the risk of retention. Urinary stasis increases the risk of infection; early identification allows prompt treatment.

Evaluation
The patient reported less discomfort and was able to void more easily with minimal straining. Post-void residual volume decreased to 150 mL after 48 hours. The patient understood the importance of medication adherence and fluid management.

Additional notes

Nurse’s information
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