

FINDINGS AND RECOMMENDATIONS

NAME _____

DATE: _____

IMPRESSIONS/FINDINGS: _____

(THE FOLLOWING INCLUDE INSTRUCTIONS GIVEN VERBALLY AND IN WRITTEN FORM TO CLIENT AND/OR CAREGIVER)

GENERAL INFORMATION

- Anatomy of Genitourinary system Gastrointestinal system
Physiology of Bladder function Bowel function
 Skin care Odor control Other hygiene measures

Medications Prescribed: _____

ACTIVITIES OF DAILY LIVING

- Use of daily Voiding diary Frequency volume chart Bowel diary
 Specific toileting program _____
 Prompted voiding program

BEHAVIOR MODIFICATION, THERAPEUTIC ACTIVITIES & SELF CARE ACTIVITIES

- Voiding maneuvers of bladder emptying and voiding Post-void dribble technique
 Techniques to decrease nocturia and nocturnal enuresis
 Facilitation of activity level to promote toileting and bowel regularity
 Education in urge suppression techniques, relaxation techniques and bladder retraining
 Dietary restriction/modification of: Caffeine Other bladder irritants Overall fluid management
 Dietary changes to: Improve bowel irregularity Decrease fecal incontinence
 Use of pelvic muscle during symptoms of urgency, frequency and stress/urge incontinence
 Pelvic floor muscle home therapy program, Demonstration, Audiocassette exercise tape/CD

SELF CARE MANAGEMENT ACTIVITIES

- Application of protective/absorbent products Type _____ Size _____
 Indwelling catheter care Type _____ Size _____
 Penile clamp or compression device Type _____ Size _____
 External male catheter Type _____ Size _____
 Pessary Type _____ Size _____
 Use of urinal or other toileting device Type _____
 Skin care product recommended Type _____
 Intermittent catheters Type _____ Size _____
 Other (specify) _____

INSTRUCTIONS REVIEWED WITH: _____

RESPONSE: _____

RECOMMENDATIONS: _____

SIGNATURE: _____