

OKLAHOMA DEPARTMENT OF CORRECTIONS
NURSING PRACTICE PROTOCOLS
PAINFUL URINATION

MSRM 140117.01.6.1
(R-2/20)

(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
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	

CONTACT HEALTH CARE PROVIDER IMMEDIATELY IF: *Health care provider must be called if not on site or if after clinic hours.*

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

REFER TO HEALTH CARE PROVIDER IF: *If during clinic hours the health care provider is to be called if not on site. If after clinic hours the health care provider is to be called the next working day.*

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

Health Care Provider: _____ **Time Notified:** _____ **Orders Received for Treatment:** Yes No

If physical exam is negative for any of the above s/s and/or there is no need for additional medication/treatment, proceed with nursing interventions.

Plan: Interventions: (check all that apply)

- Check in assessment only for medical providers visit.
- Assessment completed. Chief complaint resolved prior to appointment. Instructed inmate to follow-up sick call for signs/symptoms warranting further evaluation.
- Acetaminophen 325 mg - 2 tablets p.o. three times a day for 4 days PRN **OR**
- Ibuprofen 200 mg – 2 tablets p.o. three times a day for 4 days PRN
- 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. Inmate verbalizes understanding of instructions.

Progress Note: _____

Health Care Provider Signature/Credentials: _____ **Date:** _____ **Time:** _____

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

Inmate Name
(Last, First)

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