

BLADDER MANAGEMENT PROGRAM

Bladder Evaluation Completed: _____
Results Reviewed (Name and Title) Date

Voiding Diary Completed: _____
Results Reviewed (Name and Title) Date

To meet individual bladder management needs, initiate:

- Time/Scheduled/Habit Program
 Prompted Voiding Program
 Bladder Training Program

Nurse Instructions: _____

PLAN: Provide fluids: AM shift _____ mL PM shift _____ mL Night shift _____ mL (24 hour total _____ mL)
 Offer no fluids after _____ PM (except as needed for medications).

INSTRUCTIONS: Complete as indicated. Circle the specific time at which fluids should be given. For each time applicable, record **INTAKE** and **VOIDED** in mL's. Document **INCONTINENT** by indicating **W** (Wet).

| DATE → | | | | | | | | | | | | | | | | | | | |
|--|--------|--------|-------------|--------|--------|-------------|--------|--------|-------------|--------|--------|-------------|--------|--------|-------------|--------|--------|-------------|--|
| Circle the specific times below at which fluids should be given. | INTAKE | VOIDED | INCONTINENT | INTAKE | VOIDED | INCONTINENT | INTAKE | VOIDED | INCONTINENT | INTAKE | VOIDED | INCONTINENT | INTAKE | VOIDED | INCONTINENT | INTAKE | VOIDED | INCONTINENT | |
| | 7 am | | | | | | | | | | | | | | | | | | |
| 8 am | | | | | | | | | | | | | | | | | | | |
| 9 am | | | | | | | | | | | | | | | | | | | |
| 10 am | | | | | | | | | | | | | | | | | | | |
| 11 am | | | | | | | | | | | | | | | | | | | |
| 12 Noon | | | | | | | | | | | | | | | | | | | |
| 1 pm | | | | | | | | | | | | | | | | | | | |
| 2 pm | | | | | | | | | | | | | | | | | | | |
| 3 pm | | | | | | | | | | | | | | | | | | | |
| 4 pm | | | | | | | | | | | | | | | | | | | |
| 5 pm | | | | | | | | | | | | | | | | | | | |
| 6 pm | | | | | | | | | | | | | | | | | | | |
| 7 pm | | | | | | | | | | | | | | | | | | | |
| 8 pm | | | | | | | | | | | | | | | | | | | |
| 9 pm | | | | | | | | | | | | | | | | | | | |
| 10 pm | | | | | | | | | | | | | | | | | | | |
| 11 pm | | | | | | | | | | | | | | | | | | | |
| 12 Midnight | | | | | | | | | | | | | | | | | | | |
| 1 am | | | | | | | | | | | | | | | | | | | |
| 2 am | | | | | | | | | | | | | | | | | | | |
| 3 am | | | | | | | | | | | | | | | | | | | |
| 4 am | | | | | | | | | | | | | | | | | | | |
| 5 am | | | | | | | | | | | | | | | | | | | |
| 6 am | | | | | | | | | | | | | | | | | | | |
| 24 Hr. Total | Intake | Output | | | | | | | | | | | | | | | | | |
| Signatures | AM | | | | | | | | | | | | | | | | | | |
| | PM | | | | | | | | | | | | | | | | | | |
| | Night | | | | | | | | | | | | | | | | | | |

| | | | | | |
|-----------|-------|--------|---------------------|------------|----------|
| NAME—Last | First | Middle | Attending Physician | Record No. | Room/Bed |
|-----------|-------|--------|---------------------|------------|----------|

