

**SAINT JOSEPH VILLA
RESIDENT CARE PLAN**

Resident _____ **Room #** _____

Problem **Date** _____ **Signs / symptoms of urinary tract infection** **Problem #** _____

Date _____ **At risk for signs / symptoms of urinary tract infection** **Page 1**

Goal(s) **Date** _____ **Signs / symptoms of urinary tract infection will resolve** _____

Date _____ **Resident will be free of signs / symptoms of urinary tract infection through next review**

Start Date	Approach (note start date when in effect / end date when discontinued)	Discipline(s)	End Date
	Monitor for clinical signs and symptoms of urinary tract infection: fever, chills, burning pain on urination, frequency, urgency, flank or suprapubic pain or tenderness, gross hematuria, change in character of urine, change in mental status or functional status (including incontinence); notify physician as indicated.	N	
	Encourage fluids.	N/D/A	
	Provide peri-care after each void and bowel movement / incontinent episode.	N	
	Monitor and treat for constipation.	N	
	Implement toileting program; see specific program.	N	
	Implement bladder rehabilitation / bladder retraining program; see specific program.	N	
	Obtain clean catch, midstream urine specimen for UA and C & S or catheterized specimen if unable to obtain clean catch (with physician order).	N	
	Report UA results to physician.	N	
	Report C & S results to physician.	N	
	Administer antibiotic as prescribed; monitor for side effects and report to physician as indicated.	N	
	Monitor temperature q shift while on antibiotic therapy as indicated by resident's condition.	N	

A=Activities; D=Dietary; H=Housekeeping; M=Maintenance; N=Nursing; OT=Occupational Therapy; PC=Pastoral Care; Ph=Pharmacy; Pod=Podiatrist; PT=Physical Therapy; SS=Social Services

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