Form 1
CRISTA Senior Community
INITIAL BLADDERSCAN PRE-ASSESSEMENT

Primary Diagnosis_____ ICD 9 Code: _____788.2 Urinary Retention
_____788.21 Incomplete emptying of bladder

(CHECK ALL THAT APPLY)

PHYSICAL ASSESSMENT:

Age____ Male ____ Female ____
Hysterectomy ___yes ____no
____Urinary Inctontinence
____Urgency
____Frequency
____Recurrent UTI
____Nocturnal Enuresis
____Dysuria
____Nocturia
____Hematuria
____D/C of Foley
____Falls r/t toileting
____Change in continence status
____Hx of urinary retention
____Suprapubic pain or discomfort
____Neurological disease
____Dx of neurogenic bladder
____Hx of constipation/fecal impaction
____Atropic vaginitis
____Benign prostatic hypertrophy
____Hx of Prostrate CA
____Hx of Bladder CA
____Kidney Disease
____Spinal Cord Disease
____Hx of pelvic radiation
____Prolapse: ___uterus ___bladder ___rectum
____Abnormal labs:_____

MEDS:

____Diruretics
e.g. Lasix, Burnex
____Sedative/Hypnotics
e.g. Valium, Ativan, Xanax
Meds with Anticholinergic properties:
____Antipsychotics
e.g. Haldol, Risperdal
____Antidepressants
e.g. Trazadone, Elavil
____Narcotics
e.g. Morphine, Darvon
____Parkinson's Meds
(except Simemet, Deprenyl)
____Antispasmodics
e.g. Donnatal, Bentyl
____Antihistamines
e.g. Benadryl
____Calcium Channel Blockers
e.g. Verapamil, Nifedipine
____Drugs affecting the sympathetic nervous system
e.g. ephedrine, nose drops, prasolin

NARRATIVE ASSESSMENT:_____

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MD ORDER: _____

_____LN Signature _____Date

_____ _____ _____
Resident Name Physician Admit #