Clinician Follow Up Reference for Supportive Care Physical Concerns –

"YES" to Changes in urination



Are you having too little urine output?

Are you having or too much urine output?

Is your urine a different color or look different?

Do you have pain or burning with urination, fever, chills? If YES

MA level screener: communicate these answers to Physician/APC in referral or notes for Next Step.

APC or higher screener: Options/Recourse

Further inquiry as appropriate:

- How long has this been an issue?
- Is there urine leakage or bladder control problems?
- Is patient on furosemide (Lasix)?
- Is patient on any medication or discontinued medication for benign prostatic hyperplasia (BPH) medication?

Assess for cause

- Evaluate for reversible condition:
 - Obstruction
 - o Infection
- Consider medications as the underlining cause (e.g., opioids, diuretics or anticholinergics)
- Recent addition or increase of IV fluids or oral fluids?

If NO

Options/Recourse

Ask what the concern is, refer to physician as appropriate

Refer to Physician/APC

Next Step

- If infection: obtain urinalysis, urine culture and treat empirically with antibiotics.
- Consider
 Urogynocology referral if indicated

Refer to urologist or ER if obstruction is suspected.

Share Patient Links and Handouts as appropriate

See Reference links below for additional information Timing

For obstruction: Urgent, consider urgent urol ogy consultation or send to EMERGENCY ROOM

For other concerns:
Acute- WITHIN 24 hours

Notes

Stages I-III: If symptoms of possible urinary retention, consider checking post void residual. May treat benign prostatic hyperplasia through primary team or send to urologist for further evaluation. If symptoms are worrisome for obstruction, consider urologic evaluation. Review medications carefully that could impact urination (anticholinergics, diuretics, opioids etc.) See FastFact link in References below.

Stage IV: If symptoms of possible urinary retention, consider checking post void residual. May treat benign prostatic hyperplasia through primary team or send to urologist for further evaluation. Urinary retention can be quite common in patients with terminal illness. Given patient condition, consider Foley catheter. Review medications carefully that could impact urination (antichdinergics, diuretics, opioids etc.) See Fast Fact link in References below.

Geriatric: Incontinence is a prevalent issue, both being and becoming in this population. Patients on chemo can produce large amounts of urine which may be challenging to control. This may then result in conscious reduced fluid intake by patient with dehydration being the repercussion.

Patient Links and Handouts:

- > American Cancer Society, Bladder and Bowel Incontinence
- > Livestrong, Urinary Incontinence
- > NIH. NCI. Urinary and Bladder Problems
- > Cancer.Net. Urinary Incontinence
- > Cancer.Net.Infection

CSOC Patient Handout can be accessed at: http://cancer-help.me/urination

Reference:

 Palliative Care Network of Wisconsin, Fast Fact and Concepts #287, Drug-Induced Acute Urinary Retention

