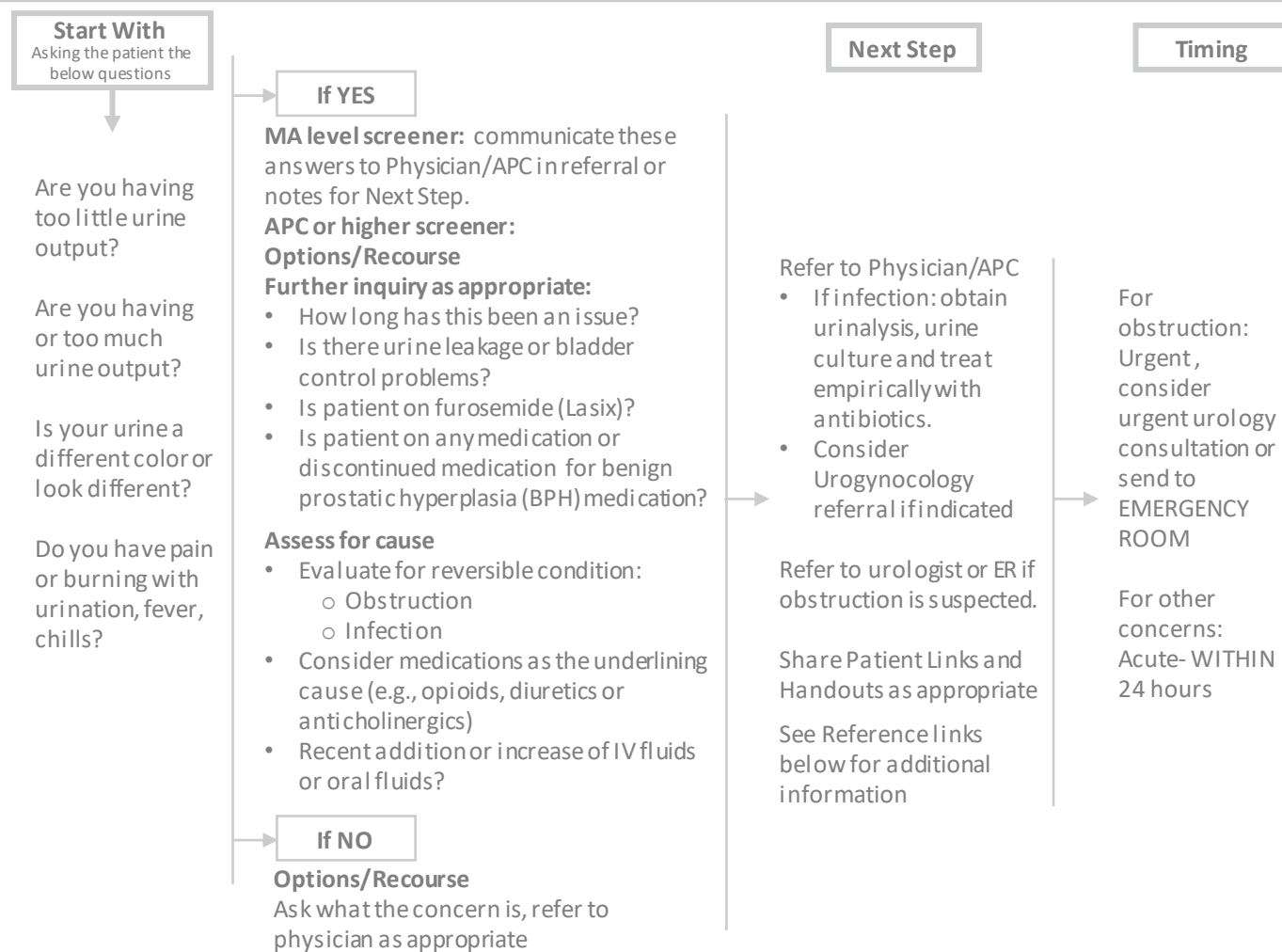


Clinician Follow Up Reference for Supportive Care

Physical Concerns –

“YES” to Changes in urination



Notes

Stages 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 (anticholinergics, 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](#)