Assessment & Common Signs & Symptoms of

Renal & Urological Disorders

Urological disorders	Renal
Urinary tract infection	1.Acute Kidney Disease
Cystitis	2.chronic kidney disease
(Inflammation of urinary	
bladder)	
Pyelonephritis	
(Inflammation of the renal	
pelvis & parenchyma)	
Urinary Calculi	
Urinary tract tumor	

Extra:

Renal parenchyma: Process of waste excretion takes place

Renal Pelvis: Urine is collected before it is transported to the bladder via the uterus

Upper Urinary Tract: Kidneys & ureters

Lower Tract: Bladder & urethra



Urinary Calculi (Common cause of upper urinary tract obstruction)

Stones in the urinary tract

Lithiasis: stone formation

Nephrolithiasis: Stones form in kidney

Urolithiasis: nephrolithiasis

Urinary Tract Tumours

A malignancy can develop in any part of urinary tract

Most urinary tract malignancies arise from epithelial tissue.

Transitional epithelium lines the entire tract from the renal pelvis through the urethra

Most bladder tumors are papillary lesion

- 2.Recommend good hand washing & proper perineal care
- 3. Monitor BUN, creatine, WBC count
 - ✓ Reflects renal function & identify early renal & urological complications.
- 4. Bacteriostatic agents inhibit bacterial growth & destroy susceptible bacteria.
- 5. Use cranberry juice/vitamin C.

Haematuria

- 1. Observe for cloudy/bloody urine, foul odour periodically.
 - ✓ Signs of UT or kidney infection that can potentiate sepsis.
- Obtain periodic urinalysis & urine culture &sensitivity as indicated.
 ✓ Monitor renal status.
- 3. Dipstick urine as indicated.
 - ✓ Multistrip dipstick can provide a quick determination of ph., blood, nitrite & leukocyte esterase suggesting presence of infection/ haematuria.

Polyuria

- 1. Assess voiding pattern (frequency & amount). Compare urine output with fluid intake.
 - Identifies characteristics of bladder function (effectiveness of bladder emptying, renal function, fluid balance)
- 2. Note reports of urinary frequency, urgency, burning, incontinence, nocturia & size of force of urinary stream
 - Information about degree of interference with elimination induction.
- Assess usual pattern of urination & occurrence of in Ontor Ace.
 Many are incontinent only in early nearly. But large uring volume during sleep
- 4. Teach Kegel exercises: improv De vit noor muscle tone& ulet Evesical junction sphincter tone.
- 5. Educate about the importance of the tag intake of alcohol & caffeine.
 - These chemicals known of be bladder irritants, increase detrusor overactivity, result in excessive excretion of urine.

Oliguria

- 1. Palpate bladder for distension & observes for overflow.
 - Bladder dysfunction is variable but may include loss of bladder contraction & inability to relax urinary sphincter, result in urine retention & reflux incontinence.
- 2. Review drug regimen (prescribed, OTC & street)
- 3. Catheterized as indicated.
 - > Necessary if unable to empty bladder or retains urine.
- 4. Encourage adequate fluid intake (2-4L)
 - Sufficient hydration promotes urinary output & acids in preventing infection.
- 5. Palpate bladder after voiding
 - > Fullness over bladder indicate inadequate emptying/retention.
- 6. Promote continued mobility.
 - Decrease risk of developing UTI
- 7. Measure residual urine via postvoid catheterization or ultrasound
 - > Help detect presence of Urinary retention & effectiveness of bladder training program

Preview from Notesale.co.uk page 18 of 18