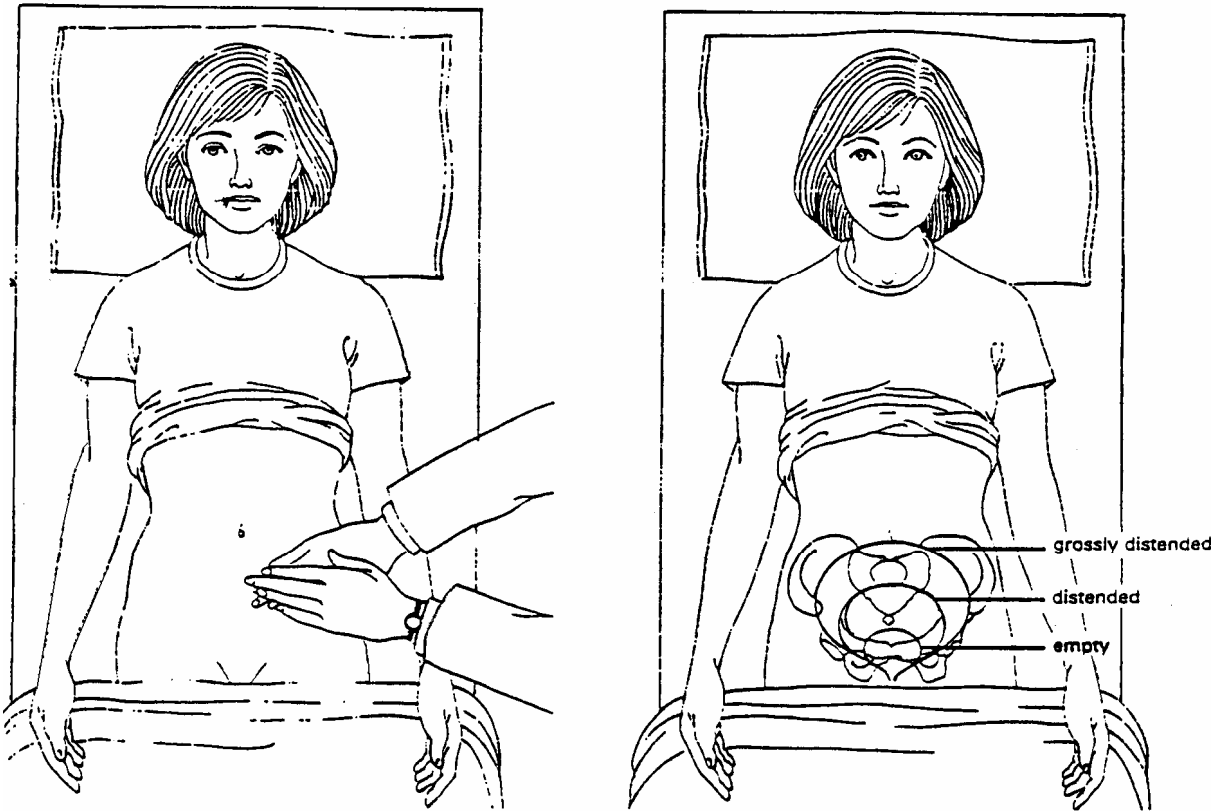


ASSESSING FOR BLADDER DISTENTION

If your patient's urine output is insufficient, your patient may be retaining urine.

ANESTHESIA, SURGERY, PREGNANCY, OR AN OBSTRUCTION IN THE URINARY TRACT CAN CAUSE YOUR patient's bladder to retain urine and become distended. Ask your patient when they last voided to determine whether their bladder may be full. Assess them in a comfortable, private setting.



Ask your patient to lie on their back. Standing at their side, place the extended fingers of your dominant hand at their umbilicus and the fingers of your other hand over them. Palpate deeply with your fingertips, moving toward their symphysis pubis until you feel the smooth, rounded bladder.

Another way to assess for distension is to percuss your patient's bladder, beginning over their symphysis pubis and working toward their umbilicus. A urine-filled bladder produces a dull sound: a change to tympany indicates the bladder's border.

Document your findings as: *Bladder border ___ cm below the umbilicus*. An empty bladder rests behind the symphysis pubis and should be documented as: *Bladder not palpable*.

If your patient can't void and their bladder is distended, notify the physician. A patient with a distended bladder who can't urinate must be catheterized to prevent complications. Unrelieved urine retention can cause pain, dyspnea, hypotension, hypertension, diaphoresis, or restlessness.