

Bladder Training Program Flow sheet

Date:	OUTPUT				
	TIME	ID	VOID	SCAN	CATH
Bladder Training Day 1 Remove catheter at 6am, give 200 ml fluids q 1hr for 3 hours. Record 1 st HS post void scan					
	TOTAL:				
Total Urine Output (Void + Cath.):					

ORAL INTAKE	
TIME	AMOUNT
6am-9am	
9am-Noon	
Noon-3pm	
3pm-6pm	
6pm-9pm	
9pm-12pm	
TOTAL:	

Date:	OUTPUT				
	TIME	ID	VOID	SCAN	CATH
Bladder Training Day 2. Record 2 nd HS post void scan					
	TOTAL:				
Total Urine Output (Void + Cath.):					

ORAL INTAKE	
TIME	AMOUNT
6am-9am	
9am-Noon	
Noon-3pm	
3pm-6pm	
6pm-9pm	
9pm-12pm	
TOTAL:	

Date:	OUTPUT				
	TIME	ID	VOID	SCAN	CATH
Bladder Training Day 3. Record 3 rd HS post void scan					
	TOTAL:				
Total Urine Output (Void + Cath.):					

ORAL INTAKE	
TIME	AMOUNT
6am-9am	
9am-Noon	
Noon-3pm	
3pm-6pm	
6pm-9pm	
9pm-12pm	
TOTAL:	

Bladder Training is successful when voided volumes are within normal limits and scanned residual volumes are minimal, often within 3 days. Following this, perform bedtime (HS) post void residual scans for 3 consecutive nights. Should the patient have high scanned residual volume after the first 3 days continue program on reverse. After day 6 and if the patient's HS residual volume is within normal limits, perform HS post void residual scans for 3 consecutive nights.

		Void	Scan	Cath.
HS	Date:			
HS	Date:			
HS	Date:			

OUTCOME (select one)
<input type="checkbox"/> Successful 3HS post voids scans.
<input type="checkbox"/> Continue Training-reverse page.
<input type="checkbox"/> To be reviewed by physician.

Date:		OUTPUT			
TIME	ID	VOID	SCAN	CATH	
Bladder Training Day ____ Record HS post void scan					
	TOTAL:				
Total Urine Output (Void + Cath.):					

ORAL INTAKE	
TIME	AMOUNT
6am-9am	
9am-Noon	
Noon-3pm	
3pm-6pm	
6pm-9pm	
9pm-12pm	
TOTAL:	

Date:		OUTPUT			
TIME	ID	VOID	SCAN	CATH	
Bladder Training Day ____ Record HS post void scan					
	TOTAL:				
Total Urine Output (Void + Cath.):					

ORAL INTAKE	
TIME	AMOUNT
6am-9am	
9am-Noon	
Noon-3pm	
3pm-6pm	
6pm-9pm	
9pm-12pm	
TOTAL:	

Date:		OUTPUT			
TIME	ID	VOID	SCAN	CATH	
Bladder Training Day ____ Record HS post void scan					
	TOTAL:				
Total Urine Output (Void + Cath.):					

ORAL INTAKE	
TIME	AMOUNT
6am-9am	
9am-Noon	
Noon-3pm	
3pm-6pm	
6pm-9pm	
9pm-12pm	
TOTAL:	

		VOID	SCAN	CATH
HS	Date:			
HS	Date:			
HS	Date:			