

# Bladder Training Program Flow sheet

Date:	OUTPUT				
	TIME	ID	VOID	SCAN	CATH
Bladder Training Day 1 Remove catheter at 6am, give 200 ml fluids q1hr for 3 hours. Record 1 <sup>st</sup> HS post void scan					
	TOTAL:				
<b>Total Urine Output (Void + Cath.):</b>					

ORAL INTAKE	
TIME	AMOUNT
6am-9am	
9am-Noon	
Noon-3pm	
3pm-6pm	
6pm-9pm	
9pm-12pm	
<b>TOTAL:</b>	

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

ORAL INTAKE	
TIME	AMOUNT
6am-9am	
9am-Noon	
Noon-3pm	
3pm-6pm	
6pm-9pm	
9pm-12pm	
<b>TOTAL:</b>	

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

ORAL INTAKE	
TIME	AMOUNT
6am-9am	
9am-Noon	
Noon-3pm	
3pm-6pm	
6pm-9pm	
9pm-12pm	
<b>TOTAL:</b>	

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 side of the page. After day 6 and if the patient's 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				
Bladder Training Day ___ Record HS post void scan	TIME	ID	VOID	SCAN	CATH	
<b>TOTAL:</b>						
<b>Total Urine Output (Void + Cath.):</b>						

ORAL INTAKE	
TIME	AMOUNT
6am-9am	
9am-Noon	
Noon-3pm	
3pm-6pm	
6pm-9pm	
9pm-12pm	
<b>TOTAL:</b>	

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

ORAL INTAKE	
TIME	AMOUNT
6am-9am	
9am-Noon	
Noon-3pm	
3pm-6pm	
6pm-9pm	
9pm-12pm	
<b>TOTAL:</b>	

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

ORAL INTAKE	
TIME	AMOUNT
6am-9am	
9am-Noon	
Noon-3pm	
3pm-6pm	
6pm-9pm	
9pm-12pm	
<b>TOTAL:</b>	

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