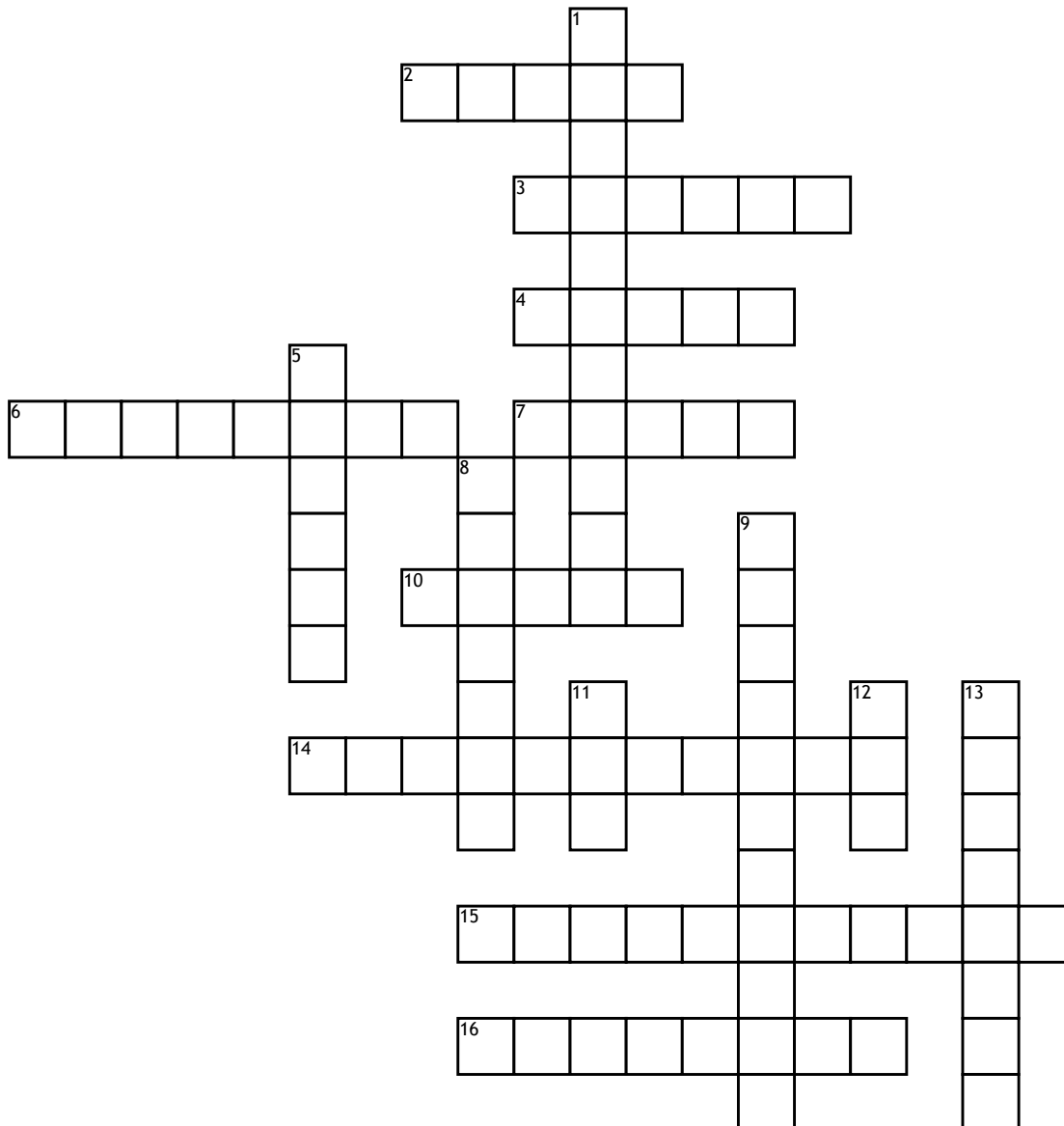


Name: \_\_\_\_\_

Date: \_\_\_\_\_

# URINARY ELIMINATION



## Across

- 2. TRY OFFERING LIQUIDS WITH A
- 3. YOU MAY NEED TO \_\_\_\_\_ PATIENTS TO DRINK.
- 4. DO NOT WEAR \_\_\_\_\_ UNDERWEAR
- 6. FOR PATIENTS WITH LIMITED \_\_\_\_\_, KEEP LIQUIDS IN EASY REACH
- 7. FOR PATIENTS WHO HAVE INCREASED FLUID NEEDS, PROVIDE \_\_\_\_\_ FOR INTAKE.

- 10. URINATE WHEN YOU \_\_\_\_\_ FEEL THE URGE
- 14. URINATE AFTER \_\_\_\_\_, TO FLUSH BACTERIA THAT MIGHT HAVE ENTERED THE URETHRA
- 15. ALWAYS WIPE FROM
- 16. PROMPTLY REPORT ANY \_\_\_\_\_, TO YOUR PROVIDER

## Down

- 1. IF THE PATIENT REQUIRES ADDITIONAL FLUID INTAKE CONSIDER ADDING

- 5. DRINK 8-10 GLASSES OF WATER TO KEEP URINE
- 8. \_\_\_\_\_ DRINKS MAY BE MORE APPEALING, PARTICULARLY IF THE PATIENTS MOUTH IS DRY
- 9. IF THE PATIENT REQUIRES FLUID \_\_\_\_\_, YOU WILL HAVE TO ACCOUNT FOR THESE FOODS INTO THE FLUID BALANCE
- 11. OFFER BEVERAGES WITH
- 12. IF YOU HAVE A HISTORY OR UTI AVOID USING
- 13. PROVIDE GOOD