



STANDARDS OF UROLOGIC NURSING PRACTICE

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INTRODUCTION

Urology Nurses of Canada (UNC) is a national association with a mandate to enhance the specialty of urologic nursing in Canada by promoting education, research and clinical practice. The activities of the Urology Nurses of Canada are designed to enrich members' professional growth. Through the development and implementation of the standards presented in this document, we endeavor to provide excellence in client care by promoting excellence in the specialty of urologic nursing.

The development of these standards of practice is an initial step towards evaluating the quality of urologic nursing and eventual certification in its specialty. Urologic nursing sub-specialties include urodynamics, biofeedback, endourology, sexual health, uro-oncology and continence. The sub-specialties are representative but are not to be construed as all-inclusive. It is understood that urologic nursing involves collaboration with other clients, families and health care disciplines creating a multi-disciplinary team.

To achieve measurability, standards must have specific indicators, which are adaptable to a variety of settings. It is recognized that urologic nursing is multifaceted, and includes clinical practice, education, research and administration. Standards provide direction for practice within these four domains. Standards must be reviewed and revised on a regular basis to reflect current knowledge and the many changes in health care.

Standards are meant to reflect the belief that urology nurses use the nursing process as a method of practice. In collaboration with the client, urology nurses individualize interventions and outcomes to meet urologic health care needs. The needs of the client encompass a life span of care.

Urology nurses value:

- A view of humans as bio-cultural-spiritual-social beings
- A client's capacity to set goals and make decisions.
- A client's values and choices as an autonomous individual.
- A client's right to confidentiality and privacy.
- A client's right to safe and efficacious care.
- A client's right to equal access to health care resources.
- A client's right to advocacy within the framework of the health care system.

Implementation of Standards of Urologic Nursing Practice occurs within the greater framework of Standards of Nursing Practice published by the Canadian Nurses Association, the principles of Primary Health care and all levels of health promotion.

GLOSSARY OF TERMS

Advocacy	The supporting, protecting, and safeguarding of client's rights and interests.
Client(s)	The recipient(s) of nursing services which may include individuals, family members, significant others, caregivers, or communities.
Competence	The integration of knowledge, skill, and judgment required for performance by a nurse in a designated role and setting.
Confidentiality	The maintenance of ensuring a spoken or written confidence expressed by a client.
Holistic	Combining for meaning entire, or devoting a relationship to the whole.
Indicator	A quantitative measure that can be used as a guide to monitor and evaluate the quality of patient care. Indicators are tools for focusing on the desired outcomes and the essential processes for achieving quality outcomes.
Nursing Practice	A synthesis of the interaction among the concept(s) of person, health, environment, and nursing.
Nursing Process	A systematic approach to the delivery of nursing care that consists of the following core components: <ol style="list-style-type: none">1. Assessment2. Diagnosis3. Planning4. Implementation5. Evaluation
Primary Health Care	Essential health care made universally accessible to individuals and families in the community by means acceptable to them, through their full participation, and at a cost that the community and the country can afford. The focus is on prevention and health promotion rather than cure.
Research	A systematic inquiry into an issue potentially affecting client care; may range from a literature review, a survey, to a randomized controlled trial.
Standard	A definition of quality defining a level of performance or a set of conditions that is predetermined and acceptable.
Standard of Care	The desired client outcome. Standards of care state the reasons or care expectations, and are monitored and measured by quality assurance programs.
Standards of Practice	Describes appropriate therapeutic interventions or activities of the urology nurse. Standards of practice are measured and monitored by a performance appraisal system.

Outcome	The response(s) which indicate the client's health status and/or level of knowledge as a result of therapeutic nursing interventions.
Urology Nurse	An individual/practitioner with responsibility and nursing experience in the field of urology.
Urologic Nursing	The practice of urology nurses.
Validate	To understand, agree, verify, and confirm.

STANDARDS OF UROLOGIC NURSING PRACTICE

STANDARD I: EDUCATION

Urological nursing practice requires a commitment to client education and professional continuing education to promote excellence in clinical practice.

1.1 The urology nurse:

- 1.1.1 maintains competency through ongoing (lifelong) learning e.g. reading, attends urology related education sessions, conferences, workshops.
- 1.1.2 endeavours to achieve certification in a designated subspecialty(s) of urologic nursing (where applicable).
- 1.1.3 promotes peer education formally or informally through information sharing e.g. mentoring colleagues, professional presentations, and publications.
- 1.1.4 creates and implements a yearly self-learning plan which encompasses peer review feedback and self-evaluation of current knowledge level of own nursing practice.
- 1.1.5 identifies learning needs of the client related to urological health and adapts the teaching /learning process considering the levels of understanding, literacy, preference for mode of learning, age, culture, and health status of the client.
- 1.1.6 explores available educational resources with the client.
- 1.1.7 collaborates with other health team members to provide client education.
- 1.1.8 participates in the development of resources for client education.
- 1.1.9 evaluates the teaching/learning process and resources in collaboration with the client.
- 1.1.10 promotes public awareness of information sharing, educational resources, and educational initiatives e.g. awareness weeks, support groups, associations and foundations.

STANDARD II: RESEARCH

Urological nursing involves participation in utilization of, and promotion of, relevant urological research.

2.1 The urology nurse endeavors to engage in the following activities:

- 2.1.1 bases practice on the best available evidence.
- 2.1.2 adapts practice to incorporate applicable research findings.
- 2.1.3 evaluates evidence - based nursing practice.
- 2.1.4 identifies issues for research.
- 2.1.5 collaborates with clients and/or health care professionals to identify questions for research.

STANDARD III: ADMINISTRATION

Urologic nurses manage information and human/material resources in order to support quality urological care.

3.1. The urology nurse maintains a commitment to quality assurance and evaluates professional performance to measure and ensure quality urological care through:

- 3.1.1 actively seeking opportunities to engage in reflective practice and continuing education.
- 3.1.2 using available resources, expertise and relevant literature.
- 3.1.3 actively engages in a urology- related committee, professional association and/or subspecialty group.

- 3.1.4 being an active member of a committee or professional association and /or subspecialty group.
 - 3.1.5 sharing successful strategies and clinical expertise with others.
- 3.2 The urology nurse is committed to ensuring safe and efficacious care by:
- 3.2.1 evaluating current practices and safety standards.
 - 3.2.2 implementing policies and procedures reflective of current practices.
 - 3.2.3 evaluating policies and procedures to ensure consistency with current practice and evidence based research.
 - 3.2.4 identifying and initiating change to ensure effective practices or systems where possible.
- 3.3 The urology nurse is committed to managing resources effectively and efficiently by:
- 3.3.1 coordinating client care with other health team members and agencies: family, physicians, support groups, community and others.
 - 3.3.2 maintaining and sharing a database of client information.
 - 3.3.3 using strategies that ensure fiscal responsibility.
- 3.4 The urology nurse is cognizant of current urological products, equipment, and resources available for quality client care and evaluates awareness through:
- 3.4.1 informs clients of available resources and how to access them.
 - 3.4.2 shares information regarding new products, equipment and resources with colleagues.

STANDARD IV: PRACTICE

Urological nursing practice requires the effective use of the nursing process in responding to the patient with urologic health related issues.

- 4.1 The urology nurse will ensure a holistic genito-urinary assessment for clients with urological related health issues. The nurse in the practice setting will:
- 4.1.1 utilize a standard process incorporating a functional inquiry (health history) and physical assessment.
 - 4.1.2 incorporate information from the client, family, client record and health team members in the assessment.
 - 4.1.3 utilize available validated methods and current technology.
 - 4.1.4 determine frequency and scope of the assessment based on the client condition, available information and risk potential of the health issue.
 - 4.1.5 document reflecting the standard process of the genito-urinary assessment.
 - 4.1.6 maintain competency as demonstrated by knowledge, skill, and judgment exhibited in the genitor-urinary assessment.
- 4.2 The urology nurse establishes a plan of care which:
- 4.2.1 utilizes both professional resources and validated tools.
 - 4.2.2 utilizes best known practice (evidence based where applicable) and technology.
 - 4.2.3 is based on the clients values, goals and beliefs.
 - 4.2.4 explores options, verifies, and confirms, the plan of care with the client.
 - 4.2.5 establishes expected outcomes, based on obtainable goals.
 - 4.2.6 ensures documentation which is reflective of the planning process.
 - 4.2.7 evaluates the quality and effectiveness of, based on client outcomes.

APPLICATION: UROLOGIC HEALTH ISSUES

The following are examples of how practitioners in specific settings can incorporate the standards to their practice/client population.

Sexual Health

Potential causes

Sexual dysfunction, erectile dysfunction, sexually transmitted infection(s), subfertility and other medical conditions that may impact on sexual health (e.g. prostatitis, painful bladder syndrome). Etiologies are representative but not to be construed as all-inclusive or independent.

Assessment	Interventions	Outcomes
Assess the individuals' health care needs regarding their sexual health.	Establish permission from client to discuss the issue. Assure client confidentiality. Provide privacy. Permit the client to express themselves in their own words.	Documentation indicates the following: Clients' definition of sexual health issue(s). Client identification of need & readiness to address sexual health issue(s).
Interview client regarding : Medical history. Surgical history. Medication profile.	Provide focused information regarding factors with sexual health impacts.	Client demonstrates an understanding of potential impact of treatment interventions on sexual functions (e.g. TURP & retrograde ejaculation etc.).
Assess lifestyle issues: Tobacco use. Alcohol Use. Recreational drug use.	Provide focused information regarding lifestyle impact on sexual health.	Client demonstrates an understanding of potential contributing factors to health issue.
Assess quality of life issues: Impact areas: person, partner(s), family, other. Stress factors: work, home.	Provide focused information indicating to the client that sexual concerns impact other aspects of their relationships.	Client demonstrates an understanding of potential contributing factors to health issue.
Assess client's readiness & willingness to learn.	Provide focused information regarding: Needs. Misconceptions.	Client demonstrates a readiness to learn about potential treatment options which may facilitate resolution of the specific health issue.

Urinary Patterns: (Failure to empty/failure to store)

Potential causes

Inflammation, benign prostatic hyperplasia, upper/lower tract infection, tumor, anatomical alteration, anomaly, neurogenic impairment, renal failure.

Assessment	Interventions	Outcomes
<p>Assess impact of health related issue on quality of life/lifestyle.</p> <p>Assess the individuals' health care needs regarding urinary tract function.</p>	<p>Discuss with the client the factors, which contribute to, or exacerbate the health-related problem.</p>	<p>Client confirms that symptoms of health related issue are reduced/improved/integrated with lifestyle.</p>
<p>Assess current level of understanding and description of the problem.</p>	<p>Discuss strategies and reinforce with information at appropriate reading level.</p>	<p>Client demonstrates an understanding of strategies.</p>
<p>Assess support and resources available to client.</p>	<p>Provide focused information regarding available resources e.g. support groups, community access programs, internet.</p>	<p>Client demonstrates comprehension of available resources and how to access them.</p>
<p>Assess contributing and/or precipitating factors: Onset, frequency and duration Color, character and amount of urine Voiding patterns: frequency, urgency, nocturia, hesitancy, intermittent, post void dribbling, dysuria, hematuria, straining. Retention Pain Environmental factors Medication/opioids/anaesthetics Developmental/cognitive status Coexisting medical/congenital/psychological conditions Surgical trauma history Skin integrity</p>	<p>Implement appropriate strategies: Intermittent catheterization, Collecting devices, pads, indwelling catheters. Behavioral/ lifestyle changes (e.g. fluids, bladder training, relaxation strategies, bowel management, biofeedback, and environmental changes). Medications adjustment. Maintain, restore skin integrity.</p> <p>Discuss expected treatment goals and alternatives if initial goals are not met.</p> <p>Discuss pertinent signs and symptoms of change in health status.</p>	<p>Client verbalizes satisfaction with strategies outcome.</p> <p>Client demonstrates recognition of recurrence of health-related issue and appropriate response.</p>
<p>Assess the need for further investigation which may include: Physical/neurological exam Urinalysis/urine culture Post void residual assessment Urodynamics Diagnostic Imaging Voiding diary/pad test</p>	<p>Collaborate with health care team and support network to ensure appropriate diagnostics and interventions are available to client.</p>	<p>Documentation is an accurate record of assessments, interventions and responses.</p> <p>Client receives appropriate further investigations.</p>

Pain / Hematuria/ Infection

Potential causes

Bladder: inflammation, urinary retention, calculi and malignancy

Renal: trauma, obstruction (calculi, hydronephrosis), malignancy, infection, thrombosis

Ureteral: obstruction, stricture

Prostatic: acute/chronic prostatitis, Benign Prostatic Hyperplasia, malignancy, trauma

Urethral: malignancy, urethritis, stricture, diverticulum, S.T.I. (Sexually Transmitted Infections), trauma

Assessment	Interventions	Outcomes
<p>Assess the following:</p> <p>Pain: Onset, duration, location, intensity (utilizing a standard scale) Type: e.g. incisional, spasm, acute or chronic Precipitating and alleviating factors Coping mechanisms related to pain Responses to pain management intervention(s)</p> <p>Urine: Color, clarity, odour, discharge Voiding patterns (volume, frequency of urination)</p> <p>Other: Medications Elevated temperature Risk factors for the development of an infection specific to the genitourinary tract (e.g. indwelling catheters, drains, urinary calculi, surgery or trauma to the genitourinary tract)</p>	<p>Discuss options of acute/chronic pain management with health team members and client:</p> <p>Acute Pain: (examples of analgesia) Intravenous Epidural Patient Controlled Analgesia (PCA) Injections Oral Adjuvant therapy Transdermal</p> <p>Chronic Pain: (examples of analgesia) Subcutaneous infusions Patient Controlled Analgesia (PCA)</p> <p>Provide comfort measures to alleviate pain: (examples) Diversional activity Change of position Relaxation techniques Therapeutic touch</p>	<p>Documentation indicates:</p> <p>Specifics regarding pain (listed under assessment) Specifics regarding urine (listed under assessment) Specifics regarding other pertinent information (listed under assessment) Specifics regarding comfort measures that are used to alleviate pain.</p>
<p>Assess the client's knowledge of possible interventions of the presenting health related issue.</p>	<p>Teach client about pain management interventions and adverse effects.</p> <p>Explore alternative treatment options with client and health team members.</p>	<p>Clients demonstrate knowledge regarding available interventions and alternative treatments pertinent to the health-related issue.</p>
<p>Assess client's response to pain management</p>	<p>Monitor client response to pain management modalities and related effects.</p>	<p>Documentation is an accurate record of interventions and responses.</p> <p>Client reports reduced/alleviated or manageable pain levels.</p>

Assess support and resources available to client.	Discuss educational resources and alternative forms of support available to client related to the health issue. e.g. community support groups, videos, written material.	Client demonstrates comprehension of available resources and how to access them.
Assess client's knowledge level regarding health promotion and disease prevention.	<p>Discuss pertinent signs and symptoms of change in health status, e.g. signs and symptoms of urinary tract infection.</p> <p>Discuss with the client the factors which contribute to, or exacerbate the health related problem</p> <p>Discuss health maintenance related to presenting issue. e.g. care of indwelling catheter</p>	Client demonstrates recognition of recurrence of health-related issue and appropriate response(s).

Etiologies are representative but not to be construed as all-inclusive or independent.