

# Low urine output

## Normal urine output

- typically at least 0.5 cc/kg/hr.
- Oliguria: urine output < 400cc/day
- Anuria : urine output < 100cc/day

## Do you believe the numbers?

- If patient has foley, flush tubing to make sure it is not clogged.
- If no foley, ask about urine output, look at daily weights, etc.

## Examine patient bedside.

- Assess volume status: mucous membranes, skin pallor/dryness, edema, complaints of thirst, neck veins (assess CVP), crackles in lungs (pulmonary edema), bladder palpable on exam, prostate exam, etc.

## Check a post-void residual by bladder scan.

- If volume > 300cc, then insert foley (In and out). If consistent > 300cc, keep foley in.

## Causes of urinary retention:

- BPH, anticholinergic medication, side effect of medication: narcotics/benadryl/anesthetics

## Assess for renal failure (AKI)

- Prerenal, renal, postrenal causes.
- Look for fluid overload (CHF), and obstruction (renal US).
- If both negative, then fluid challenge is acceptable: 500cc L bolus. (Go to AKI for further management).

## CHF/Volume overloaded? Initiate diuresis:

- Working kidneys: lower IVF rate and self-diuresis
  - CHF/symptomatic: use lasix 20mg - 80mg IV
  - Renal failure: Dialysis? If kidneys still working, can try high dose lasix - 160mg- 240mg IV Lasix.
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