# Miktionsprotokoll

**Name:** _____

Datum: _____

| Uhrzeit | 1\| Trinkmenge in ml Getränk? | 2\| Urinmenge in ml | 3\| Drang-gefühl | 4\| Urinverlust Situation | 5\| Vorlagen-wechsel Art/Gewicht | 6\| Besonderheiten: Medikamente? Schmerz? Stuhlgang = S |
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| **Gesamt** | | | | | | |
| Tag | | | | | | |
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**Legende: 1\| z.B. 200 ml Wasser 2\| z.B. 300 ml 3\| 0 = kein, x = leicht, xx = mittel, xxx = stark 4\| 1 = wenig, 2 = mittel, 3 = erheblich 5\| Slipeinlage = S, Vorlage = V 6\| Schmerz NRS: 1 = wenig bis 10 = maximal**

Quelle: Miktionsprotokoll Physio Pelvica www.ag-ggup.de