



Urinary Retention Pathway for Outpatients

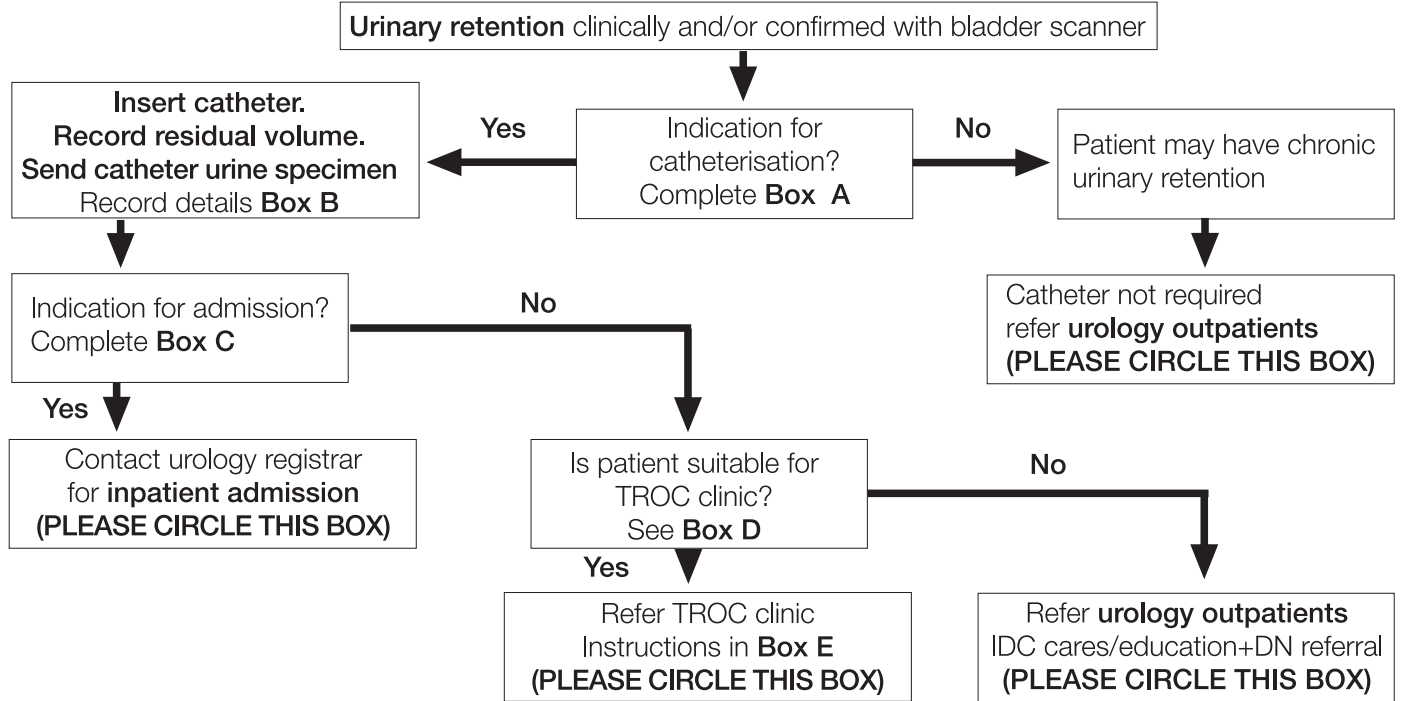
Patient Label

Name: _____

NHI: _____ DOB: _____
dd/mm/yy

Address: _____

Please fax this form and discharge summary to Urology Services 98990(int) or 07 839 8990(ext)
 (This will act as a referral for either a Trial Removal of Catheter (TROC) or Urology Clinic)



Box A: Indication for catheter insertion *Tick one or more.* Date: (dd/mm/yy) _____

Patient should have one of these conditions before a catheter is passed. Painless retention without incontinence and normal renal function does not usually require a catheter. Please contact urology registrar if unsure.

<input type="checkbox"/> Pain from retention	<input type="checkbox"/> Urinary tract infection with retention
<input type="checkbox"/> New renal impairment secondary to retention	<input type="checkbox"/> Acute neurological event/epidural causing retention
<input type="checkbox"/> Post-operative retention	<input type="checkbox"/> Overflow incontinence with large residual (typically >1L)
<input type="checkbox"/> Other _____	

Box B: Clinical information *Please record the following:*

- Residual volume (mls) _____
- Prior episode(s) of retention? Yes No - Date(s):(dd/mm/yy) _____
- Already on alpha blocker? Yes No - Name and dose: _____
- Precipitating / reversible factors for retention?
 - Recent operation Yes No - Details: _____
 - Constipation? Yes No
 - Medications e.g. anticholinergic Yes No - Name(s)/dose: _____
 - Alcohol prior Yes No
- DRE of prostate if male (after IDC in): Size: Small Moderate Large
 Consistency: Normal Abnormal Malignant
- Bi-manual vaginal examination Comment: _____

Box C: Indication for admission *Please tick one or more:*

Sepsis/fever Heavy haematuria/clots Acute renal impairment

Box D: Trial removal of catheter clinic *Patient suitable if yes to any of the following:*

First episode of retention Yes No **Can start or increase alpha blocker** Yes No
 Precipitating/reversible factor as above Yes No **(Male only)**

Box E: Post catheterisation instructions *Instructions:*

- IDC cares/education+District Nurse referral
- Alpha-blocker: **If male and no contraindications, please start Tamsulosin 0.4mg o.d.** If already on another alpha-blocker e.g. Doxazosin/Terazosin increase dose to a maximum of 6mg Doxazosin or 5mg Terazosin.