

## **Urinary Retention Pathway for Outpatients**

		GZOT/TIVVF
	Patient Label	
Name:	Linhel	
	or patient label	
NHI:	or patient 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)

Urinary retention clinically and/or confirmed with bladder scanner						
Insert catheter. Record residual volume. Send catheter urine specimen Record details Box B		Indication for catheterisation? Complete Box A	No	Patient may have chronic urinary retention		
Indication for admission? Complete Box C  Yes  Contact urology registra		Is patient suitable for	refer	neter not required r urology outpatients EASE CIRCLE THIS BOX)		
for inpatient admission (PLEASE CIRCLE THIS B	OX)	TROC clinic? See Box D  Yes  Refer TROC clinic Instructions in Box E  LEASE CIRCLE THIS BOX	IDC c	efer urology outpatients cares/education+DN referral EASE CIRCLE THIS BOX)		
Box A: Indication for catheter insertion  Tick one or more.  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.  Pain from retention  Urinary tract infection with retention  New renal impairment secondary to retention  Acute neurological event/epidural causing retention  Post-operative retention  Overflow incontinence with large residual (typically >1L)  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?  1. Recent operation   Yes   No - Details:    2. Constipation?   Yes   No - Name(s)/dose:    4. 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						
Box E: Post catherisation instructions Instructions:  1. IDC cares/education+District Nurse referral						

2. 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.

Name of referrer J. Leyland, S. Geddes, M. Holmes. December 2010. Revised April 2012. Phone number