Pathway for the initial Catheterisation of Male Patients with Acute Urinary Retention (AUR) in the community

- Patient contacts GP/Shropdoc or WMAS
- GP undertakes basic assessment over the phone to establish facts
- GP to exclude any contra indications to catheterisation, for AUR in the community,
  - Post radical prostatectomy within the last three months
  - Transurethral resection of the prostate (TURP)
  - Open or endoscopic prostatectomy within the last eight weeks
  - Bladder neck incision within the last eight weeks
  - Optical urethrotomy within the last eight weeks
  - Recurrent episodes of Acute Urinary Retention within the last eight weeks
  - Undiagnosed haematuria
  - Clot retention
  - Systemically unwell
  - Known pathology of lower urinary tract eg Cancer
  - Urethral Stricture

  "If none of the above contra indications apply then please continue with pathway"

- Patient visited at home within two hours from when referral to Community Nurse, initial assessment undertake.
  - Confirm painful, acute urinary retention by taking history and undertake an ultrasound scan of the bladder.
  - Nurse to document time of arrival.

- Limitations to AUR
  - Trans-urethral resection of the prostate (T.U.R.P)
  - Bladder neck incision
  - Optical urethrotomy,
  - Open or endoscopic prostatectomy more than eight weeks ago.
  - Post radical prostatectomy undertaken more than three months ago.
  - Significant cognitive dysfunction where the patient’s ability to manage a catheter is significantly compromised.
  - Previous urethral trauma or fractured pelvis.
  - Previous difficult catheterisation.
  - Clinical judgement should be used and medical advice sought as required

- Undertake examination. If phimosis, trauma to external genitalia or blood at external urtethral meatus contact:
  - GP to arrange admission to secondary care.

- Obtain informed consent
- Catheterise patient using size 16ch all silicone, standard length catheter
- Record urine drained

If unable to catheterise contact GP to arrange admission to secondary care
  - One failed attempt only

If no urine drains after initial inflation of balloon or symptoms persist contact GP to arrange admission to secondary care
Undertake urinalysis. If leucocytes / nitrate or symptoms of UTI present, take CSU and refer to GP. The nurse taking the CSU is responsible for following up the result.

Commence bladder diary form CNT023 explain to patient how to use it.
Take BP, lying and standing, pulse and bloods for U & Es
Complete IPSS CNT024
Obtain detailed history
Fax notification form to GP – form CNT025
Advise patient to make appointment with GP for digital rectal examination, medication review, review blood results
Provide catheter supplies
Provide patient with information leaflet on catheter care – form CNT013 and AUR & TWOC leaflet – form CNT021
Complete Community Nurse contact details page 1 form CNT013 /CNT021

Nurse to visit patient again 4 hours after initial catheterisation
Repeat pulse and blood pressure lying and standing
Check and record urinary drainage, if fluid balance is normal catheter care and fluid is normal, continue catheter care and fluid balance chart and arrange home visit for following day

Check and record urinary drainage, if fluid balance normal, continue catheter care and bladder diary form 006
Arrange a Trial Without Catheter (TWOC) in 7 – 10 days time

See TWOC Pathway