If the patient has lower abdominal pain at any time during the trial, nurse to scan bladder and reinsert catheter if necessary.

Establish reasons for catheter and ensure any eversible causes have been treated e.g. constipation.

Remove catheter, early in the morning.

Patient passes urine within 4 hours.

Advise patient to drink approximately 1L of fluid within 4 hours.

Patient unable to pass urine within 4 hours.

Bladder scan.

Bladder scan of more than 150mls.

Post-void residual less than 150mls.

Give advice on signs of urinary retention to patient and provide contact numbers of nurses / GP.

GP appointment for medication review.

Discharge.

Post-void residual more than 150mls or (symptomatic of retention).

Bladder post-void bladder scan.

Post-void residual less than 150mls.

Patient to drink more fluids (approx 500mls).

More than 400mls in bladder.

Bladder Scan.

Re-catheterise.

Catheterisation successful.

Refer to GP.

Catheterisation unsuccessful.

Refer to CCC.

Post-void residual 150-300mls arrange a visit the following day continence fluid balance chart.

Repeat scan day two.

More than 300ml post-void residual re-catheterise.

If P.V.R 150-300ml refer to Continence Advisor for further investigation.

Refer to GP.