CONT 030

**Trial without Catheter   
  
Outcome Summary to GP**

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| --- | --- |
| Patient Name: | NHS Number: |
| Address:  Postcode:  Telephone: | D.O.B: |
| Consultant (if relevant): |
| GP:  (name)  (practice) |
| Community nurse:  (name)  (base)  (contact no)  (email address) |

|  |
| --- |
| **Date of TWOC:** |
| **Result of post void residual bladder scan: ml** |

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| **Please tick** | **Overall Outcome:** |
|  | Successful TWOC undertaken - residual urine less than 150mls, patient advised to see GP regarding medication review |
|  | Referred to Continence Nurse Specialist – residual urine 150-300mls |
|  | TWOC failed, re-catheterised, residual urine over 300mls; GP to consider referral to Urology |
|  | TWOC failed, unable to catheterise patient, GP to refer to urology urgently (via CCC) |

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| Sign: | Print Name: | Date: |
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