Shropshire Community Health NHS
NHS Trust

Document Details	
Title	Male Acute Urinary Retention and Trial Without catheter in the Community Policy and Guidelines
Trust Ref No	1876-42267
Local Ref (optional)	
Main points the document covers	Guidance and pathway for conducting a catheterisation on a Male Adult presenting with acute retention of urine in the community. Guidance and pathway for conducting trial without catheter in the community including use of a bladder scanner
Who is the document aimed at?	Clinicians in all settings
Author	Fiona Glover and Jennifer Henderson
Approval process	
Approved by (Committee/Director)	Urgent care group T&W/Shropshire CCG 2013 Quality and Safety Committee November 2013 and CPG
Approval Date	14/3/2022
Initial Equality Impact Screening	Y
Full Equality Impact Assessment	N
Lead Director	Director of Nursing and AHP
Category	Operations clinical polices
Sub Category	Continence
Review date	14/03/2025
Distribution	
Who the policy will be distributed to	All clinical staff
Method	Via datix, Staff forums, website
Document Links	
Required by CQC	As part of underpinning NICE guideline CG97 2015
Keywords	Urinary Retention, Trial Without catheter, TWOC, Catheter

Amendments History		
No	Date	Amendment
1	V1 August 2011	Included Continence Advisors Nicola Head and Fiona Glover, – Shrewsbury and Telford Hospitals (SATH) Consultant Urologist, Urology Nurse Specialist and Shropshire and Telford GPS. Pathway taken to Urology Clinical Governance meeting at SaTH New policy development as part of the Urgent care pathway
2	V2 29 May 2012	Pathway documents presented and ratified at Urgent Care Pathway Group
	July 2012	Adopted by Shropshire Community Health NHS Trust
3	V3 November 2013	Policy developed to support documentation pathways and reflect Shropshire Community Health Trust policy framework
4	January 2017	Update and review of policy main which reflects other policies in other trusts change is response time extension from 1-2 hours
5	February 2018	Update and review of policy main which reflects other policies on other trusts change is response time extension from 1-2 hours
6	March 2022	Added in indwelling catheter card (CONT14) Clarified contraindication timescales for AUR and TWOC Clarified start alpha blocker only if appropriate References updated

Contents

1 Introduction

Acute Retention of Urine (AUR) is considered a clinical emergency and is associated with increasing pain and anxiety as the episode progresses. Immediate treatment is catheterisation to relieve the pain, decompress the bladder and allow the urine to drain. Urinary catheterisation and Trial Without Catheter (TWOC) is a common procedure undertaken in the community. This policy provides Community Nurses, with standardised, evidence-based knowledge, skills and training to undertake AUR and TWOC.

This document has been formulated by a collaboration of professionals within the SCHT. The policy has been compiled using a systemic review of literature and evidence-based research in order to provide best practice in line with the Royal College of Nursing (RCN), 2021 guidance for nurses on catheter care.

2 Purpose

To provide a patient-focused service which will diagnose, treat and manage acute urinary retention and trial without catheter in male patients in the community setting. The service will provide the opportunity to improve patient experience, reduce avoidable admissions to acute services, reduce associated risks and reduce the cost of care.

3 Glossary/ Definition

Acute urinary retention is the sudden inability to pass urine and is often associated with severe abdominal pain

Trial without Catheter (TWOC) is the term used when a catheter which has been inserted via the urethra into the bladder for drainage purposes, is removed for a trial period to determine whether the patient is able to pass urine safely and spontaneously without the need for further catheterisation.

Term / abbreviation	**Explanation / Definition**
AUR	Acute Urinary Retention
CCC	Care Co-ordination Centre
CSU	Catheter Specimen of Urine
DRE	Digital Rectal Examination
IPSS	International Prostate Symptom Score
NMC	Nursing Midwifery Council
RCN	Royal College of Nurses
SATH	Shropshire and Telford Hospitals
TURP	Trans Urethral Resection of the Prostate
TWOC	Trial Without Catheter
SCHT	Shropshire Community Health Trust

4 Duties

The Chief Executive

The Chief Executive has overall responsibility for maintaining staff and patient safety and is responsible for the Trust governance and patient safety programmes

4.1 Director of Quality and Nursing

Has overall responsibility for this clinical policy, ensuring that it is fully implemented across the Trust as best practice.

4.2 Director of Operations

Must ensure that all relevant staff access this policy.

4.3 Divisional Managers, Service Leads and Team Leads

Managers and Service Leads need to ensure that:

- This policy is implemented into clinical practice
- Relevant staff are supported to attend AUR and TWOC Training.

4.4 Continence Service

Continence Team are responsible for providing the specialist advice and training in accordance with this policy, supporting staff in its implementation.

4.5 Staff

All nurses are accountable for their own actions; therefore, it is important that the Nurse acquires the relevant skills and competencies to ensure safe practice. This includes accessing the relevant training and supervision in accordance with the Nursing and Midwifery Council (NMC)

All staff must ensure that:

- Male and Female urethral catheterisation and supra-pubic catheterisation should only be performed by a registered nurse or Student Nurse who has undertaken training in this area. They must have the knowledge and competencies to undertake this skill and assessors are responsible for signing off student nurses. Training is provided by the Trust via Continence Nurse Specialists.
- Registered staff new to the Trust who have practiced catheterisation procedures elsewhere will need to provide evidence of previous education and competence.
- Observation and supervision of these procedures will be undertaken by experienced clinicians in the clinical setting to assess competency.
- Male Acute Urinary Retention Catheterisation – a registered Nurse may carry out the initial catheterisation when they have completed training on Male Acute Retention of Urine and Trial without Catheter in the community.

5 Acute Retention of Urine and Trial Without Catheter Guidance

5.1 Causes of Acute Urinary Retention

Resistance to Flow	• Benign prostatic hypertrophy • Prostate Cancer • Urethral stricture • Clot retention • Infection • Calculus
Inappropriate detrusor muscle Innervation	• Trauma • Neurological disorders (e.g., Cerebral Vascular Accident (CVA) multiple sclerosis, spinal cord injury) • Diabetes mellitus • Drugs (e.g., antimuscarinics, antihistamines)
Over Distension	• Post general anaesthetic • Alcohol • Constipation • Prescription and non-prescription drugs • Chronic Urinary Retention • Over the counter medication ie antihistamines

5.2 Assessment Process

5.2.1 Contra-indications to catheterisation for AUR in the community

Patients who present with AUR to the GP must be referred to Secondary Care via Care Coordination Centre (CCC) in the following circumstances:

- Post radical prostatectomy within the last three months
- Transurethral resection of the prostate (TURP) within the last eight weeks
- 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

See Appendix 1 (CONT 019) Algorithm for initial catheterisation of Males with AUR in the community

5.2.2 Limitations to Catheterisation for AUR in the Community

- Trans-urethral resection of the prostate more than eight weeks ago
- Bladder neck incision more than eight weeks ago
- Optical urethrotomy, more than eight weeks ago
- 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 compromised.
- Previous urethral trauma or fractured pelvis.
- Previous difficult catheterisation.

5.2.3 Initial Assessment and Examination

5.2.4 Day 1

Complete Male Acute Urinary Retention Pathway Appendix 2 (CONT 020)

History	• Document time of arrival at patient's home. • Gain consent from patient to carry out assessment. • Assess presenting clinical symptoms, including: • Inability to pass urine • Lower abdominal pain of acute onset • Desire to void • Timing and speed of onset • Pain intensity and sensation
Examination	• Observe for visual abdominal distension. The bladder is distended in AUR and bladder 'scanning' may result in an urge to void or severe pain.

	• Observe the external genitalia for evidence of trauma, phimosis, or blood at the external urethral meatus. If evident, contact GP to arrange admission to Secondary Care. • Carry out a bladder scan prior to catheterisation to estimate the volume of urine present • Document all findings on the AUR Pathway (**appendix 2. CONT 020**) and keep this in the patient file in the patient's home. Document a Summary of findings on Rio progress notes.

5.2.5 See Appendix 2 for Male Acute Retention of Urine pathway (CONT 020)

5.2.6 Secondary Assessment – continuation of pathway CONT 020.

A more detailed history is obtained following catheterisation to include:

Patient Advice	• Complete indwelling urinary catheter card and give to patient CONT 014 • Start Bladder Diary form CONT023 ensure patient knows how to complete
Examination and observations	• Identify other possible causes of the acute urinary retention episode and plan the appropriate interventions e.g., constipation, urinary tract infection • Take blood pressure (lying and standing) and pulse to establish a baseline reading • Bloods are taken for urea and electrolytes on day one or two and should reach the GP surgery or laboratory within three hours for spinning
Assessment	• Medical, surgical, and urological history • Urinary symptoms prior to the AUR episode using international Prostate Symptom Score (IPSS) chart **Appendix 3 (CONT 024)** • Any previous episodes of AUR • Medication • Bowel status using the Bristol Stool Chart form – **Appendix 4 (CONT 027)**
Advice and medication	• Advise patient to make an appointment with GP for digital rectal examination, medication review and review of blood results, as this will facilitate future management of their AUR episode.

	• A prescription for alpha-blockers, if appropriate should be obtained by the patient from the GP and commenced 48 hours prior to the proposed Trial without Catheter • Email notification form to GP and community nurse (if appropriate) – **Appendix 5 (CONT 025) and or Appendix 6 (CONT 026)** • **Appendix 7 (CONT 013)** indwelling catheter patient leaflet given to patient.

5.2.7 Follow up visit Day 1- continuation of pathway CONT 020

The patient is reviewed 4 hours post catheterisation:

Examination and observations	• Blood pressure (lying and sitting) and pulse should be recorded. • Observe fluid balance and urinary drainage
Advice	If there are any signs of excessive post catheterisation diuresis i.e. >200mls of urine per hour, postural hypotension or the patient feels systemically unwell contact GP to arrange possible admission to secondary care. If the observations are normal, continue with the AUR care pathway and arrange a visit for the following day.

5.2.8 Follow up Day Two- continuation of CONT 020

Examination and observations	• Check fluid balance and record on pathway. If the fluid balance is normal continue AUR pathway. **Appendix 08 (CONT 023)** • If negative fluid balance and excessive diuresis noted contact GP to discuss possible admission to Secondary Care.
Advice	• Arrange to carry out a T.W.O.C, 7 -10 days post catheterisation • Ensure patient has AUR and TWOC leaflet **Appendix 9 (CONT 021)**

5.2.9 Trial Without Catheterisation TWOC

Patients who may be suitable for TWOC in the community include those who have undergone:

- Catheterisation for Acute urinary Retention

- Post Trans-urethral Resection of the prostate
- Laser Prostate Surgery

5.2.10 Contra-indications for TWOC in the community:

- Radical prostatectomy within the last 3 months
- Urethral stricture
- Transurethral resection of prostate (TURP) within eight weeks
- Bladder neck incision within eight weeks
- Optical urethrotomy within eight weeks,
- Undiagnosed Haematuria
- Clot retention
- Systemically unwell
- Known pathology of the Lower Urinary Tract e.g., Cancer
- Transurethral resection of bladder tumour (TURBT)
- Patients who withhold consent
- Patients, families, or carers who are unable to alert the community nurse of any difficulties when undergoing a TWOC
- Patients who are constipated with no bowel movement for 3 days or more
- Confirmed Urinary Tract Infection or recurrent urinary Tract infections

5.2.11 Trial without Catheter

This should be conducted 7-10 days following acute catheterisation, or as requested by the referring Consultant / Doctor, as this may be longer.

Commence Trial without catheter (TWOC) pathway CONT 028 (appendix 10)

Prior to the visit ensure the following:

Advice	• Gain patient consent for TWOC and document on TWOC pathway and Rio. • Ensure that the patient has been taking the prescribed Alpha- blocker (if appropriate) for at least 48 hours before TWOC is undertaken. • Check those patients' taking diuretics are aware of the need to take medication on the morning of the procedure. • Discuss potential risks, particularly the need for re-catheterisation if TWOC should be unsuccessful and provide patient leaflet – Acute Retention of Urine and Trial Without Catheter Patient Leaflet **Appendix09 (CONT 021)**

	• Ensure patient has receptacle for measuring urine and explain the need to monitor fluid intake and output • Ensure catheterisation equipment is available including documentation pathways. Ensure patient has Team/ Nurse contact details

5.2.12 Day of the Trial Without Catheter- continuation of pathway CONT028

Assessment	• Ensure patient has normal bowel movement. If patient has not had bowels opened for three days you may need to postpone until constipation is sorted, particularly if constipation was the key reason for acute retention of urine. • If patient previously had a Urinary Tract Infection, then check it has resolved.
Examination and observations	• Remove catheter using clean technique (see indwelling catheter policy)
Advice and Further Action	• Ask patient to record fluid intake and urine output on bladder diary **Appendix 8 (CONT 023)** • Explain that the first void may sting and there may be a small amount blood in the urine, due to the trauma of removing the catheter. • Advise on fluid intake 1 litre in 4 hours initially • Provide urgent contact number in case of any problems. (Details on patient leaflet **Appendix 9 CONT 021**). • **Visit patient in 4 hours** - see Trial without catheter pathway and algorithm **Appendix 10 (CONT 028) Appendix 11 (CONT 029)** • Document all findings on the TWOC pathway and inform GP and refer to continence advisors if required **Appendix 12 (CONT 030) Appendix 13 (CONT 031)** • If TWOC is unsuccessful and the patient needs to be re-catheterised consider whether the patient would be suitable for Intermittent Self Catheterisation (ISC).

6 Consultation

The policy was developed by The Continence Team leader in association with the Infection Prevention and Control Team and Shrewsbury and Telford Hospitals SaTH Consultant Microbiologist. It has been circulated widely by consultation with the following:

- Dr Ian Chan and Dr Katy Lewis, General Practitioner in Shropshire, Telford and Wrekin CCG

- Dr Moira Kaye, Microbiologist at SaTh
- Louise Fall and Sharon Toland, Shropshire Community Health NHS Trust Infection Prevention and Control Team
- Shropshire Community Health NHS Trust IDT Team Leaders, Community Matrons and Community Hospital Ward Managers
- Shropshire Community Health NHS Trust Locality Clinical Managers
- Mr Georgakopoulos and Mr Masilamani, Consultant Urologists and Urology Clinical Nurse Specialists at SaTH
- Susan Watkins, Shropshire Community Health NHS Trust Chief Pharmacist
- Dr Karen Stringer, Shropshire Community Health NHS Trust Associate Medical Director
- Clare Michell-Harding, Senior Pharmaceutical Advisor at Shropshire and Telford and Wrekin CCG
- Imogen Darbhanga Shropshire and Telford and Wrekin CCG Clinical Pharmacist.
- Dr Emily Peer, Associate Medical Director Shropshire Community Health NHS Trust
- Angela Cooke, Shropshire Community Health NHS Trust Head of Nursing & Quality.
- Jemma Brown, Team Lead Continence Advisory Service Shropshire Community Health NHS Trust
- Sally Stubbs, Clinical Services Manager for Specialist Services Shropshire Community Health NHS Trust

7 Dissemination and Implementation

This policy and guidelines will be disseminated to staff by the following methods:

- Deputy Director – cascading to Divisional Managers
- Disseminated to all relevant staff by Datix
- Inform article
- Published to Web Site

Implementation will be via a rolling programme of training delivered by the Continence Specialist Nursing Service

This Training must be secondary to female/male and suprapubic training catheterisation training. All training will be logged via Electronic Staff Record to demonstrate competence

For advice and guidance on this policy or training information contact the Specialist Continence Nursing Service via email on shropcom.continence@nhs.net or by telephone on 01743 444062

8 Monitoring Compliance

Implementation and compliance of this policy will be monitored through ‘Acute urinary retention in Males’ and Trial without catheter’ training delivered by the Continence Nurse Specialist Team.

9 Associated Documents

This policy must be read in conjunction with following policies:

- Shropshire Community Health NHS Trust Community Antibiotic Policy
- Shropshire Community Health NHS Trust Clinical Records Keeping Policy
- Shropshire Community Health NHS Trust Indwelling Urinary catheter Policy
- Shropshire Community Health NHS Trust Infection Prevention and Control Policies
- Shropshire Community Health NHS Trust Consent to Examination or Treatment Policy
- Shropshire Community Health NHS Trust Records Management Policy
- SCHT Waste Management Policy

10 References

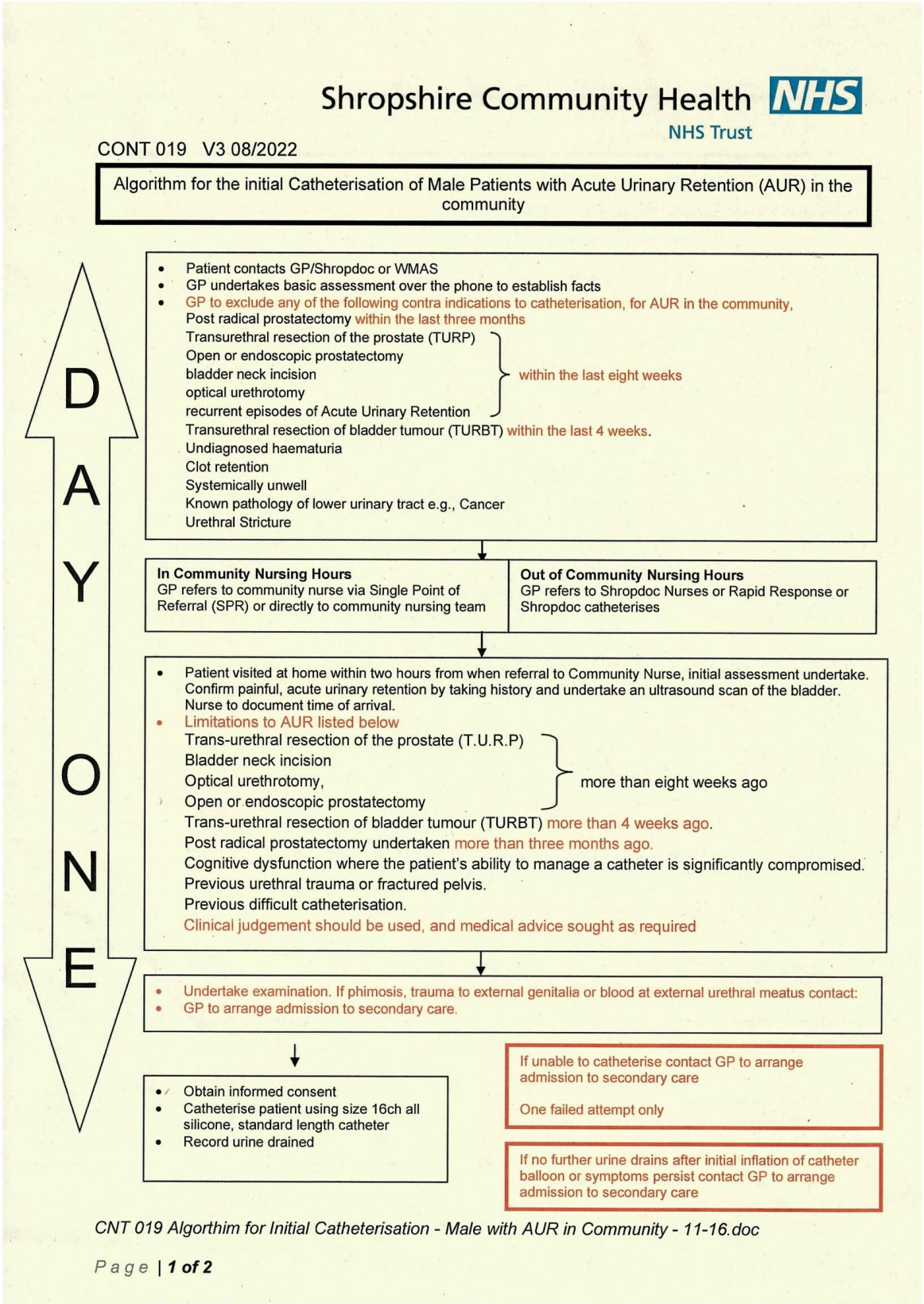
- Catheter Care Guidance for Health Care Professionals (2021) Royal College of Nurses, London
- Department of Health (DH) The Mental Capacity Act Code of Practice London: DH
- Nursing and Midwifery Council (NMC) (2018) The Code – Professional standards of practice and behaviour for nurses, midwives and nursing associates. London
- Shropshire continence prescribing guide (2017)

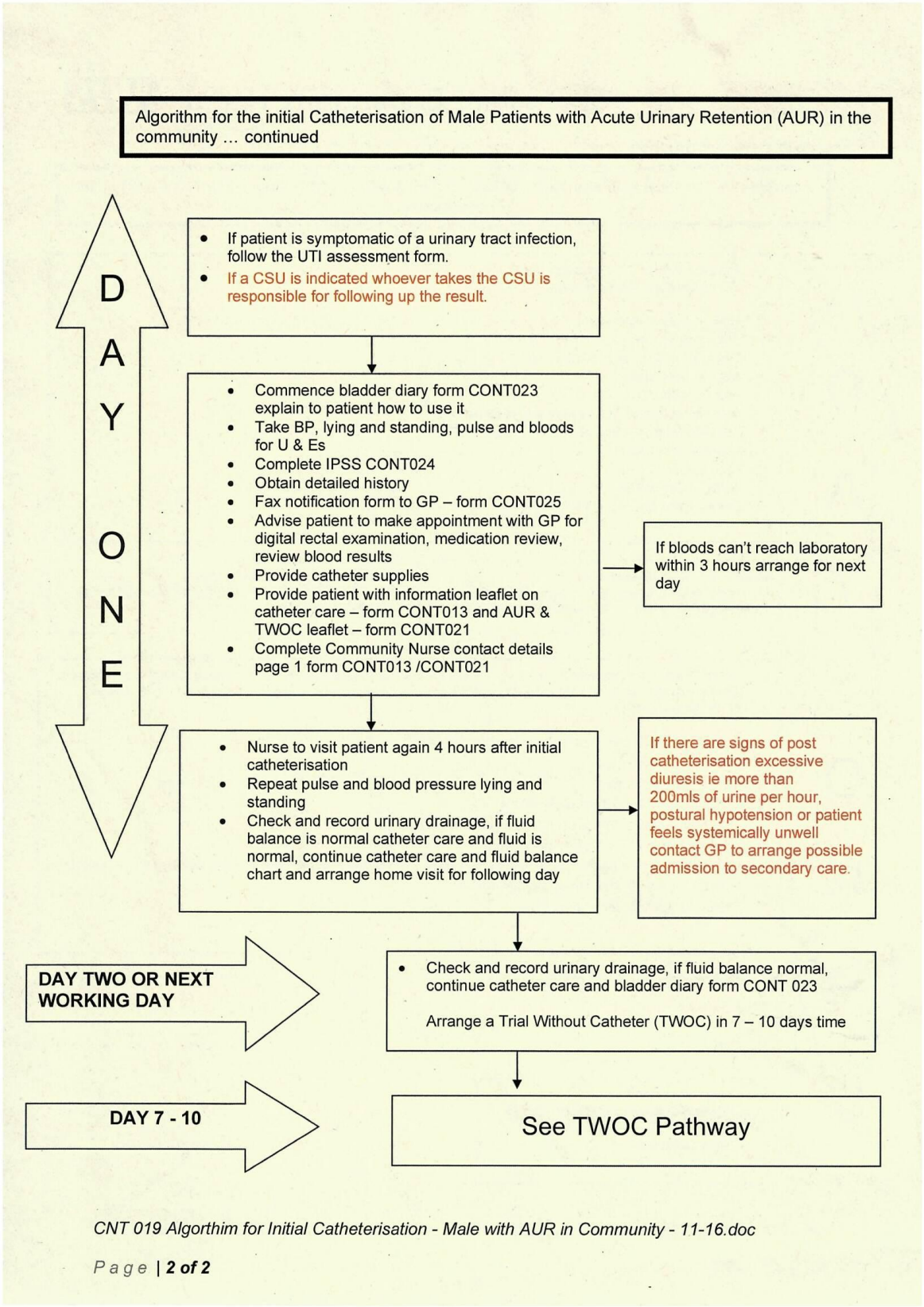
11 Appendices and related forms: All accessible from the public facing website : Continence Services (shropscommunityhealth.nhs.uk)

1.	CONT019	The initial catheterisation algorithm of male patients with Urinary Retention in the community
2.	CONT020	Male Acute Retention of Urine Pathway form
3.	CONT024	International Prostate Symptom Score (I-P-S-S) chart
4.	CONT027	Bristol Stool Chart
5.	CONT025	Notification to GP of Male Acute Urinary Retention Pathway
6.	CONT026	Notification to Community Nurse of Male Acute Urinary Retention Pathway
7.	CONT013	Indwelling Urinary Catheters – information for patients and carers leaflet

8.	CONT023	Bladder Diary form
9.	CONT021	Male Acute retention of Urine and Trial Without Catheter Leaflet Form
10.	CONT028	Trial Without Catheter (TWOC) Pathway
11.	CONT029	Trial Without Catheter (TWOC) Pathway Algorithm
12.	CONT030	Trial Without Catheter Outcome Summary to GP
13.	CONT031	Trial Without Catheter referral to Continence Advisory Service.
14.	CONT014	Indwelling urinary catheter card

Appendix 1 CONT 019 Initial Catheterisation Algorithm of male patients with Acute Urinary Retention in the community





CNT 019 Algorthim for Initial Catheterisation - Male with AUR in Community - 11-16.doc

Page | ***2 of 2***

Appendix 2 CONT020 Example – Male Acute Retention of Urine Pathway Form

CONT 020 V3 08-2022 Male Acute Urinary Retention Pathway

Shropshire Community Health NHS
NHS Trust

Name:	NHS Number:
Address:	D.O.B
	Consultant:
	G.P:
	Assessor:
Postcode	Base:
Telephone:	Contact No:
Referrer:	Date: Time:

Brief history / Presenting symptoms	**Examination finding:**
	Abdominal distention Yes / No
	Genitalia -Phimosis Yes / No - Trauma Yes / No If evident contact GP to arrange admission to secondary care
Confirm **painful** acute urinary retention Yes / No	Bladder scan – Residual urine_____mls

Contra Indications to catheterisation for AUR in the community

- **Post radical prostatectomy within the last 3 months**
- **Transurethral resection of the prostate (TURP), open or endoscopic prostatectomy, bladder neck incision, optical urethrotomy or recurrent episode of AUR within the past 8 weeks**
- **Transurethral resection of bladder tumour (TURBT) within the last 4 weeks**
- **Undiagnosed haematuria**
- **Clot retention**
- **Systemically unwell**
- **Known pathology of the lower urinary tract eg Cancer**
- **Urethral stricture**

Limitations to Practice:

- Post radical prostatectomy undertaken more than three months ago
- Trans-urethral resection of the prostate (TURP), open or endoscopic prostatectomy, bladder neck incision or optical urethrotomy more than eight weeks ago
- Transurethral resection of bladder tumour (TURBT) more than 4 weeks ago
- Significant cognitive dysfunction where the patient's ability to manage a catheter is compromised.
- Previous urethral trauma or fractured pelvis.
- Previous difficult catheterisation.

Clinical judgment should be used and medical advice sought as required.

Standard statement	***State variation from standard statement with reason/comments and action taken***	***initial***	***date***
Patient has no contraindications to catheterisation.			
Patient has given informed consent to catheterisation			
Patient does not have an allergy to latex, soap or anaesthetic gel			

Name:	NHS Number:

Indwelling catheter selected	*State variation from standard statement with reason / comments and action taken*	*initial*	*date*
Patient catheterised with a size 16ch all silicone standard length catheter (see indwelling catheter policy) one attempt only			
Catheter insertion		***initial***	***date***
Catheter inserted without difficulty			
If unable to insert catheter contact GP			
Initial Urine drained	mls		
Catheter not draining or patient in pain and symptoms not resolved following catheterisation contact GP for hospital referral.			
Urinalysis performed:			
Glucose / PH / Ketone / Protein / S.Gravity / Nitrite / Blood / Leucocytes			
If leucocytes /nitrite, or symptoms of UTI present, send CSU and inform GP. If sending CSU, write on the microbiology form : unexplained acute urinary retention, along with any other symptoms.			

The nurse taking the CSU is responsible for following up the result.

Catheter Details		**Meatal Cleansing Solution Details**	
Manufacturer	Stick Adhesive Catheter Label Here		
Name of Catheter			
Catheter Material		Name of meatal Cleansing Solution:	
Catheter Length			
Size of Catheter (CH)		Lot No:	
Size of Balloon (Mls)			
Licensed Duration of Use		Expiry Date:	
Lot Number			
Expiry Date			
Water to inflate Balloon Details (if not prefilled)		**Lubricant and Manufacturing Details**	
Manufacturer and amount		Name of lubricant used	
Lot Number		Lot Number:	
Expiry Date		Expiry Date:	
Drainage Details		**Fixation Details- State Manufacturer**	
Leg Bag: Capacity		Velcro Leg Straps	
Leg Bag: Length of Tubing Short/Long		Abdominal / Upper Thigh Fixation	
Night bag:		Leg sleeve	
Sign:		**Print Name**	
Designation:		**Date:**	

Name:	NHS Number:

Patient and Carer advice		***initial***	***date***
Patient/carer instructed in catheter care and given written information, provide spare equipment (please refer to CONT 025 / continence formulary)			
Complete indwelling urinary catheter card and give to patient CONT 014			
Fluid Balance		***initial***	***date***
Start Bladder Diary form CONT023 ensure patient knows how to complete			

Full assessment	***State variation from standard statement with reason / comments and action taken***	***Initial***	***Date***
Take BP, pulse, blood for U & E's (ideally bloods should reach the lab within 3 hours or be taken to the GP surgery for spinning and can go next day on transport)	Consent gained Yes / No		
	U&E's obtained Yes / No		
	BP Lying _____ mm /Hg		
	BP Standing _____ mm /Hg		
	Pulse _____ bpm		
Any previous urinary symptoms (ie: poor stream, frequency, nocturia) use I.P.S.S sheet CONT024			
Previous urological history (investigations /surgery)			
Mobility, dexterity environmental problems (record any actions)			
Normal bowel pattern (use Bristol Stool scale –BSC) Current bowel pattern	Frequency Consistency Frequency Consistency		
If constipated arrange oral /rectal medication for next day			
Current medication			
Advise patient to make appointment with GP for DRE, medication review and to review bloods.			
Patient/carer given contact name and number of nurse			
Notification form emailed to GP (form CONT025)			

Name:	NHS Number:

Four hours after catheterisation			
Repeat pulse and blood pressure lying and standing	Pulse _____ bpm		
	BP Lying _____ mm /Hg		
	BP Standing _____ mm /Hg		
Check and record urinary drainage in past four hours			
f fluid balance normal continue care. If negative fluid balance and patient dizzy, or systemically unwell – contact GP			
If urine output > 200mls per hour consider referral to secondary care			
Arrange visit for following day			

Acute Urinary Retention Pathway – Day Two			
Fluid balance		initial	date
If signs of post catheterisation excessive diuresis i.e. more than 200mls of urine per hour contact GP to arrange admission to secondary care	mls		
Fluid balance normal			
Nurse to arrange trial without catheter (TWOC) for 7-10 days. Give date to patient.	TWOC arranged: Date: ……		
Ensure patient has TWOC patient information leaflet CONT021			

To be completed by all staff using the assessment form (sign to confirm you have met all standards or recorded variances)				
Full name:	**Designation:**	**Initials:**	**Signature:**	**Date:**

Appendix 3 CONT 024 Example - International Prostate Symptom Score (I-P-S-S)Chart

CNT 024

International prostate symptom score (IPSS)

Name: Date: NHS No

	Not at all	Less than 1 time in 5	Less than half the	About half the time	More than half the	Almost always	Your score
Incomplete emptying Over the past month, how often have you had a sensation of not emptying your bladder completely after you finish urinating?	0	1	2	3	4	5	
Frequency Over the past month, how often have you had to urinate again less than two hours after you finished urinating?	0	1	2	3	4	5	
Intermittency Over the past month, how often have you found you stopped and started again several times when you urinated?	0	1	2	3	4	5	
Urgency Over the last month, how difficult have you found it to postpone urination?	0	1	2	3	4	5	
Weak stream Over the past month, how often have you had a weak urinary stream?	0	1	2	3	4	5	
Straining Over the past month, how often have you had to push or strain to begin urination?	0	1	2	3	4	5	

	None	1 time	2 times	3 times	4 times	5 times or more	Your score
Nocturia Over the past month, many times did you most typically get up to urinate from the time you went to bed until the time you got up in the morning?	0	1	2	3	4	5	

Total IPSS score	

Quality of life due to urinary symptoms	Delighted	Pleased	Mostly satisfied	Mixed – about equally satisfied and dissatisfied	Mostly dissatisfied	Unhappy	Terrible
If you were to spend the rest of your life with your urinary condition the way it is now, how would you feel about that?	0	1	2	3	4	5	6

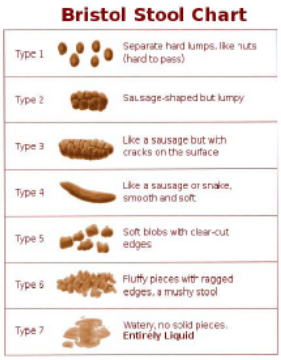
Total score: 0-7 Mildly symptomatic; 8-19 moderately symptomatic; 20-35 severely symptomatic.

Appendix 4 CONT027 Example - Bristol Stool Chart

CNT 027

NHS

BOWEL DIARY



INSTRUCTIONS FOR USE

(This is page1 of 2. Page 2 is your bowel diary to complete.)

Please complete the diary and have it available for your appointment.
It is important that you provide as much information as possible,
as this will form part of your clinical assessment.
Your assessing nurse will discuss this diary with you at your next appointment.

The length of time for which you need to complete the diary, will be recorded
at the top of the diary by your assessing nurse.

Please refer to and use the Bristol Stool Scale (BSS).
A copy of this will be given to you by your assessing nurse if you do not already have access to this.

Fill in each column **every time** you have your bowels opened.

EXAMPLE

DATE	TIME	Number of days since bowels last opened	BSS	Did you get the feeling you needed to have your bowels opened?	Length of time spent on the toilet	Amount passed Small Medium Large	Did you need to strain a lot? Yes / No	Did you get any pain? Yes / No	Did you leak any stools before you reached the toilet? Yes / No	Any bowel medication taken? What and when did you take it.	Any bowel emptying techniques used?
June 25th	10am	4	2	Yes	15 minutes	Small	Yes	No	No	No	No
June 28th	4 pm	3	2	Yes	10 minutes	Medium	Yes	Yes	No	No	No

NHS

BOWEL DIARY

FULL NAME: _____ **Date of Birth:** _____ **NHS No:** _____ **Diary Sheet No**_____

(This is page 2 of 2. See page 1 for instructions on completion.)
Please complete the diary recording **all** your bowel movements for the next____weeks/days.
Please refer to the Bristol Stool Scale (BSS).

DATE	TIME	Number of days since bowels last opened	BSS	Did you get the feeling you needed to have your bowels opened?	Length of time spent on the toilet	Amount passed Small Medium Large	Did you need to strain a lot? Yes / No	Did you get any pain? Yes / No	Did you leak any stools before you reached the toilet? Yes / No	Any bowel medication taken? What and when did you take it.	Any bowel emptying techniques used?

Chart completed by: (name and signature).....
Chart seen by assessor and outcomes discussed (name, signature, date) .....

Appendix 5 CONT 025 Notification to GP of Male Acute Urinary Retention Pathway

Shropshire Community Health NHS
NHS Trust

CONT 025 Notification to GP of Male Acute Urinary Retention Pathway

Surname:	NHS Number:
First Name:	D.O.B
Address: Postcode: Telephone Number:	Name of GP: Practice Address
Date of catheterisation:	

The above patient was successfully catheterised on (date) ..... by (service) ..... to relieve acute urinary retention .....mls have been drained.

A CSU has been sent (if appropriate) and U & E's have been taken. U & E's sent ☐ CSU sent ☐

The patient has been advised to make and appointment with you for an assessment, and Digital Rectal Examination (D.R.E) on the next working day following catheterisation.

Please will you prescribe an alpha blocker drug for this patient to commence prior to the Trail Without Catheter (TWOC) on ..... (date) if indicated.

The TWOC will be carried out by the Community Nursing Service

Signature:	Print:
Designation:	Date:

Please turn over for prescription ordering details.

CNT 025 Notification to GP of Male Acute Urinary Retention Pathway 11-16.doc 06-2021
Page | **1 of 2**

CONT 025

Please prescribe the following catheter supplies (tick appropriate boxes)

For Telford patients (except Wellington Rd Surgery Newport) please order supplies through Proact 0800 917 9865

Short Term (28 days)
Teleflex PTFE Aquaflate, 16ch, standard length
Order code DP310116 – x2 units ☐

Long Term (12 weeks)
Teleflex Brilliant Aquaflate, 16ch, standard length
Order code DA310116 – x2 units ☐

Simple G-strap
Order code 383001- x1 pack of 5 ☐

Prosys urine drainage leg bags with lever tap, long tube, 500mls, sterile
Order code P500L-LT – x1 pack of 10 ☐

Optiliube Active 11ml
(Lidocaine 2& and chlorohexidine Gluconate 0.25%)
Order code 1161- x2 units ☐

Teleflex Cathejell Mono 12.5mls
(plain water based gel)
Order code CJM 12501 –x2 units ☐

Prosys 2 Litre single use night bag
Order code PSU2 - x3 packs of 10 ☐

Appendix 6 CONT 026 Notification to Community Nurse of Male Acute Urinary Retention Pathway

Shropshire Community Health NHS
NHS Trust

CONT 026

Notification to Community Nurse of completion of Male Acute Urinary Retention Pathway

Surname:	NHS Number:
First Name:	D.O.B
Address: Postcode: Telephone Number:	Name of GP: Practice Address
Community Nursing team referring to:	

The above patient was successfully catheterised on (date) ..... by (service) ..... to relieve acute urinary retention .....mls urine was drained.

BP	Lying	
	Sitting	
	Pulse	
Patient has been provided with bladder diary		

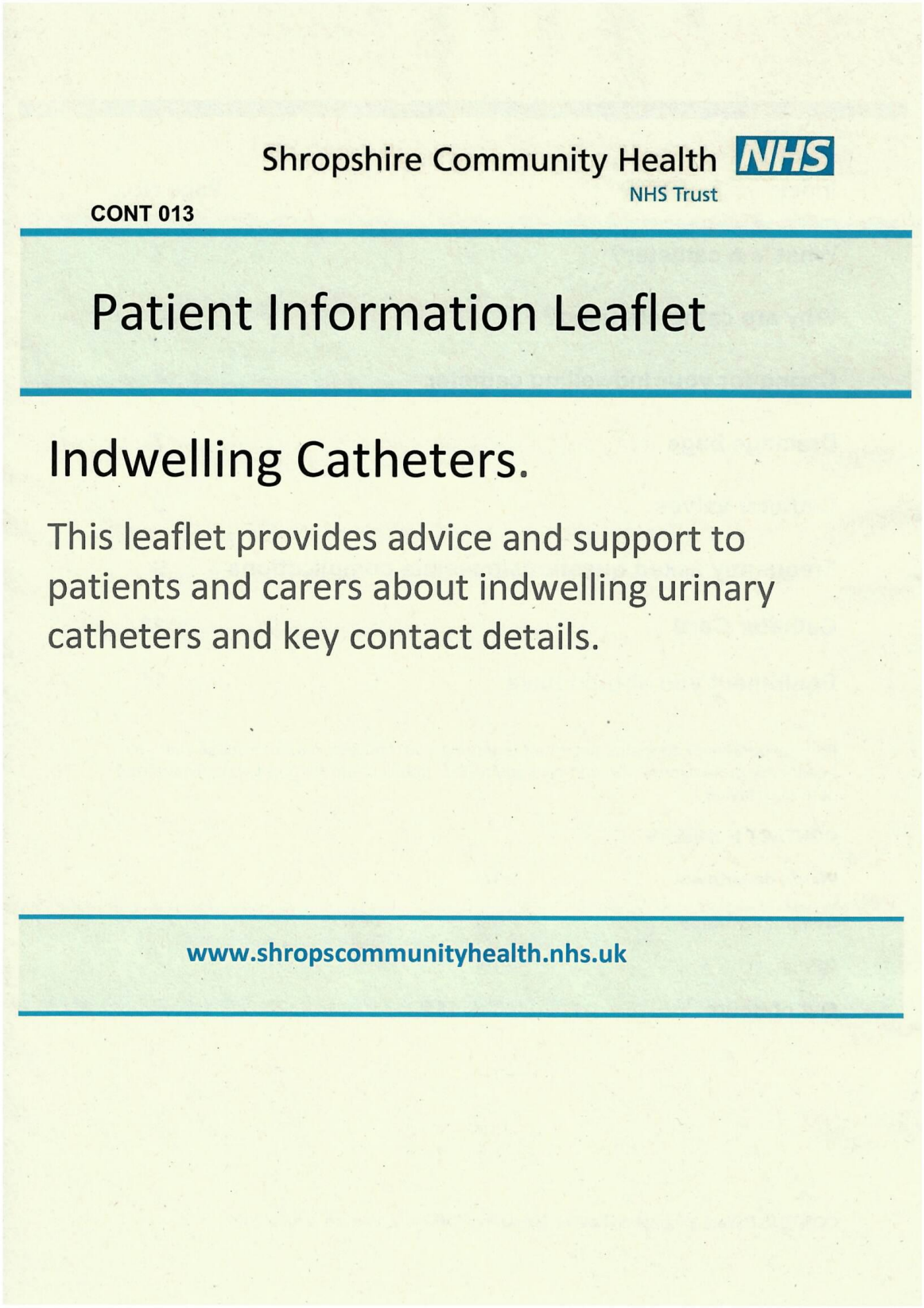
Please will you take over their care and initiate the Trail Without Catheter (TWOC) pathway

Proposed date of TWOC is ..... (date) 7 – 10 post catheterisation

Signature:	Print:
Designation:	Date:

This form should be directed to the community nurses either directly or by email to Shropcom.singlepointofreferral@nhs.net

CNT 026 Notification to Community Nurse of Male Acute Urinary Retention Pathway 11-16.doc06-2021



Shropshire Community Health NHS
NHS Trust

CONT 013

Patient Information Leaflet

Indwelling Catheters.

This leaflet provides advice and support to patients and carers about indwelling urinary catheters and key contact details.

www.shropscommunityhealth.nhs.uk

Index

For any queries or concerns you have regarding your catheter please discuss with your healthcare professional who can give you further detailed information and individualised care and advice.

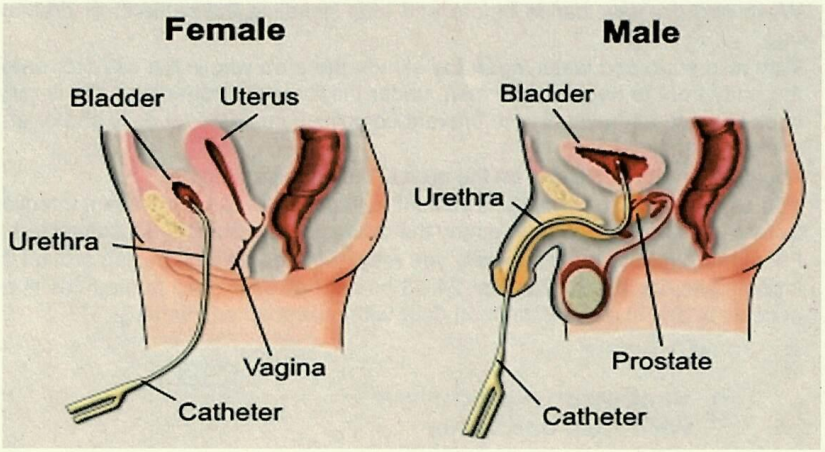
CONTACT NUMBERS

Ward / department	Tel:
Community nurse	Tel:
GP	Tel:
Out of Hours:	Tel: **111**

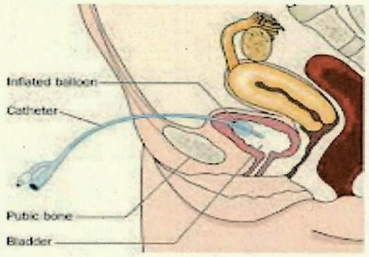
CONT013 Patient Information Leaflet. Indwelling Catheters. Version 3 June 2022

What is an indwelling Catheter?

A catheter is a thin, hollow, flexible tube designed to drain urine from the bladder. The catheter is kept in place by a small balloon at its tip filled with sterile water, which prevents it from falling out. It is inserted into the bladder through the urethra (water pipe). This is a small opening above the vagina in women and runs through the length of the penis in men.



In some people it may be necessary to insert the catheter into the bladder through an incision (cut) through the abdominal wall. This is called a supra pubic catheter:



Why are catheters used?

Some people find it difficult to empty their bladder, so a catheter is inserted to drain urine away. Catheters are also used before or after surgery, for instilling medication into the bladder and occasionally for managing urinary leakage if this cannot be managed in another way.

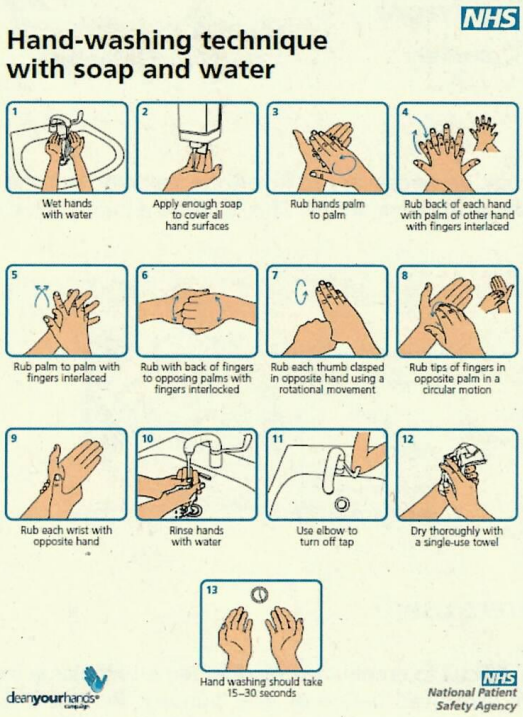
CONT013 Patient Information Leaflet. Indwelling Catheters. Version 3 June 2022

Caring for your Indwelling Catheter

1. ***Maintain hygiene***

Good personal hygiene is important when you have a catheter in place to help prevent a urine infection.

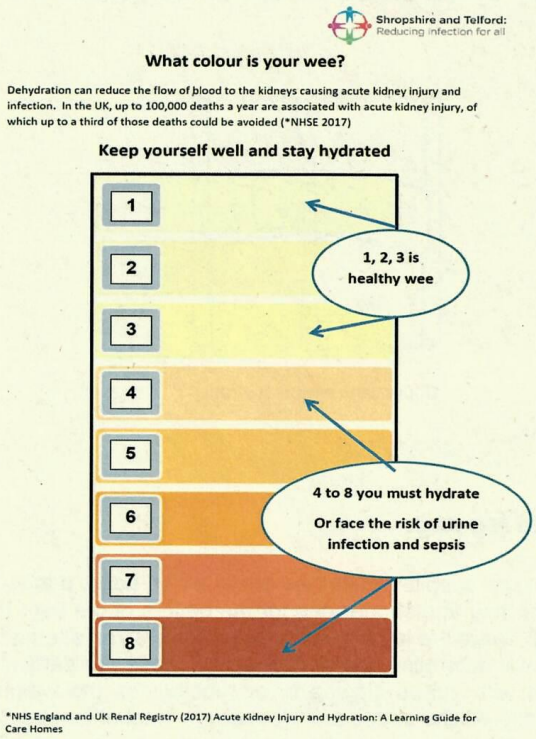
- Wash and dry your hands before and after handling the catheter or drainage bag.
- With mild soap and water wash the skin in the area where the catheter enters the body front to back and, in men, under the foreskin (but ensure this is rolled back in place after washing to prevent complications) at least daily and/or after a bowel motion.
- Avoid using talc or creams on the area around the catheter.
- You can bathe, but a shower is advisable, if possible, to help prevent infection. Before you shower or bathe, empty the drainage bag, but leave it connected.
- For supra pubic catheters, initially you may need to wear a dressing around the incision site, usually for the first 24-48 hours, however once healed this is not necessary and should be cleaned daily with mild soap and water.



CONT013 Patient Information Leaflet. Indwelling Catheters. Version 3 June 2022

2. ***Have a good fluid intake***.

Unless told otherwise by your nurse or doctor, aim to drink 1.5-2 litres (3 pints) of fluid a day to help in the prevention of infection and help avoid constipation. You can use the below guide to ensure you are hydrated:



*NHS England and UK Renal Registry (2017) Acute Kidney Injury and Hydration: A Learning Guide for Care Homes

3. ***Diet and bowel care***

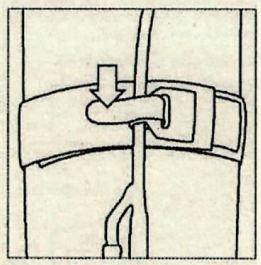
A healthy balanced diet rich in fresh fruit, vegetables and fibre is recommended as this will help to maintain a regular bowel pattern. Constipation can prevent your catheter draining freely as a full bowel can press on the catheter. This is a common cause of urinary leakage around the catheter.

4. ***Activity and exercise***

Having a catheter in place should not restrict your daily activities. Gentle exercise will help your catheter to drain. You can swim with an indwelling catheter in place. Ensure your catheter is comfortably secured with a retaining device.

5. *Securing the catheter*

It is important that both the catheter and leg bag are both well supported to reduce traction and trauma to the bladder neck/urethra and to promote comfort.
A G-strap can be used as a retaining strap which secures the catheter tubing firmly and comfortably against the upper thigh. Ensure positioned to allow for natural movement.



Upper thigh retaining strap

6. *Securing the leg bag:*

Leg bag straps are supplied within the boxes of leg bags, a longer one to be used at the top of the bag and shorter one for the bottom of the bag- they can be cut to size if required. There are leg bag sleeves available as an alternative (a calf or thigh measurement will determine appropriate size). These are particularly good for frail skin, problems with straps digging in or rubbing, as the weight of the urine is distributed evenly. All the straps and sleeves are washable/reusable.
Talk to your health professional who can demonstrate use and advise.

Drainage Bags

Leg bags should be worn in a comfortable position against the thigh, knee or calf area (according to individual preference) and secured to your leg by straps or a sleeve as discussed above. Short or long tube leg bags are available with t-tap or lever tap drainage systems (patients preference). For some patients who are unable to use a leg bag there is an alternative in the form of a Belly Bag which is worn as a bum bag and is secured by a soft belt around the waist.

Lever Tap T Tap

To minimize the risk of infection it is essential to wash your hands before and after emptying or changing the bag. You should empty/drain your bag when it is 3/4s full. When emptying the bag try to make sure that the outlet does not come into contact with the toilet or other receptacle and the outlet tap is dried with clean tissue paper following emptying.

The drainage bag should only be disconnected from the catheter when absolutely necessary to reduce the risk of introducing infection. **It should be changed every 5 – 7 days** unless discoloured/soiled. (If using a belly bag, this should be changed every 28 days). When applying a new drainage bag to the catheter it is important, when removing the cap not to touch the sterile connector.

All drainage bags attached directly to the catheter are designed for single use only and must not be re-used. For what ever reason a drainage bag is disconnected from the catheter a fresh bag must always be re applied.

At night it is recommended that you connect a single use larger capacity bag onto the leg bag. The outlet tap on the leg bag should be in the open position to allow the urine to flow into the night bag. When removing the protective cap from the night bag do not touch the sterile connector which attaches to the outlet tap. A stand for the night bag should be utilised to promote effective drainage and hygiene by preventing the bag from being on the floor.

To disconnect the night bag from the leg bag, wash your hands, close the outlet tap on the leg bag and disconnect the tubing from the tap. Dry the outlet tap with clean tissue paper. Empty night bag according to manufacturer's instructions and dispose of the bag. A new night bag should be used each night.
If you are immobile/always in bed, you will not use a leg bag. You will use a drainable 2 litre bag, attached directly to your catheter, which will need changing every 5-7 days.

Disposing of Drainage Bags

Drainage bags may be disposed of in the normal household waste, provided they have been emptied and wrapped in newspaper or a plastic bag.

CONT013 Patient Information Leaflet. Indwelling Catheters. Version 3 June 2022

Catheter Valves

Catheter valves are used as an alternative to a leg bag for some people. They are not suitable for everyone so you should ask your nurse for advice on whether a valve would be suitable for you.

A catheter valve is a tap that is connected directly to the catheter. It allows drainage of urine from the bladder to be controlled and helps maintain bladder muscle tone and a good bladder capacity.

It is very important that the valve is opened at regular intervals throughout the day, every 3 – 4 hours to allow the bladder to empty. If you do not empty the bladder regularly you may experience some abdominal discomfort as the bladder becomes full or you may experience leakage of urine around the catheter.

Care of the Catheter Valve

Change the catheter valve every 5 – 7 days. In order to minimize the risk of infection it is essential to wash your hands before and after emptying or changing the valve. When emptying the valve try to make sure that the outlet does not come into contact with the toilet or other receptacle and the outlet tap is dried with clean tissue paper following emptying.

You should attach an overnight bag to the valve. Once the night bag is connected, the valve should be in the open position to allow urine to drain.

Disposing of Catheter Valves

Catheter valves may be disposed of in the general household waste, provided they have been wrapped in newspaper or a plastic bag.

CONT013 Patient Information Leaflet. Indwelling Catheters. Version 3 June 2022

Frequently Asked Questions:

- ***How often does the catheter need changing?***

Indwelling catheters need changing at regular intervals between 4 – 12 weeks. It will be changed by a health professional. The frequency of changes will depend on the material the catheter is made of and whether you experience problems with it blocking. Your nurse will discuss with you when and where your catheter will be changed.

- ***How long will I have my catheter in for?***

You might need an indwelling catheter temporarily, for example before or after an operation. You may need to have one for a longer period or even the rest of your life. Please discuss this with your doctor or nurse as you should know why you need a catheter and when its use will be reviewed.

- ***Is it possible to have sex with a catheter in place?***

Yes. However, it may be helpful to discuss further with your nurse as there may be alternatives available such as the use of a supra pubic catheter or you could be taught to remove and replace the catheter yourself.
But men and women can continue to have a normal love life with a catheter in place. In women, be reassured that the catheter is in the urethra and not the vagina. An indwelling catheter can be taped out of the way, across the abdomen in women or along the penis in men. It is also advisable for men to use a condom and water based lubricating gel to reduce the risk of soreness developing. Men should be aware that after ejaculation their urine may be cloudy. Because of this, catheter blockage can occur so you may want to discuss catheter maintenance solutions with your healthcare professional.

- ***What should I do if the Catheter falls out ?***

Do not try to replace your catheter yourself. Contact your nurse, doctor or out of hours service as soon as possible.

- ***What problems may I experience? /Possible complications:***

Initial discomfort/blood in urine:

Initially people with a catheter can experience bladder spasm or cramp and / or the desire to pass urine. These sensations usually subside within a few days. If they persist it is advisable to discuss this with your nurse. It is quite common to notice small flecks of blood in your urine after being catheterised/re-catheterised. This should resolve within a couple of days. If it does not resolve, or if you are concerned about blood in your urine contact your district nurse or out of hours service

Paraphimosis:

Paraphimosis occurs when the retracted foreskin of an uncircumcised man cannot be returned to its normal position. Occasionally this can occur after catheterisation or cleansing of the penis. If you are not able to return your foreskin yourself, you need to seek medical advise urgently as this can cause serious complications.

CONT013 Patient Information Leaflet. Indwelling Catheters. Version 3 June 2022

Urinary tract infection (also known as a UTI):

People with an indwelling catheter have an increased risk of developing a urinary tract infection. Urinary tract infections can cause you to experience stinging or burning in your bladder, abdominal or lower back pain, give you a temperature and make you feel generally unwell. Your urine may become cloudy, contain blood, or smell offensive. You may experience new or worsening confusion. If you are concerned you have a urine infection you should contact your GP or out of hours service.

Blockage of the catheter / leakage around catheter:

This may occur if your catheter or tubing becomes kinked, there is irritation in the bladder, a build-up of debris in the catheter or if you are constipated. You should:

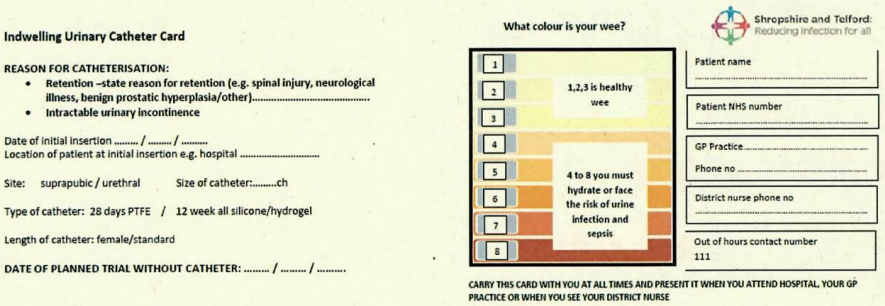
- Check your catheter and tubing, release any kinks.
- Check the drainage bag is not too full.
- Follow previous dietary and fluid advice mentioned to avoid constipation.
- Movement can dislodge minor blockage, walking around may help.
- Medication can sometimes help relieve bladder spasm. Although it is not suitable for everyone this would need to be discussed with your doctor or nurse.
- Make sure your leg or night bag is positioned below the level of your bladder / waist to allow urine drainage.
- If no urine drains from your catheter and you become uncomfortable you should contact the district nurse or out of hours service. If urine is draining from your catheter but leaks around it, do not worry this is not a medical emergency, follow the previous advice mentioned in this document and it may resolve. Discuss with your district nurse if it persists.

PLEASE DO NOT ATTEMPT TO REMOVE YOUR CATHETER UNDER ANY CIRCUMSTANCES WITHOUT PROFESSIONAL ADVICE

CONT013 Patient Information Leaflet. Indwelling Catheters. Version 3 June 2022

Catheter Card

When you are initially catheterised, you should be provided with a catheter card by your healthcare professional:



Indwelling Urinary Catheter Card

REASON FOR CATHETERISATION:

- **Retention –state reason for retention (e.g. spinal injury, neurological illness, benign prostatic hyperplasia/other).....**
- **Intractable urinary incontinence**

Date of initial insertion ..... / ..... / .....
Location of patient at initial insertion e.g. hospital .....

Site: suprapubic / urethral Size of catheter:.....ch

Type of catheter: 28 days PTFE / 12 week all silicone/hydrogel

Length of catheter: female/standard

DATE OF PLANNED TRIAL WITHOUT CATHETER: ..... / ..... / .....

This acts as a form of communication regarding the details of your catheter between healthcare professionals. If you do not have one, or if you need a new one, ask your district nurse or hospital nurse for one.

Equipment you should have via prescription:

- X2 catheters
- X2 lubrication gel for use during change of catheter
- Retaining strap ie G Strap- available in packs of 5- are washable and reusable.
- One box of sterile leg bags.
- Leg bag straps (a new set of 2 comes in each box of leg bags) or sleeve- both are washable and reusable.
- One months supply of single use night bags
- Night bag stand (available via your prescription dispensing appliance contractor (DAC) or by calling freephone 08000854957 or emailing info@clinisupplies.co.uk)

CONT013 Patient Information Leaflet. Indwelling Catheters. Version 3 June 2022

Appendix 08 CONT023 Example Bladder Diary Form

CNT023 BLADDER DIARY

FULL NAME: _____ **Date of Birth** _____ **NHS No:** _____

(This is page 2 of 2. See page 1 for instructions on completion.)

		DAY 1 DATE_____				DAY 2 DATE_____				DAY 3 DATE_____			
	Time	Drinks In	Urine Out	Wet	Urge	Drinks In	Urine Out	Wet	Urge	Drinks In	Urine Out	Wet	Urge
Morning	6am												
	7am												
	8am												
	9am												
	10am												
	11am												
Afternoon	12md												
	1pm												
	2pm												
	3pm												
	4pm												
	5pm												
Evening	6pm												
	7pm												
	8pm												
	9pm												
	10pm												
	11pm												
Night	12mn												
	1am												
	2am												
	3am												
	4am												
	5am												
Totals													

Chart completed by: (name and signature)……

Chart seen by assessor(name,signature,date)……..

BLADDER DIARY

On the next page of this leaflet, you will find a bladder diary.
Keeping
INSTRUCTIONS FOR USE –
(This is page1 of 2. Page 2 is your bladder diary to complete.)

Please complete the diary for 3 days (consecutive if possible) and have it available for your appointment. It is important that you provide as much information as possible, as this will form part of your clinical assessment.

Time - Enter the information nearest to the time it occurred. For example if you have a drink at 4.25pm, write it down in the box next to 4pm.

Drinks In - Please record the amount you drink each time in millilitres (mls) and what type of fluid you are drinking, e.g. tea, coffee, juice etc. If you are not able to measure in mls please indicate cup, mug or glass.

Urine Out – Using a jug, please measure and record your urine output in mls, each time you pass urine. If you go to the toilet and forget to do this or are unable to do this please put a ✓.

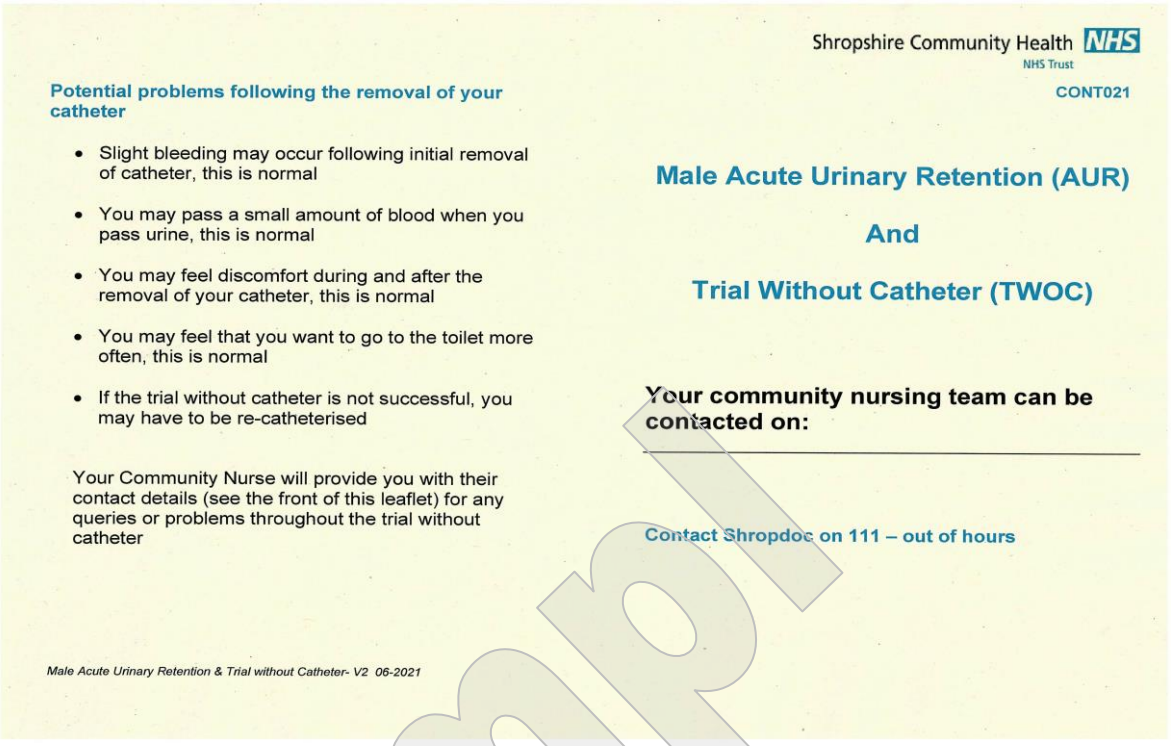
Every time you pass urine, please put a letter on the chart from the list below that describes how urgency you had to get to the toilet

A. I felt no need to empty my bladder, but did so for other reasons.
B. I could postpone voiding (emptying my bladder) as long as necessary without fear of wetting myself.
C. I could postpone voiding for a short while, without fear of wetting myself.
D. I could not postpone voiding, but had to rush to the toilet in order not to wet myself.
E. I leaked before arriving to the toilet.

Below is an example of how to complete the bladder diary:

Time	In	Out	Wet	Urgency
07.00		300mls		D
08.00	Tea 1 cup			
09.00				
10.00		200mls		B
11.00	Water 1 cup			
12.00		50mls	✓	E
13.00				

Appendix 09 CONT 021 Example Male Acute Urinary Retention and TWOC Leaflet



Shropshire Community Health NHS
NHS Trust

CONT021

Potential problems following the removal of your catheter

- Slight bleeding may occur following initial removal of catheter, this is normal
- You may pass a small amount of blood when you pass urine, this is normal
- You may feel discomfort during and after the removal of your catheter, this is normal
- You may feel that you want to go to the toilet more often, this is normal
- If the trial without catheter is not successful, you may have to be re-catheterised

Your Community Nurse will provide you with their contact details (see the front of this leaflet) for any queries or problems throughout the trial without catheter

Male Acute Urinary Retention & Trial without Catheter- V2 06-2021

Male Acute Urinary Retention (AUR)

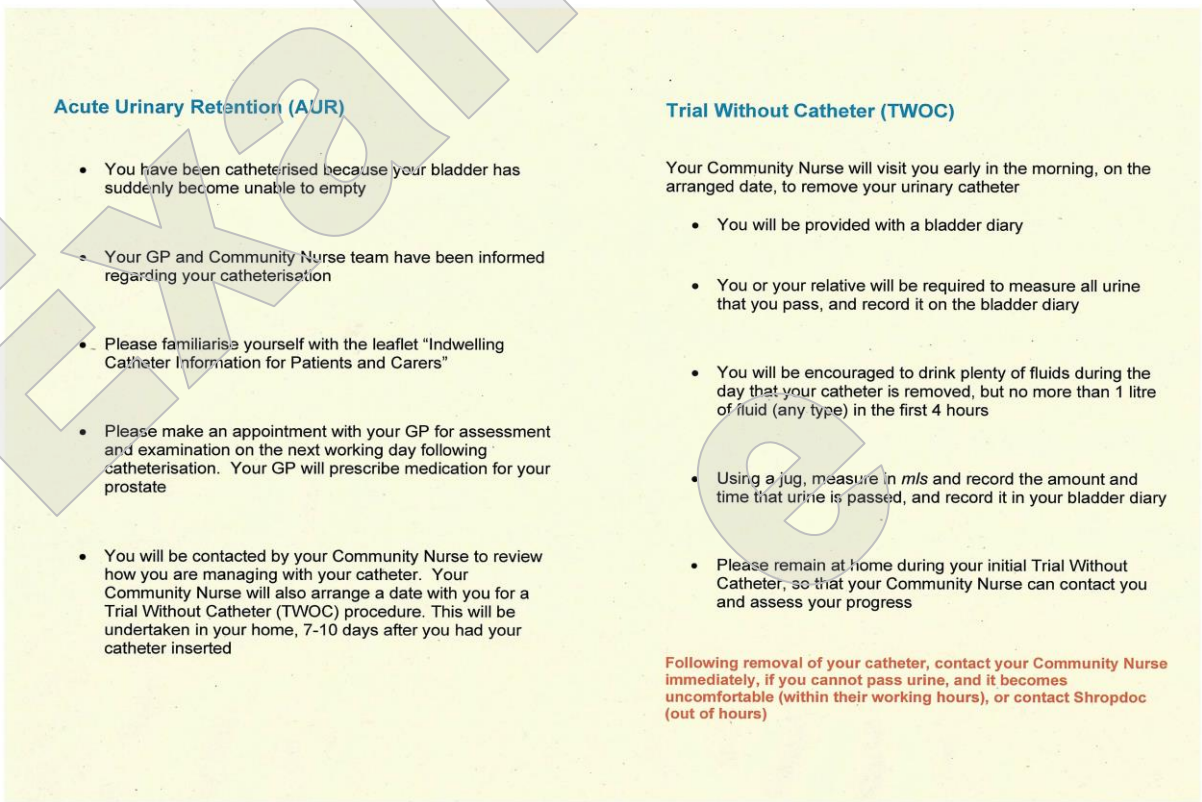
And

Trial Without Catheter (TWOC)

Your community nursing team can be contacted on:

_____

Contact Shropdoc on 111 – out of hours



Acute Urinary Retention (AUR)

- You have been catheterised because your bladder has suddenly become unable to empty
- Your GP and Community Nurse team have been informed regarding your catheterisation
- Please familiarise yourself with the leaflet "Indwelling Catheter Information for Patients and Carers"
- Please make an appointment with your GP for assessment and examination on the next working day following catheterisation. Your GP will prescribe medication for your prostate
- You will be contacted by your Community Nurse to review how you are managing with your catheter. Your Community Nurse will also arrange a date with you for a Trial Without Catheter (TWOC) procedure. This will be undertaken in your home, 7-10 days after you had your catheter inserted

Trial Without Catheter (TWOC)

Your Community Nurse will visit you early in the morning, on the arranged date, to remove your urinary catheter

- You will be provided with a bladder diary
- You or your relative will be required to measure all urine that you pass, and record it on the bladder diary
- You will be encouraged to drink plenty of fluids during the day that your catheter is removed, but no more than 1 litre of fluid (any type) in the first 4 hours
- Using a jug, measure in *mls* and record the amount and time that urine is passed, and record it in your bladder diary
- Please remain at home during your initial Trial Without Catheter, so that your Community Nurse can contact you and assess your progress

Following removal of your catheter, contact your Community Nurse immediately, if you cannot pass urine, and it becomes uncomfortable (within their working hours), or contact Shropdoc (out of hours)

Appendix 10 CONT028 Example Trial Without Catheter (TWOC) Pathway

CONT028

Shropshire Community Health NHS
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Trial Without Catheter (TWOC) Pathway

Patient Name:	NHS Number:
Address: Postcode: Telephone:	D.O.B Consultant (if relevant): G.P: (name) (practice)
Referred for TWOC by: (name) (designation) Referred for TWOC on (date):	Community nurse: (name) (base) (contact no) (email address)

Contra-Indications to undertaking TWOC in community:

- Radical prostatectomy within the last 3 months
- Transurethral resection of prostate (TURP) within the last eight weeks
- Bladder neck incision within the last eight weeks
- Optical urethrotomy within the last eight weeks
- Open or endoscopic prostatectomy within the last eight weeks
- Transurethral resection of bladder tumour (TURBT) within the last 4 weeks
- Urethral stricture
- Undiagnosed haematuria
- Clot retention
- Systemically unwell
- Known pathology of the lower urinary tract, such as cancer
- Patients who withhold consent
- Patients, families or carers who are unable to alert the community nurse of any difficulties when undergoing a TWOC
- Patients who are constipated - with no bowel movement for 3 days or more
- Confirmed urinary tract infection or recurrent urinary tract infections

A) Initial Visit / Contact	State Variance	Sign	Date
Ensure reversible causes of urinary retention have been treated eg: constipation / medication – if not defer TWOC			
MEN ONLY commenced an alpha blocker (if appropriate) at least 48 hours prior to TWOC - if not defer TWOC			
Ensure patient has AUR/TWOC information leaflet CONT021 (add community nurses contact number to the front cover) and bladder diary CONT023			
Ensure catheter supplies (see catheter formulary) and measuring jug to record urine output, are available at patient's house			

If at any time patient becomes uncomfortable and unable to pass urine, they may be recatheterised.

B) Day of TWOC visit between 8-10am	**State Variance**	**Sign**	**Date**
Gain "Informed Consent" for TWOC procedure			
Ensure reversible causes of urinary retention have been treated			
Remove catheter (*following catheterisation guidelines)*			
Ask patient /family / carer to record fluid intake / urine output on bladder diary CONT023.			
Give advice on fluid intake (not more than 1 litre in 4 hours)			
C) 3-4 Hours Post TWOC			
Check fluid balance.			
Patient **has passed urine** Bladder scan performed Post Void residual (PVR) = ml of urine Refer to algorithm to interpret results and take appropriate action Continue pathway if indicated			
If TWOC successful ie PVR < 150mls complete and send TWOC outcome summary form to GP (CONT030). Advise patient to make appointment with GP, for medication review			
Patient **has not passed urine** Bladder scan performed Post Void residual (PVR) = ml of urine Refer to algorithm to interpret results and take appropriate action Continue pathway if indicated			
If recatheterisation indicated - please move on to section E			

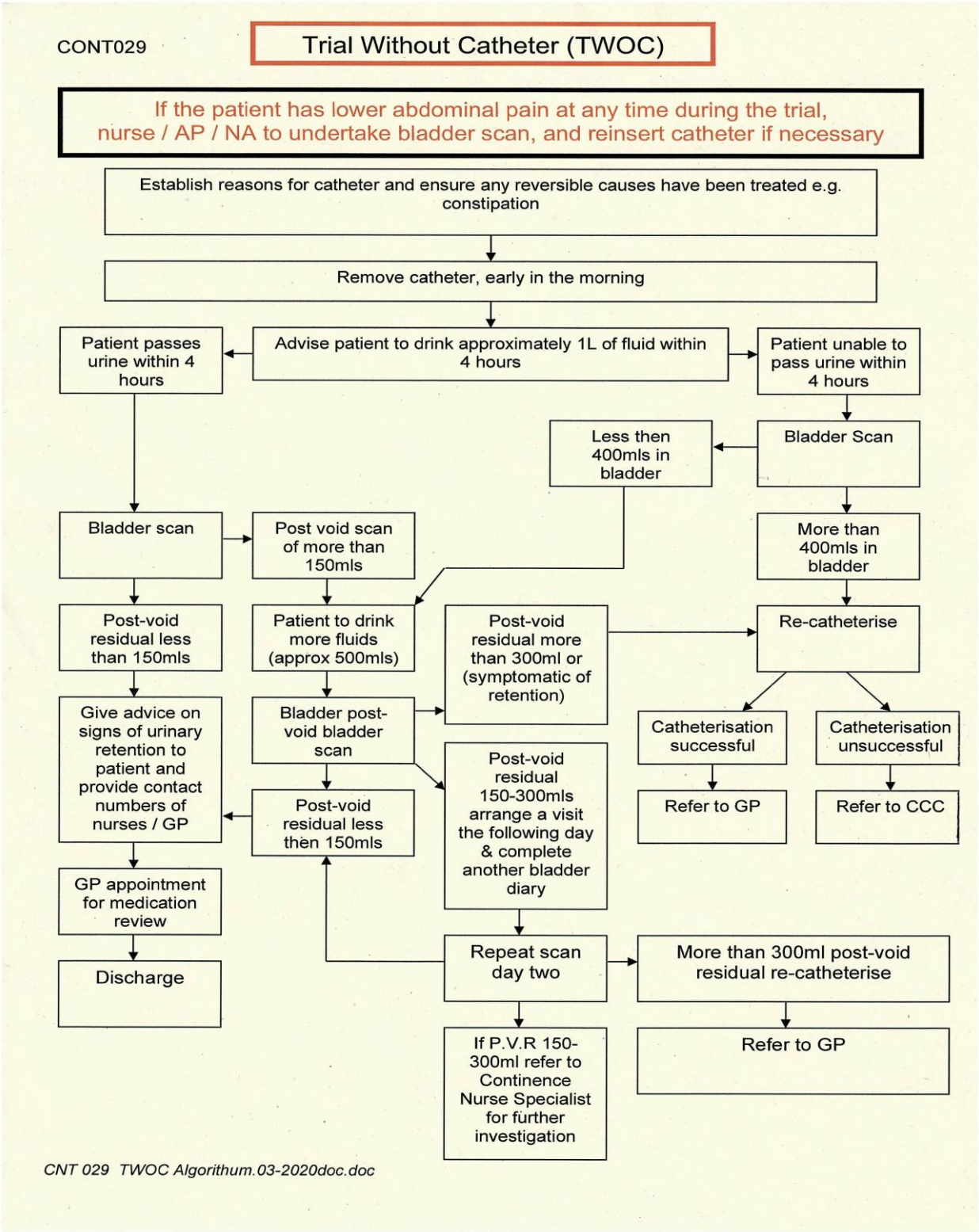
D) 6 Hours Post TWOC Visit		Sign	Date
Review and assess bladder diary CONT023			
If TWOC successful ie PVR < 150ml • Complete and send TWOC outcome summary form CONT030 to GP • Advise patient to make GP appointment for medication review.			
If post void residual urine 150-300 ml – repeat scan on the following day. Go to section F			
If TWOC unsuccessful: ie PVR > 300ml • recatheterise patient with long term catheter. • Ensure catheter supplies at patient's home. • Complete and send TWOC outcome summary form CONT025, and ask GP to arrange onward urology referral • If unable to catheterise contact GP urgently			

E) Catheter insertion			
Manufacturer	Stick Adhesive Catheter Label Here	**Meatal Cleansing Solution Details**	
Name of Catheter			
Catheter Material		Name of meatal Cleansing Solution:	
Catheter Length			
Size of Catheter (CH)		Lot No:	
Size of Balloon (Mls)			
Licensed Duration of Use		Expiry Date:	
Lot Number			
Expiry Date			
Water to inflate Balloon Details (if not prefilled)		**Lubricant and Manufacturing Details**	
Manufacturer and amount		Name of lubricant used	
Lot Number		Lot Number:	
Expiry Date		Expiry Date:	
Drainage Details		**Fixation Details- State Manufacturer**	
Leg Bag: Capacity		Velcro Leg Straps	
Leg Bag: Length of Tubing Short/Long		Abdominal / Upper Thigh Fixation	
Night bag:		Leg sleeve	
Sign:		**Print Name**	
Designation:		**Date:**	

F) Day Two		Sign	Date
Repeat bladder scan PVR = ml Refer to algorithm CONT029 to interpret results			
If TWOC successful • Complete and send to GP TWOC outcome summary form CONT030 • Advise patient to make GP appointment for medication review.			
F) Day Two continued		**Sign**	**Date**
Post void residual urine 150 – 300mls complete referral form to Continence Nurse Specialists CONT031 Send outcome summary to GP CONT030			
If TWOC unsuccessful: • re catheterise patient with long term catheter, record in section E • Ensure Catheter supplies at home. • Send outcome summary to GP CONT030. If unable to catheterise contact GP urgently or contact CCC 0333 222 6648			

Full name:	Designation:	Signature:	Date:

Appendix 11 CONT029 Trial Without Catheter (TWOC) Pathway Algorithm



Appendix 12 CONT 030 Example Trial Without Catheter Outcome Summary to GP Form

Shropshire Community Health NHS
NHS Trust

CONT 030

Trial without Catheter

Outcome Summary to GP

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

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)

Sign:	Print Name:	Date:

CNT 030 Trial Without Catheter - Outcome Summary to GP 03-2020.docx 06-2021

Appendix 13 CONT 031Example Trial Without Catheter (TWOC) Referred to Continence Advisory Service

Shropshire Community Health NHS
NHS Trust

CONT 031 Trial without Catheter

Referral to Continence Advisory Service

N.B. Patient should be able to attend a local bladder screening clinic for further assessment and investigation (they should be able to attend clinic with a comfortably full bladder, be able to void on demand, be able to transfer on and off uroflowmetry machine, and on and off examination couch)

Patient Name:	Consultant (if relevant):
NHS number: DOB: Address: Postcode: Telephone:	GP: (name) (practice) Community Nurse: (name) (base) (contact no) (email address) Referred to community nurses for TWOC by: (name) (designation) Referred to community nurses for TWOC on: (date)

Date of TWOC:
Result of post void residual bladder scan: ml

Brief Catheter / Urology history:

Further information:

Sign:	Print:	Date:

Email this form to shropcom.continence@nhs.net
Phone 01743 444062 if you require advice / support

CNT 031 Trial Without Catheter - Referred to Continence Advisory Service 03-2020.doc 06-2021

Appendix 14 CONT14 Indwelling Urinary Catheter Card

Indwelling Urinary Catheter Card

REASON FOR CATHETERISATION:

- **Retention – state reason for retention (e.g. spinal injury, neurological illness, benign prostatic hyperplasia/other).....**
- **Intractable urinary incontinence**

Date of initial insertion ...../ ...../ .....
Location of patient at initial insertion e.g. hospital .....

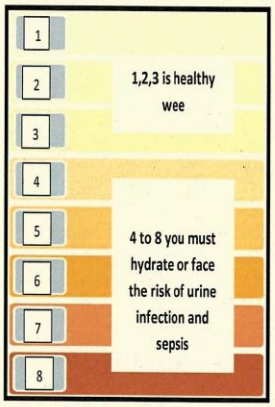
Site: suprapubic / urethral Size of catheter:.....ch

Type of catheter: 28 days PTFE / 12 week all silicone/hydrogel

Length of catheter: female/standard

DATE OF PLANNED TRIAL WITHOUT CATHETER: ...../ ...../ .....

What colour is your wee?



Shropshire and Telford: Reducing infection for all

Patient name .....

Patient NHS number .....

GP Practice.....

Phone no .....

District nurse phone no .....

Out of hours contact number 111

CARRY THIS CARD WITH YOU AT ALL TIMES AND PRESENT IT WHEN YOU ATTEND HOSPITAL, YOUR GP PRACTICE OR WHEN YOU SEE YOUR DISTRICT NURSE

V.1 June 2019

Indwelling Urinary Catheter Card

REASON FOR CATHETERISATION:

- **Retention – state reason for retention (e.g. spinal injury, neurological illness, benign prostatic hyperplasia/other).....**
- **Intractable urinary incontinence**

Date of initial insertion ...../ ...../ .....
Location of patient at initial insertion e.g. hospital .....

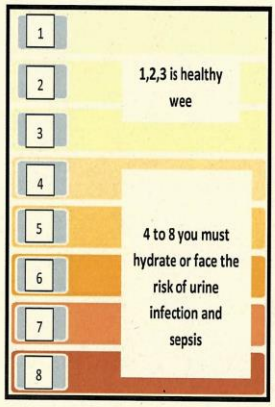
Site: suprapubic / urethral Size of catheter:.....ch

Type of catheter: 28 days PTFE / 12 week all silicone/hydrogel

Length of catheter: female/standard

DATE OF PLANNED TRIAL WITHOUT CATHETER: ...../ ...../ .....

What colour is your wee?



Shropshire and Telford: Reducing infection for all

Patient name .....

Patient NHS number .....

GP Practice.....

Phone no .....

District nurse phone no .....

Out of hours contact number 111

CARRY THIS CARD WITH YOU AT ALL TIMES AND PRESENT IT WHEN YOU ATTEND HOSPITAL, YOUR GP PRACTICE OR WHEN YOU SEE YOUR DISTRICT NURSE

V.1 July 2020