

= YES = NO

(PLACE PATIENT LABEL HERE)

SURNAME: _____ NHI: _____

FIRST NAMES: _____

Date of Birth: ____ / ____ / ____ SEX: _____

URINARY RETENTION ACUTE

Date: ____ / ____ / 20__ Time: _____ Clinician: _____ NP CNS HS Reg SMO

HISTORY AND PRESENTING COMPLAINT

Inability to void for : _____

Haematuria No Yes

Haematuria Policy CeDSS

Clots present No Yes

22-24 Fg 3-way catheter. Manual irrigation policy p12-15 CeDSS

SCREEN FOR PRECIPITATING CAUSES

None present

UTI / Infection

Fever

Common causes

Constipation

Lower urinary tract symptoms (LUTS)

Poor flow

Rigors / chills

Recent Spinal / Epidural

Straining

Dysuria (*new*)

ETOH binge

Nocturia

Frequency (*new*)

Decongestants

Sensation of incomplete voiding

Penile discharge

Anticholinergics *see med section*

Rectal / perineal pain

Diabetes

RELEVANT UROLOGY & MEDICAL HISTORY

Nil relevant

Prostate cancer

BPE (*Benign Prostatic Enlargement*)

Previous UTI / urosepsis

Renal impairment Solitary kidney

Prosthetic implant (i.e hip / knee) < 2 years or Mechanical heart valve

↑ Risk of bacteraemia: consider prophylactic antibiotics. See page 4 BCB

Lower urinary tract / pelvic surgery:

Some surgeries are contraindications to urethral catheterisation. See p2 Best Care Bundle Pathway

Previous retention: *Do not TROC if > 1 episode*

RELEVANT MEDICATIONS / ALLERGIES

Nil regular medicines

Anticholinergic drugs: Oxybutynin Solifenacin

Alpha blockers: Doxazosin Terazosin

5α-reductase inhibitors: Finasteride

Other: Tricyclics Opiates

Nil known allergies

ALLERGIES:



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FUNCTIONAL AND SOCIAL HX

Independent Yes No

Smoking Hx Non smoker Smoker:

ETOH _____

ETOH excess can be a contributing factor

VITAL SIGNS

Within normal limits

BP _____ mmHg

Pulse _____ bpm

Temp _____ °C

Resp Rate _____ min

SPO2 _____ %

Air NP Hudson: ____ l/min

Pain score ____ /10

General NOT distressed Distressed

Pain None Mild Moderate Severe

EXAMINATION

CVS Warm and well perfused

Pulses Normal

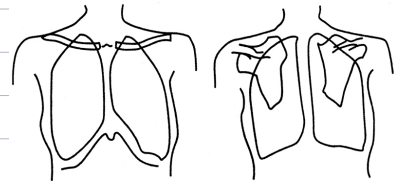
S1S2 Normal

Respiratory

Air entry Normal

Breath sounds Vesicular

Added sounds No Yes:



Abdominal

Appearance Not distended Distended

Palpation Soft

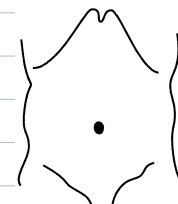
Bladder palpable Yes No

Pulsatile mass No Yes:

Acute abdomen No Yes: *e.g guarding or rebound tenderness*

Renal angle tender No Yes:

Look for constipation, it is a common cause of urinary retention



External genitalia

Testes Normal or:

Discharge No Yes:

Lesions No Yes:

Any discharge, lesions or new sexual contact - send penile swab & treat for urethritis



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OTHER

♂ **RECTAL EXAMINATION:** *Performed after the catheterisation. Look for signs of malignancy / prostatitis* Not indicated

Indications: Hx Lower Urinary Tract Symptoms ? Prostatitis No obvious precipitating cause

Prostate: Normal

Performed by: Dr

♀ **VAGINAL EXAMINATION:** *Look for signs of infection or abnormal masses* Not indicated

Indications: Uterine prolapse or cancer Recent pelvic surgery No obvious precipitating cause

Urinary meatus: Normal

Cervix: Normal

Adnexae: Normal

Performed by: Dr

RESULTS

| HAEMATOLOGY | | BIOCHEMISTRY | | | | URINE: Dipstix | | MSU / CSU | |
|-------------|--|-----------------|--|-------|--|----------------|--|-----------|--|
| Hb | | Na ⁺ | | CRP | | Leuc Est | | WCC | |
| WCC | | K ⁺ | | β-HCG | | Nitrites | | RCC | |
| PL | | Gluc | | | | Prot | | Epi's | |
| | | Creat | | | | | | Bact | |
| | | Lipase | | | | | | | |

Do NOT send a PSA in acute retention. It might be falsely elevated due to catheterisation and cause the patient unnecessary anxiety. Ask the GP to do a PSA in 6 week's time

Remember to note Antibiotics given in the comments box in Eclair

PREVIOUS URINE CULTURES Not applicable

Date: _____

Bacteria: _____

Sensitivities: _____

Resistance: _____

SWAB RESULTS Not applicable

Site(s): _____





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CLINICAL IMPRESSION / DIAGNOSIS / PLAN

Diagnosis: Acute urinary retention Likely precipitated by _____

Other problems:

FURTHER MANAGEMENT / NURSING INSTRUCTIONS

TRANSFER OF CARE

Discharge to GP Discharge checklist p3 BCB pathway completed Script for Doxazosin if indicated

District nurse referral done - TROC guide p3

See EDS proforma, link from EDS. Contains detailed patient information re follow up and TROC

Admission Gen Med Urology (Auckland City) Dr: _____ Time: _____

Interim nursing plan documented

Clinician Name: _____ Designation: _____ Sign: _____ Contact details: _____

For junior staff: Discussed with Reviewed by SMO: _____