Waitemata District Health Board

Best Care for Everyone

☑ = YES ☒ = NO

(PLACE PATIENT LABEL HERE)

SURNAME: _____ NHI: _____

FIRST NAMES: _____

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

NURSING

BEST CARE BUNDLE PATHWAY

URINARY RETENTION ACUTE

Date: Time: Assessment nurse: Sign:

INCLUSION CRITERIA

☐ Acute Urinary Retention clinically

EXCLUSION CRITERIA

☐ Any major injury or acute medical instability

☐ **Select Treatment Pathway on Whiteboard**
Enter actual time started
Data collected for Ministry of Health

STOP!
Not suitable for this Best Care Bundle
Select 'BCB removed' Treatment Pathway
Continue usual nursing cares

NURSING ASSESSMENT & TASKS

☐ History, examination & vital signs *Document on Nursing Assessment Record*

☐ **URETHRAL CATHETER ASAP** *Please review contraindications & IDUC size guide p2* ***before*** *catheterisation*

☐ Start fluid balance chart

☐ Document volume drained on fluid balance chart:

_____ mL *drained STAT* *if > 1000 mL* → ☐ General panel bloods *(✘ Do* ***not*** *send PSA)*

_____ mL *in 2 hours* *if > 1500 mL* → ☐ General panel bloods & Observe for post obstructive diuresis

☐ Provide 'Catheter pack' *flight deck / staff base*

☐ Catheter cares education

URETHRAL CATHETER PLACEMENT RECORD *No need to complete yellow sticker*

Time: _____ *Placed by:* _____ *Designation:* _____ *Sign:* _____

Catheter size: _____ Fg *size guide page 2* Balloon volume: _____ mL

Insertion: ☐ No difficulty ☐ Minor difficulty ☐ Unable to insert

Urine quality: ☐ Clear ☐ Cloudy ☐ Debris

Blood: ☐ No blood ☐ Rose ☐ Clots (few) ☐ Clots (heavy) *Manual irrigation policy, CeDSS*

Confirm: ☐ **Aseptic technique** ☐ Specimen sent to lab *only if febrile / unwell*

☐ **Foreskin replaced** *or* ☐ Circumcised

RED FLAGS *All red flag boxes must be populated* ☑ = YES ☒ = NO

☐ HR > 120 ☐ Systolic BP < 90 ☐ Clinical concern ☐ Change in mental state

☐ **NO RED FLAGS**

Continue Best Care Bundle

☐ **RED FLAGS PRESENT (ANY)** → Senior Dr review ASAP *(SMO / Senior Registrar)*

☐ Continue Best Care Bundle. Intervention if any: _____

☐ Exit Care Bundle: Reason: _____

↳ *Select* ***'BCB removed'*** *in TP column, Electronic Whiteboard. This signals the medical staff*

Dr Name: _____ Sign: _____

7.7.209 A

Waitemata District Health Board

Best Care for Everyone

☑ = YES ☒ = NO

(PLACE PATIENT LABEL HERE)

SURNAME: _____ NHI: _____

FIRST NAMES: _____

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

CATHETER SIZE GUIDE

In general 14 - 16 Fg. Rule of thumb: Smallest catheter that will suit the purpose

Uncomplicated retention	14	Fg	*Also for medical & other (severe CVA, # NOF, trauma)*
Prostatic obstruction	16 - 18	Fg	
Urethral / meatal stricture	12	Fg	*Failure requires suprapubic catheter*
Slight haematuria, turbid, mucous laden	16 - 20	Fg	
Moderate to heavy haematuria +/- clots	22 - 24	Fg	*3 Way. Do NOT use 18 - 20 Fg. Inadequate for clot clearance*

URETHRAL CATHETER GUIDELINE & FLOWCHART

Bladder scan is not needed prior to catheterisation unless clinical assessment is unclear

Delay leads to further bladder distension which reduces the chance of successful TROC

There is no evidence that gradual decompression will reduce risk of haematuria, hypotension or post-obstructive diuresis

Male catheterisation be performed ONLY by practitioners with completed and maintained competency

Contraindications: *Any contraindications: STOP → Contact ED SMO*

☐ Straddle injury ☐ Fracture pelvis ☐ Urethroplasty or Radical prostatectomy < 6 wks* *see note below*

Any clinical findings / history indicating possible **urethral trauma**
- straddle injury *(fall, kick, cycle)*
- fractured pelvis *(car accident, fall, crush)*
- blood at the penile meatus
- pain and / or perineal haematoma

YES → Do **NOT** catheterise urethrally. Consider suprapubic catheter (SPC) *(discuss with senior)*

NO ↓

Recent (< 6 weeks)
- Urethroplasty*
- Radical prostatectomy? ** see note below*

YES → < 6 weeks: DO **NOT** catheterise urethrally
> 6 weeks: If free of complications: catheterise urethrally with 14 Fg convert to SPC if unsuccessful

NO ↓

- Other lower urinary tract surgery < 4 weeks
- Urethral trauma < 4 weeks
- Known urethral stricture
- Previous difficult catheterisation

YES → Proceed with care

NO ↓

Does the patient have
- Current UTI or recurrent UTI's
- Total hip or knee joint replacement < 2 years
- Mechanical heart valves
- Previous infective endocarditis
- Immunosupression

YES → Consider antibiotics

Controversial. See the full guideline on EM CeDSS, BCB page, and page 4 of this document for Antibiotic choice

NO ↓

Proceed with catheterisation

**** Urethroplasty or Radical Prostatectomy < 6 weeks***

*This surgery indicates urethral graft or anastomosis. Catheterisation should only be performed by a **urology registrar**. Do NOT catheterise urethrally. Medical staff to insert **suprapubic** catheter if Urology registrar unavailable, or refer to acute inpatient Urology at Auckland City Hospital. **Total cystectomy with neobladder** - discuss with Urology registrar before any intervention*

Waitemata District Health Board

Best Care for Everyone

☑ = YES ☒ = NO

(PLACE PATIENT LABEL HERE)

SURNAME: _____ NHI: _____

FIRST NAMES: _____

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

CLINICIAN

BEST CARE BUNDLE PATHWAY

*TROC TRIAL REMOVAL OF CATHETER GUIDE

*Timing is based on **initial volume (in 30 mins) drained***

☐ *< 1000 mL*	→	☐ TROC ~ 5 days *Unless contraindications to TROC (see below)*
☐ *> 1000 mL*	→	☐ Check U&E ☐ **Do NOT TROC < 5 days** *Bladder over-distension lowers chance of successful TROC* ☐ Observe for post obstructive diuresis
☐ *Painless retention > 600 mL*	→	☐ Leave IDUC in situ (do NOT TROC) ☐ Refer to WDHB Urology outpatients
☐ *Painless retention 400 - 600 mL & no CRI or UTI*	→	☐ Do NOT catheterise ☐ Refer to WDHB Urology outpatients non urgently, or ask GP to refer

All TROC's to be performed by District nurse team in community - DO NOT TROC IN ED

- TROC done correctly is time / resource intensive and has a high failure rate,
- Is absolutely contra-indicated if >1000 mL drained stat
- Clear precipitating cause in an otherwise healthy patient, & acute IDUC removal highly desired → d/w ED SMO

****CONTRAINDICATIONS TO TROC (ED and the community)**

- ☐ Second presentation with retention → Catheterise & refer to Urology outpatients
- ☐ Acute kidney injury or hydronephrosis
- ☐ Post-obstuctive diuresis
- ☐ Painless retention > 600 mL

DISCHARGE CHECKLIST

☐ **District Nurse referral for all patients**
Please see 'Follow up information' →
Be clear about timing of TROC (see timing guide & contraindications above)*

☐ **WDHB clinic referral only if indicated**
Please see 'Follow up information' →

☐ **GP follow up** in 7-10 days for all
For every patient, to check resolution of precipitating cause or to refer to Urology clinic if indicated (e.g. failed TROC)

☐ Start **Alpha Blocker** for men> 50 with LUTS
***Doxazosin** indications & dosing page 4. Please titrate up to full dose unless not tolerated by patient*

☐ **Catheter pack provided & education** done

☐ Antibiotics **only** if indicated
Indications page 4

FOLLOW UP INFORMATION

District Nurses for all patients

- Will visit all patients with new IDUC within a few days
- Will perform the TROC as indicated on the referral
- Please note the timing guide* and contraindications** above
- Please use the pre-populated referral form *Bundle pack, or EM CeDSS).*
- *It contains all the critical information required by DN team*
- If community TROC fails, the DN will replace the IDUC and the patient needs to see his GP for a referral to Urology

Only if indicated:

WDHB Urology outpatient clinic referral to 2348
Use pre-populated referral letter (Bundle pack or EM CeDSS)

- ☐ Difficult IDUC placement
- ☐ Hydronephrosis
- ☐ Painless retention
- ☐ Failed TROC
- ☐ Recent lower urinary tract surgery *(< 6 wks)* with urinary retention today
- ☐ New suprapubic catheter
- ☐ Renal impairment or failure
- ☐ Representation with retention or clots

Waitemata District Health Board

Best Care for Everyone

☑ = YES ☒ = NO

(PLACE PATIENT LABEL HERE)

SURNAME: _____ NHI: _____

FIRST NAMES: _____

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

FORMULARY / MEDICATION OPTIONS

CHECK ALLERGY STATUS AND SEE MEDSAFE OR OTHER TEXT FOR FULL LIST OF CONTRAINDICATIONS**

ALL MEDICATIONS MUST BE CHARTED ON THE NATIONAL MEDICATION CHART

ALPHA BLOCKER

Indications ☐ All Men age > 50 with LUT (Lower Urinary Tract) symptoms

	Dose	*Route*	*Freq*	*Notes*
Doxazosin	1 mg	Oral	Nocte for 3 days	Risk of postural hypotension. Doxazosin patient information BCB page, EM CeDSS. **Do not TROC before Doxazosin is up to full dose,** unless patient is not able to tolerate the full dose due to side effects. TROC could still be effective at the 2 mg dose, but 4 mg is preferred.
then	2 mg	Oral	Nocte for 5 days	
then	4 mg	Oral	Nocte thereafter	

ANTIBIOTICS

PROPHYLAXIS Stat dose peri-catheterisation prophylaxis **only indicated in high risk patients**

High risk patients

- ☐ Mechanical heart valves
- ☐ Artificial joint replacement < 2 years
- ☐ Previous infective endocarditis
- ☐ Recurrent UTI's
- ☐ Immunosupression
- ☐ Recurrent attempts to pass the catheter

ANTIBIOTIC CHOICE *In order of preference*

	Dose	*Route*	*Freq*	*Notes*
Norfloxacin	400 mg	Oral	Stat	Single dose only
Cefuroxime	1.5 g	IV	Stat	Single dose only
Meropenem	1 g	IV	Stat	If known ESBL colonised. Single dose only

PROVEN UTI Antibiotics as per UTI Best Care Bundle (EM CeDSS)
Also available in the Antimicrobial guideline on General Medicine CeDSS site

DISCHARGE CRITERIA

- ☐ Senior doctor agrees with discharge plan
- ☐ Vital signs within normal limits
- ☐ No evidence of
  - Post obstructive diuresis
  - Acute renal failure

See 'Best Care Bundle EDS proforma 'link from the EDS. This is already pre-populated with a lot of information that prevents duplication

ADMISSION CRITERIA *Meets any*

GEN MED *(NSH 4954 / WTH 9680)* **/ RENAL TEAM**

- ☐ Persistent abnormal vital signs and / or fever
- ☐ Acute renal failure or hydronephrosis
- ☐ Post obstructive diuresis

ACUTE UROLOGY *Auckland City Hospital 021 938 942*

- ☐ Failed catheterisation
- ☐ Heavy haematuria and clots persisting after manual irrigation
  - *22-24 Fg 3 way catheter*
  - *Manual irrigation policy page 12-15 (BCB page EM CeDSS)*

ADDITIONAL INFORMATION

Bundle documents	*Best Care Bundle Urinary Retention - via Emergency Medicine CeDSS site*
WDHB Guidelines	*http://staffnet/edss/RMOHandbook/content/Urology/Urology.asp*
Urology Guidelines	*Quality documents/policies/surgical and ambulatory/urology*