Waitemata
District Health Board
Best Care for Everyone

☑ = YES ☒ = NO

(PLACE PATIENT LABEL HERE)

SURNAME: ______________________ NHI: __________

FIRST NAMES: ______________________

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

URINARY RETENTION ACUTE

Date: Time: Assessment nurse: Sign:

INCLUSION CRITERIA

☐ Acute Urinary Retention clinically

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

EXCLUSION CRITERIA

☐ Any major injury or acute medical instability

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

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: ______________________

NURSING ASSESSMENT & TASKS

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

☐ **URETHRAL CATHETER ASAP** — *Review contraindications & IDUC size guide p2 before catheterisation.*

☐ Start fluid balance chart — *Bladder scan not needed prior to catheterisation esp if patient in distress*

☐ Document volume drained on fluid balance chart:

_________ mL drained in 15 min *if > 1000 mL* → ☐ General panel bloods *(✘ Do **not** send PSA)*

_________ mL drained in 2 hrs *if > 1500 mL* → ☐ General panel bloods and

→ ☐ Observe for post obstructive diuresis

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

☐ Catheter cares education

URETHRAL CATHETER PLACEMENT RECORD

Bladder scan not needed prior to catheterisation. 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	

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BEST CARE BUNDLE GUIDELINE

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

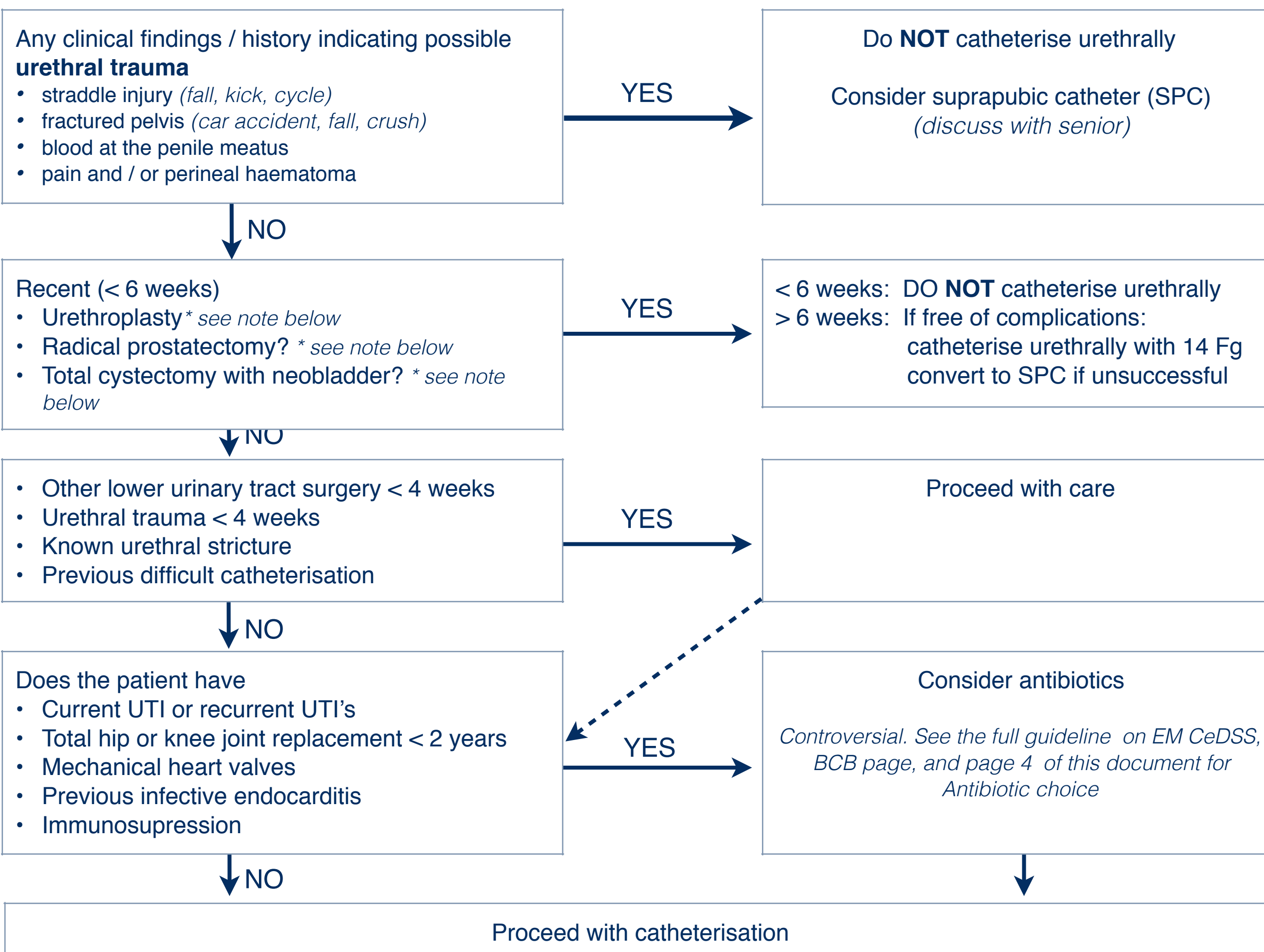
Delay leads to further bladder distension which reduces the chance of successful TROC

There is no evidence that gradual decompression reduces 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*



** 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*

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*TROC TRIAL REMOVAL OF CATHETER GUIDE

Timing is based on ***initial volume (in 15 mins) drained***

Volume		Action
☐ *< 1000 mL*	→	☐ TROC ~ 5 days *Unless contraindications to TROC (see below)*
☐ *> 1000 mL*	→	☐ Check U&E ☐ TROC in 7-10 days, unless contraindications for TROC. *Do not TROC in < 5 days - bladder over-distension lowers chance of successful TROC* ☐ Observe for post obstructive diuresis. *Very dilute urine. > 200mL/hr for > 2 hrs after initial volume drained*
☐ *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

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

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

TROC in ED:

ALL TROC'S TO BE PERFORMED BY DISTRICT NURSE TEAM IN COMMUNITY - DO NOT TROC IN ED

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

DISCHARGE CHECKLIST

☐ 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**

☐ Antibiotics **only** if indicated

Indications page 4

☐ **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)

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 be clear about timing and acceptable residual *timing guide* and contraindications** above*
- Use the pre-populated referral form *Bundle pack, or EM CeDS).*
- *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

☐ **WDHB Urology outpatient clinic Only if indicated:**

Electronic referral. Patients who do not meet the referral criteria will be asked to follow up with their GP.

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

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BEST CARE BUNDLE PATHWAY

FORMULARY / MEDICATION OPTIONS

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

ALL MEDICATIONS MUST BE CHARTED ON MEDCHART

ALPHA BLOCKER

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

	Dose	*Route*	*Freq*	*Notes*
Doxazosin	1-2 mg	Oral	Nocte	Risk of postural hypotension. Start with 2 mg unless history of hypotension or postural symptoms. Titrate up to 4 mg nocte, if tolerated. Doxazosin patient information BCB page, EM CeDS **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
titrate up to	4 mg	Oral	if tolerated	

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
- ☐ Immunosuppression
- ☐ 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 CeDS)
Also available in the Antimicrobial guideline on General Medicine CeDS 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 44954 / WTH 49680)* **/ 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

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