



# Make sure all of this is done for the patient:

- ⇒ **CONSULTANTS.** The Responsible Urology & ED Consultants must be clear.
- ⇒ **FIGURE OUT IF THERE IS A PRECIPITATING FACTOR.** Typical provoked episodes are secondary to UTI, medications, alcohol, haematuria, or constipation. Evaluate for, and treat, these conditions as appropriate.
- ⇒ **ALPHA-BLOCKER THERAPY.** Unless there are **contraindications** (eg; risk of hypotension), patients should be commenced / continued on a suitable alpha-blocker.
- ⇒ **TRIAL-OF-VOIDING (TOV).** Evaluate whether the patient is suitable for TOV in the Community via the Community Intervention Team. **ONLY patients who meet ALL the following criteria are acceptable:**
  - ⇒ Residual volume < 1000 mL
  - ⇒ Normal renal function (ie: normal U&E, eGFR and serum Na<sup>+</sup>)
  - ⇒ Not septic
  - ⇒ No frank haematuria
  - ⇒ No recent urological surgery / procedure
- ⇒ Patients who fail to meet these criteria:
  - ⇒ **must** be assessed by On-Call Urology as candidates for in-patient care
  - ⇒ should have TOV via the Urology Clinic
- ⇒ **PROSTATE-SPECIFIC ANTIGEN (PSA).** Please **do not** request for PSA, as this may be falsely elevated during an episode of acute urinary retention.
- ⇒ **ED CATHETER PACK.** All patients should be provided with a Catheter Pack. Make sure a Patient Label/Sticker and the name of their responsible Urology Consultant is marked on the Pack. This will help facilitate follow-up care.

## Criteria for Urology discussion / assessment:

- ⇒ Residual volume  $\geq$  1000 mL
- ⇒ Abnormal U&E (ie: renal impairment or hyponatraemia)
- ⇒ Septic (especially urosepsis)
- ⇒ Frank haematuria
- ⇒ Recent urological surgery / procedure
- ⇒ Failed TOV for on-going retention

It is very important that these patients are **NOT discharged home without appropriate Urology input. All patients who are not suitable for TOV via CIT should have Nurse-led TOV via Urology Clinic.**

## TOV referrals to CIT:

Use the Scanner/Photocopier/Printer in the ED Main Clinical area to send these 4 documents to CIT:

- ⇒ CIT referral form
- ⇒ This Urology TOV Proforma
- ⇒ ED Discharge letter
- ⇒ Copy of patient's medications & any new scripts

(the address is [community.interventiongr@hse.ie](mailto:community.interventiongr@hse.ie))

Queries / questions? Contact CIT during weekday office hours on **086-8202308** or **087-1731342.**

**FOLLOW-UP.** Patients who have successful TOV will have Urology OPD within 3/12 with a Uroflow and PVR measurements. **Patients who fail TOV will be re-catheterised and have Urology assessment ASAP.**