



= 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

#### Common causes

#### Lower urinary tract symptoms (LUTS)

Fever

Constipation

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

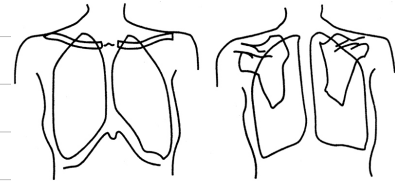
S1S2  Normal

**Respiratory**

Air entry  Normal

Breath sounds  Vesicular

Added sounds  No  Yes:



**Abdominal**

Appearance  Not distended  Distended

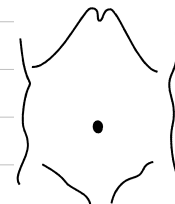
Palpation  Soft

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 \_\_\_\_\_

**EMERGENCY MEDICINE**

**RESULTS**

HAEMATOLOGY		BIOCHEMISTRY				URINE: Dipstix		MSU / CSU	
Hb		Na <sup>+</sup>		CRP		Leuc Est		WCC	
WCC		K <sup>+</sup>		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: \_\_\_\_\_