

# Protocol For Trial Without Catheter- For Patients in the Community.



## **Contents:**

### Page

|    |                                                     |
|----|-----------------------------------------------------|
| 4  | Organisational Responsibilities                     |
| 5  | Introduction & Accountability and Responsibility    |
| 6  | Inclusion Criteria                                  |
| 7  | Contraindication and Protocol Visit 1               |
| 8  | Protocol Visit 2 & 3                                |
| 9  | Contact Details and Reference                       |
| 10 | Appendix 1 - Patient Information Leaflet            |
| 11 | Appendix 2 - Patient Instructions                   |
| 12 | Appendix 3-ECT A/E Referral to District Nurses Form |

## 1.0 Policy Statement

East Cheshire NHS Trust is committed to producing policies and procedural documents of a consistent standard that comply with the recommendations of external agencies by which we are monitored. This protocol aims to offer a consistent and safe approach for patients requiring a community trial without catheter.

## 2.1 Organisational Responsibilities

### 2.1 Chief Executive

Has ultimate responsibility for the implementation and monitoring of the policies in use in the Trust.

### 2.2 All Directors

Where Directors are asked to ratify Trust policies, the Director is responsible for the review of the policy and the final ratification prior to the policy actually being implemented. This ratification process will take place following the consultation and approval process by the appropriate committee.

### 2.3 Deputy Director of Corporate Affairs and Governance

Is responsible for the approval, ratification, implementation and monitoring of this policy and for the maintenance of an archive of superseded policies and procedures.

### 2.4 Trust Committees

As a group are responsible for the consultation and approval process required during the development of policies for the Trust. The committees are responsible for the review of policies submitted to them to ensure that policies are appropriate, workable and follow the principles of best practice.

### 2.5 All Staff

It is incumbent on all staff, when asked, to provide comments and feedback on the content and practicality of policies that are being developed and reviewed. It is the duty of all staff, when asked, to provide assistance during the development and review stages of policy formulation.

### 2.6 Staff Responsible for Developing/Writing/Implementing/Reviewing Trust Policies

Staff responsible for the development, writing, implementing and reviewing of Trust policies must ensure that the guidance written in this protocol is followed and that all policies are developed to be workable and follow the latest best practice guidance.

2.7 Community Nursing Team Leaders to ensure all team members are aware of the guidelines and monitor adherence.

# **Protocol for Trial Without Catheter For Patients in the Community**

## **1. Introduction**

This protocol will enable trial without catheter to be undertaken within Community by the District Nursing teams.

It is envisaged that this will:

- Enable the patient to remain within their own home environment at a reduced risk of acquiring infection
- Free up acute hospital beds
- Facilitate timely TWOC to reduce length of time catheters being left in situ to improve patient experience and reduce risk of urinary tract infection
- Prevent unnecessary admission of patients

## **2. Definition**

TWOC - Trial With Out Catheter is the term used when a catheter which has been inserted via the urethra into the bladder for drainage purposes, is removed for a trial period to determine whether the patient is able to pass urine safely and spontaneously without the need for further catheterisation.

## **3. Accountability and Responsibility**

**Urology Department:** Only patients who have been assessed and are likely to pass the trial without catheter are to be referred to the community under these guidelines.

**Accident and Emergency Department:** If the patient is discharged from A&E following retention of urine, the Community Nursing team must be informed on the referral form and the patient given information on Catheter Care together with a 7 Day Catheter Drainage Hospital to Home Pack. Urology referral must be made at the same time as referral to District Nurses.

**Surgical Referrals:** For patients being discharged from surgical wards following surgical retention of urine the referral will be forwarded to Community Nursing Team following agreed referral process.

**Community Nursing Teams:** When accepting referrals from Urology Departments, Surgical Wards and Accident and Emergency, the community nursing teams will accept responsibility for assessment and monitoring of voiding function during the trial without catheter. They will also be responsible for escalating concerns where appropriate.

**The role of the Continence Advisory Service** following the remit of this protocol will be to provide support, telephone guidance, liaison with urology and ensure follow up of the patient.

#### **4. Inclusion Criteria**

Following Urological assessment patients suitable for TWOC in the community include:

- Acute Urinary Retention
- Post Trans-urethral Resection of Prostate (TURP)
- Laser prostate surgery
- Urethral Stricture
- Post Surgical Procedure Retention.

#### **Extra Consideration**

- Symptomatic Urinary Tract Infection (must have symptoms not just positive urinalysis). Treat infection, ensure treated and then arrange community TWOC.
- Bladder and Prostate Carcinoma should only be considered a relative contraindication if the prostate or bladder cancer caused that specific catheterisation to be **DIFFICULT**. In this situation discussion with the Urology Department or GP is advised and a community TWOC may still be appropriate.
- A community TWOC is appropriate if the patient only has a history of prostate or bladder cancer and the catheterisation was straightforward.
- Unless the patient has an absolute contraindication (please see below) and the patient history does not indicate any problems with the catheterisation then a TWOC in the community is highly likely to be appropriate.

- Constipation: Patients who are constipated / no bowel movement for 3 days, require treatment for constipation prior to community TWOC.

### **Absolute Contraindications**

- Radical Prostatectomy within the last 3 months
- Patients who have experienced significant problems with insertion of this catheter (required multiple attempts by a specialist or additional instrumentation to place the catheter, history of haemorrhage in previous catheterisation)
- Patients, who are not alert, orientated or have poor cognitive function. These patients can be discussed with the GP and special arrangements can be made for TWOC in the community if after discussion this is appropriate and in the patient's best interest.
- Patients who withhold consent for TWOC in the Community
- Patients who are unable to concord with treatment regime
- Patients who are unable to alert District Nurses if any difficulties on the day of TWOC.

### **Community Nursing Team protocol for TWOC:**

#### **Visit 1:**

Community nursing teams are required to:

- Explain procedure and obtain verbal consent
- Document a care plan for the TWOC
- Discuss potential risks and discuss patient information leaflet
- Highlight procedure should the TWOC be unsuccessful, including the potential for being re-catheterised
- Check medication to ensure that those on diuretics are aware of the need to take medication on the morning of the procedure
- Check that the patient is on an Alpha blocker (See BNF)
- Check patient not constipated (will need to rearrange if constipated >3 days, once constipation resolved)
- Ensure plastic jug for measuring output is available
- Ensure equipment for re-catheterisation is available
- Ensure correct documentation is available
- Provide team / nurse contact details - day & evening/night numbers

**Visit 2: Day of TWOC**

- Only remove the catheter if no signs or symptoms of infection e.g. pain or fever.
- Ensure patient has had a normal (for the patient) bowel movement in last 24 hours
- Ensure patient has washed perineum prior to catheter removal
- Remove catheter early morning using clean technique
- Ask patient to record fluid intake and urine output on chart
- Explain to the patient that the first void may sting and they may see a little blood, due to trauma removing the catheter
- Advise on fluid intake, no more than 1 -1.2 litres in 6 hours (Robinson 2005)
- Give patient the District Nurse's contact number for any problems
- Phone contact after 3-4 hours (maximum) to monitor progress and check fluid intake
- At any time if the patient becomes uncomfortable and unable to void RECATETERISE and refer back to Urology generic email box with original referral form - outcome to be documented prior to sending and any issues noted on this form. Print copy of form for patient records.

**Visit 3 or Telephone: 6 hours post TWOC****(Where appropriate on DN Assessment)**

- Visit patient to assess progress and review charts to check passing urine of at least 100mls at each void

**Option 1:** If patient is passing urine safely, TWOC has been achieved.

**Option 2:** If individual voids are less than 100mls; catheterise using aseptic technique adhering to infection control policies with a Foley catheter size 12ch– 14ch.

- If residual is more than 200mls leave catheter in situ
- If residual is <200mls remove the catheter and visit the next day to assess (Robinson, 2005) asking patient to record a fluid balance chart
- If unable to re-catheterise the patient will have to be admitted to Accident and Emergency

Inform Continence Service/generic email for Urology if TWOC successful so Urology are informed by Fax/Letter to arrange a follow-up.

## **5. Process for monitoring compliance and effectiveness of the protocol**

Monitoring will be carried out by the Continence Service and District Nursing teams. This will be achieved by measuring the amount of TWOCs being performed in Secondary Care and in the Community which will be recorded on EMIS Web.

## **6. Useful contact Numbers**

Continence Advisory Service: 01270 275411 Answer Machine for Healthcare professionals.

## **7. References:**

Robinson, J. (2005) Removing indwelling catheters: trial without catheter in the community. British Journal of Community Nursing. Vol 10, No12 Warrilow, M. Williams, D. and Guest, J. (2004) The introduction of a 'trial without catheter' model in primary care. British Journal of Nursing Vol 13, No17.

## **Appendix 1**

### **Patient Information Leaflet**

Following a discussion with your District Nurse a date has been arranged with you to have a trial without your catheter. This procedure will be undertaken by a District Nurse and will take place in your home.

A District Nurse will visit you in the morning, on the arranged date to remove your urinary catheter.

- You or your relative will be required to measure all urine that you pass and record it on the fluid chart given to you by the District Nurse (you will require a measuring jug for this to be accurate).
- You will be encouraged to drink plenty of fluids during the day that your catheter is removed, but no more than 4 mugs or 6 cups in 6 hours.
- You or your relative/carer can write this down on your fluid chart.
- Please remain at home during the day so that the District Nurse can contact you and assess your progress.

### **Potential problems following removal of your catheter**

- Slight bleeding may occur following removal of catheter
- You may pass a small amount of blood when you pass urine
- You may feel discomfort during and after removal of your catheter, however, this is normal
- You may feel that you want to go to the toilet more often
- If the trial is not successful you may have to be re-catheterised

## Appendix 2

### Patient Instructions

Name: ..... D.O.B. ....

Address: ..... Tel No. ....

.....

Date Undertaken.....Time Catheter Removed.....

### **Patient Instructions:**

1. Please drink 200ml of fluid (preferably water) at the times indicated below and enter the amount and type of fluid you drank. (Do not drink at any other times.)
2. Using a jug, measure in ml, record all urine passed at the times indicated below.
3. If at any time during the day you cannot pass urine and it becomes uncomfortable, please contact the District Nurse on.....
4. Please ensure this form is available when you speak with the nurse.

### **PATIENT TO COMPLETE THIS SECTION**

| Please drink 200mls at these times | INTAKE | Record urine passed in ml at these times | OUTPUT |
|------------------------------------|--------|------------------------------------------|--------|
| 10.00am                            |        | 10.00am                                  |        |
| 11.00am                            |        | 11.00am                                  |        |
| 12.00 NOON                         |        | 12.00 NOON                               |        |
| 1.00pm                             |        | 1.00pm                                   |        |
| 2.00pm                             |        | 2.00pm                                   |        |
| 3.00pm                             |        | 3.30pm                                   |        |

### **DISTRICT NURSE TO COMPLETE THIS SECTION**

Bladder control during trial (please circle):

Good                  Fair                  Poor

Bladder Emptying (please circle):

Completely          Partially                  Not at all

### **OVERALL OUTCOME:** (please circle or tick as appropriate)

Discharged successfully without catheter

Re-catheterised and further TWOC arranged/referral back to Consultant

Unable to Re-Catheterise – referred back to hospital

Other- Specify

Appendix 3

**TRIAL WITHOUT CATHETER (TWOC)  
REFERRAL FROM MDGH A/E TO DISTRICT NURSES**

|                                                                                                                                                                                       |                                                                                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| Surname:                                                                                                                                                                              | DN DATE 1 <sup>st</sup> Visit:                                                                                |
| Forenames:                                                                                                                                                                            | Discharge Date:                                                                                               |
| Tel No:                                                                                                                                                                               | NHS No:                                                                                                       |
| Home Address:                                                                                                                                                                         | Current Location:                                                                                             |
| Postcode:                                                                                                                                                                             |                                                                                                               |
| D.O.B                                                                                                                                                                                 | N.O.K                                                                                                         |
| GP Surgery:                                                                                                                                                                           | LIVES ALONE Y/N                                                                                               |
| GP Name:                                                                                                                                                                              | Patients understanding of condition:                                                                          |
| Tel No:                                                                                                                                                                               |                                                                                                               |
| Reason for catheterisation:                                                                                                                                                           | State any issues during catheterisation:                                                                      |
| Date Catheter inserted:                                                                                                                                                               | Allergies:                                                                                                    |
| <b>A/E Doctor:</b><br><b>Investigations:</b><br><br>Abdominal Examination:<br>.....<br>.....<br>.....<br><br>Digital Rectal Examination:<br>.....<br>.....                            | <b>Bloods – FBC &amp; U&amp;E-</b><br><br>Results:<br>.....<br><br><b>CSU</b><br><br>Date/Time Sent:<br>..... |
| <b>Medication Supplies:</b><br><b>Tamsulosin 400mcg capsules OD</b><br><b>Medication Supplied</b><br><b>7 days supply</b><br><br><b>Doctor Name:</b> .....<br><b>Signature:</b> ..... | <b>Referral to Urology – Refer by email to:</b><br><br><b>ecn-tr.UrologyMDGHTWOC@nhs.net</b>                  |
| Refer to District Nurse with this completed form via Intergrated Discharge Team (single point of referral)<br>Or<br>Extramed<br><br>and Catheter Discharge Pack with patient.         | Referrer Signature/Name<br>Date:                                                                              |
| <b>To be completed by District Nurse</b>                                                                                                                                              |                                                                                                               |
| TWOC Date:<br><br>Name of District Nurse:<br><br>Contact Number:                                                                                                                      | Summary of TWOC:<br><br>State fluid intake and Urine Output/Any other information:<br>.....<br>.....          |

|  |                           |
|--|---------------------------|
|  | <p>.....</p> <p>.....</p> |
|--|---------------------------|

| <b>Successful TWOC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Unsuccessful TWOC</b>                                                                                                                                                                                                                                                                                                                                                                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Inform GP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>Inform GP</b>                                                                                                                                                                                                                                                                                                                                                                                        |
| <p>Patient to continue Tamsulosin until Urology review – ensure patient does not become constipated or develop a Urinary Tract Infection or recurrence of their retention.</p> <p>Patient will be seen in the clinic in approximately 6 weeks with a flow rate on arrival.</p> <p>Please can DN's inform patient that OPA will be approximately 6 weeks and to attend with a nearly full bladder for the flow test.</p> <p>District Nurse to inform Fiona Carlin with this completed form.</p> <p>Fax: 01270 275411</p> | <p>District Nurses to inform GP and refer patient back to <a href="mailto:ecn-tr.UrologyMDGHTWOC@nhs.net">ecn-tr.UrologyMDGHTWOC@nhs.net</a> with this completed form.</p> <p>Please inform the patient that they will be seen in approximately 2 weeks in the Urology Outpatients to discuss TURP.</p> <p>District Nurse to inform Fiona Carlin with this completed form.</p> <p>Fax: 01270 275446</p> |

# Equality and Human Rights Impact Assessment Form

## 1 AIMS AND IMPLEMENTATION OF THE POLICY/PROCEDURE/STRATEGY/SERVICE SPECIFICATION

### 1.1 What is being assessed? Name of the policy, procedure, strategy or service specification (hereafter referred to as 'DOCUMENT'):

Trial Without Catheter Guidelines

### 1.2 Details of person responsible for completing the assessment:

- Name: Jenny Allen
- Job title: Clinical Service Manager
- Team: CBG-Community Nursing

### 1.3 What is the main purpose or aims of the document?

*(this is usually the first paragraph of what you are writing – cut and paste it here. Also include details of legislation, guidance, regulations etc which have shaped or informed the document)*

This protocol aims to enable trial without catheter to be undertaken in the Community by Community Nursing teams. It is envisaged that this will:

- Enable the patient to remain within their own home environment at a reduced risk of acquiring infection;
- Free acute hospital beds thus preventing cancellations of operations;
- Address the difficulty of bed space which potentially results in catheters being left in situ longer than necessary, again increasing the risk of urinary tract infection;
- Prevent unnecessary admission of patients who are elderly with mobility problems who may require hospital transport to attend to hospital (Warrillow et al 2004);
- Improve patient outcomes as the intervention will be completed in their home environment.

### 1.4 Who is this document intended for?

*Who will need to do something differently because of this document? Who will be affected by what this document covers? All staff or just a team? All patients or just those who use a particular service? Any other group?*

Community Nurses  
A/E East Cheshire Trust  
Patients requiring Community TWOC

### How will the document be put into practice and who will be responsible for it?

*(Who defined the document? Who implements the document? Does this document cover a particular team/Unit or does it link to another team, agency or contractor? If external parties are involved then what are the measures in place to ensure that they comply with the Trust's Equality and Diversity Policy?)*

Commenced by continence service for ECT  
Collaboration with Consultant Urologist, GP lead & Clinical Service Manager  
Community Nurses to implement via Team Leaders

## 2. ASSESSMENT OF IMPACT

### **RACE:**

From the evidence available does the **policy, procedure, proposal, strategy or service** affect, or have the potential to affect, racial groups differently? Yes  No

### **Explain your response:**

There is potential for people who don't speak English to require an interpreter to enable them to access the service outlined in this document. Every effort will be made to meet the needs of these individuals based upon individual risk assessments. Staff are aware of the Trust's interpreting policy and how to access interpreting services when needed.

However, we cannot guarantee to meet the needs of all individuals and would encourage effective communication between patients and staff in order to discuss very specific issues relating to personal preference, allergy status and religious beliefs.

### **GENDER (INCLUDING TRANSGENDER):**

From the evidence available does the **policy, procedure, proposal, strategy or service** affect, or have the potential to affect, different gender groups differently? Yes  No

### **Explain your response:**

The protocol will be applied on clinical need and would not affect gender groups differently. Individual risk assessments are undertaken which would identify patients for whom this service is not suitable and where the risks cannot be resolved.

### **DISABILITY**

From the evidence available does the **policy, procedure, proposal, strategy or service** affect, or have the potential to affect, disabled people differently? Yes  No

### **Explain your response:**

Patients will be risk assessed on an individual and clinical need basis and would only be affected if the risk assessment demonstrates that the service is unsuitable for them and risks cannot be resolved. In the case of patients with learning disabilities, carers would be involved and staff are aware of Patient Passports. Staff know how to access interpreting for patients with hearing and/or sight problems.

### **AGE:**

From the evidence available does the **policy, procedure, proposal, strategy or service**, affect, or have the potential to affect, age groups differently? Yes  No

### **Explain your response:**

Appropriate to adult services due to clinical safety (aged 16 +)

The protocol does not affect age groups differently. Patients will be risk assessed on an individual basis and would only be affected if the risk assessment demonstrates that the TWOC is unsuitable for them at home and risks cannot be resolved.

**LESBIAN, GAY, BISEXUAL:**

From the evidence available does the **policy, procedure, proposal, strategy or service** affect, or have the potential to affect, lesbian, gay or bisexual groups differently? Yes D No **x**

**Explain your response:**

The protocol does not affect these groups differently. Assessment and management of TWOC should be in line with clinical guidelines and each patient's clinical needs.

**RELIGION/BELIEF:**

From the evidence available does the **policy, procedure, proposal, strategy or service** affect, or have the potential to affect, religious belief groups differently? Yes D No **x**

**Explain your response:**

The protocol does not affect religious groups differently. Patients will be risk assessed on an individual basis and would only be affected if the risk assessment demonstrates that the service is unsuitable for them and risks cannot be resolved. Every effort is made to consider the needs of religious belief groups.

If there are particular religious beliefs which affect the TWOC protocol application-the health care professional would liaise with the patient, consultant and seek additional information from equality lead to ensure all efforts are made to seek resolution.

Staff have access to information on a variety of different cultures and beliefs. There is a privacy, dignity and cultural beliefs booklet. Staff can access training on equality and diversity. Care of the bladder post delivery remains the same regardless of religious belief, however staff would take every step to promote privacy and dignity and be very aware of cultural issues.

**CARERS:**

From the evidence available does the **policy, procedure, proposal, strategy or service** affect, or have the potential to affect, carers differently? Yes **./** No D

**Explain your response:**

Protocol will be applied upon clinical need and based upon individual risk assessment. The potential impact on carers is that they may not be able to gain essential rest as this is a hospital avoidance service and so the patient is treated at home.

**OTHER:** EG Pregnant women, people in civil partnerships, human rights issues.

From the evidence available does the **policy, procedure, proposal, strategy or service** affect, or have the potential to affect any other groups differently? Yes D No **x**

**Explain your response:**

Assessment and management of TWOC should be in line with clinical guidelines and each patient's clinical needs.

### 3. Safeguarding Assessment – Children

|                                                                                                                                                                                                                                                                                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>a. Is there a direct or indirect impact upon children?</b>    Yes <input type="checkbox"/>    No <input checked="" type="checkbox"/></p> <p><b>Explain your response:</b><br/>Not clinically relevant for under 16s.</p>                                                                                                      |
| <p><b>b. If yes please describe the nature and level of the impact (consideration to be given to all children; children in a specific group or area, or individual children. As well as consideration of impact now or in the future; competing / conflicting impact between different groups of children and young people:</b></p> |
| <p><b>c. If no please describe why there is considered to be no impact / significant impact on children</b><br/>This policy applies to adult patients only.</p>                                                                                                                                                                     |

### 4. Relevant consultation

*Having identified key groups, how have you consulted with them to find out their views and that the made sure that the **policy, procedure, proposal, strategy or service** will affect them in the way that you intend? Have you spoken to staff groups, charities, national organisations etc?*

|                                                                                                                                                                                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>The following groups have been consulted for this policy:</p> <p>Consulted with consultant urologist, GP's, A/E consultant &amp; Directorate manager, Community Staff, Contenance service staff and Surgical Advanced practitioner MDGH.</p> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**5. Date completed:** January 2016                      **Review Date:** January 2018

**6. Any actions identified:** Have you identified any work which you will need to do in the future to ensure that the document has no adverse impact?

| Action | Lead | Date to be Achieved |
|--------|------|---------------------|
|        |      |                     |

**7. Approval -** At this point, you should forward the template to the Trust Equality and Diversity Lead [lynbailey@nhs.net](mailto:lynbailey@nhs.net)

Approved by Trust Equality and Diversity Lead: 

Date: \_\_\_\_\_