Management of Acute/Chronic Retention in Males 1st Time Male Catheterisation Pathway

GP Referral/ OOH/ Care home

Unplanned Team 
Check U&E’s on referral

Following Full Assessment and Bladder Scan, Consider Urinary Tract Infection. Obtain Urine Sample and Commence Antibiotics if Symptomatic, Take Blood Pressure, Take U&E and Creatinine and send in as Urgent

Catheterised by an Unplanned Nurse

Successful

High Risk Patients

- Urethral Trauma
- Renal Failure
- Post TURP
- Ca Prostrate
- Elderly / Frail
- Living Alone
- Heart Valves

Nurse to remain with patient for 1 hour

Unsuccessful catheterisation

>1000mls urine drained after catheterisation, Frank haematuria, Renal failure or other clinical concerns

Emergency Department/ Urology referral

Take Blood Pressure

Next Working Day 
Unplanned Nurse 
Check Blood Pressure

Patient to be started on Alpha Blockers (see formulary) if no contraindication

Refer to Specialist Continence Service for TWOC (Acute Retention) to be arranged for Day 7

Follow Up 1 hour 
Following Catheterisation 
Take Blood Pressure

Problems

No

Yes

Urgent Referral to ED/ Surgical Assessment Unit and on call Surgical Doctor

CA Bladder Metastases & Neurological symptoms that may indicate retention caused by spinal compression

Acute (Painful, cannot pass urine)
TWOC Performed by SCS as per Policy

Successful

Refer to the GP for a DRE/Prostate

Patient to be referred into Lower urinary Tract Symptoms in Men (LUTS) Pathway

Review by SCS in 2 Weeks

Normal Bloods/Normal Prostate

Discharge

Abnormal Bloods/Symptoms
PSA X 2 (4 weeks apart)
Abnormal DRE

Referral to Urology DRI

Unsuccessful

SCS to Recatheterise/teach ISC

Worchester PCT Catheter Care Guidelines 2010

British Association of Urological Surgeons (BAUS)

Reviewed in March 2018 by NHS England 100 Day Challenge – Urology Group Doncaster