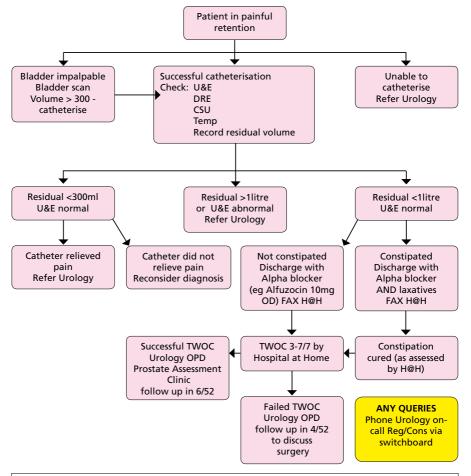
## **Acute Urinary Retention Pathway**

## N.B. please do not check PSA routinely



Digital Rectal Exam (after catheterisation) assess:
Anal tone – if abnormal refer Urology
Constipation – if present discharge with laxatives
Malignancy – can still be discharged with catheter and form for
PSA test at CP in 2 weeks. Not for TWOC but for urgent Urology
OPD by FAX Urology Secretaries on 01902 695703

Temperature: ≥ 37.5°C – refer Urology

## TWOC:

Fax Urology Hospital@Home on 01902 694048, using specific referral form, and include copy of A+E/EAU notes District Nurse referral mandatory for catheter care (not TWOC)

## Important further points:

Admit if: female, or septic, or abnormal neurological examination (rarely spinal cord pathology)

If pain / suprapubic mass still present post-catheterisation: reconsider your diagnosis

If urine is not clear – do not discharge patient (haematuria following catheterisation that later clears whilst the patient awaits U&E results is acceptable)

If a patient whose urological problem has been resolved by a catheter requires admission for other reasons (eg "social admission", "off legs") then this should be referred to the relevant specialty and not to Urology Patients who can be discharged by tranger cope with

Patients who can be discharged but cannot cope with catheter care need referral to social services / intermediate care. They do not need to be admitted under Urology.