

Pathway: Trial Without Catheter (TWOC)

- Assess for constipation and clinical need in catheterisation.
- Discuss possible removal with Medical team.
- Discuss procedure with patient and family.
- Patient to be given an information leaflet.

Patient has consented and catheter is removed at 07.00 am

- Document outcome on EPR.
- Encourage oral fluids if possible. Check **dietitian** plan.
- Commence fluid balance chart and record input and output.

- Assess status; Signs of discomfort/Observations.
- Ensure bladder scan is performed before patient transferred from bed to wheel chair.
- Bladder scan every 3-4 hours.
- If residual range >350mls then bladder scan patient hourly.
- If residual >500mls then consider intermittent catheterisation for 72hours.
- Refer to Continence nurses for assessment and further management.
- If patient voiding, bladder scan every 6 hours for 72hours post TWOC.

- TWOC will be either successful or unsuccessful.
- If successful then bladder scan for 72 hours then scan once weekly.
- If unsuccessful then consider intermittent catheterisation.
- Indwelling catheterisation must be the last resource.
- Document all clinical assessments and interventions on EPR.
- Handover to the next shift.

Exclusion Criteria

- Patient with Haematuria and bladder cancer.
- Patient with faecal loading or impaction.
- Patient with complex urological issues e.g. Urethral stricture, prostatectomy.
- Patient with complex neurological issues e.g. spinal cord abnormalities, spinal bifida

