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| Male twoc referral form |
| **Please email this completed for to UrologyTWOCReferrals@nbt.nhs.uk** |
| Patient Name (in full): |       | Patient NHS Number: |       |
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| Patient DOB: |       | Patient Telephone Number: |       |
| Referrer details/GP Practice Details  |       |
| Date of catheter insertion |       | What is the residual volume (mls) |       |
| What are the findings on DRE?  |       | **i**f the residual volume is less than 1000mls and first attempt at TWOC please attempt in community. See the BUI website for retention guidelines – <https://www.nbt.nhs.uk/bristol-urological-institute/bui-clinicians> |
| What is the patients background EGFR (ml/min)? |       | **What is the patients background at the time of retention (ml/min)?**  |       |
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| What is the possible cause of the patient’s urinary retention? (please see BUI website for retention guidelines <https://www.nbt.nhs.uk/bristol-urological-institute/bui-clinicians> |
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| **Has an alpha blocker been started if benign prostatic enlargement is suspected as being the cause of retention?**  | [ ]  | Yes | [ ]  | No |
| **Please give details of patient’s relevant medical history** |
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| Please details patient’s mobility - ie independently mobile/walks with frame/wheelchair bound/needs hoist  |
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| Has a previous trial without catheter been attempted?  | [ ]  | Yes | [ ]  | No |
| **PLEASE ENSURE YOU HAVE GIVEN THE PATIENT THE NBT CATHETER PASSPORT** – available on the BUI website – [passport link](https://www.nbt.nhs.uk/sites/default/files/NBT%20Catheter%20Passport.pdf) |
| **COMMENTS** |
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| **PLEASE INFORM THE PATIENT THERE IS A 4 - 6 WEEK WAIT FOR A UROLOGY TWOC AND ENSURE THEY HAVE A SUITABLE LONG TERM CATHETER TO COVER THIS PERIOD****PLEASE INFORM THE PATIENT THAT THE TWOC CLINIC IS A NURSE LED CLINIC AND NOT A CLINICAL ASSESSMENT. THERE MAY STILL BE THE NEED FOR A FUTURE ASSESSMENT BY THE UROLOGY TEAM.**  |