



ACI NSW Agency
for Clinical
Innovation

ACI Urology Network - Nursing

Trial of Void - Hospital

Clinical Guideline

Acknowledgements

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Compiled by Urology/Continence Nursing Education Working Party Members (December 2008)

The following pages provide a clinical guideline template to enable clinicians to develop their own resource material relevant to their hospital and Area Health Service. They have been compiled by clinicians for clinicians. If you wish to use this material please acknowledge those that have kindly provided their work to enable use by others. Revise all material with colleagues before using to ensure it is current and reflects best practice.

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Statement of Principle/outcome

A trial of void assesses the ability of the bladder to empty.

Staff

Registered Nurse. Enrolled nurse or undergraduate student nurse under the supervision of a RN

ALERT

Patients with spinal cord injury at and above the level T6 should not have their catheter clamped because of the risk of autonomic dysreflexia which is a life threatening condition

Hospital Trial of Void – Urethral Catheter

Equipment

- Protective eyewear and apron
- Non sterile gloves
- 10ml syringe
- Bedpan / urinal
- Measuring jug
- Bladder scanner or in/out catheter set up

Nursing Action –Urethral Catheter

- Explain procedure to patient
- Empty and record the amount of urine in the urine bag, or drained by the valve, on the fluid balance chart. Ensure the bladder is drained prior to removal of catheter.
- Remove IDC (preferably 2400hr –see educational notes).
- Advise the patient to maintain a fluid intake of 250 – 500ml /hour when awake (unless contraindicated) and record on the fluid balance chart.
- Advise the patient to void urethrally using a bed pan or urinal when they have a desire to void.
If the patient is in discomfort and unable to void, s/he should be re-catheterised.
- Measure and record each individual voided volume on the fluid balance chart. If a bladder scanner is available, attend a post void residual scan after each void and record it on the fluid balance chart.
- It is advisable to monitor the post void residual via a bladder scanner on at least 3 subsequent voids if possible.
- If a patient has not voided for 6 - 8 hours and has no desire to void then rescan bladder, reassess or recatheterise.
- For interpretation of outcome see educational notes.
- Advise medical staff or experienced nursing staff of outcome (see educational notes)

Hospital Trial of Void - Suprapubic Catheter

Equipment

- Protective eyewear and apron
- Non sterile gloves
- Catheter valve
- Bedpan / urinal
- Measuring jug

Nursing Action-supra public catheter

- Staff need to be aware of the patient's usual urine production and voiding pattern (see education notes)
- Explain the procedure to the patient
- Remove the drainage bag and attach the SPC to a catheter valve.
- Advise the patient to maintain a fluid intake of 250 - 500mls/hour when awake (unless contraindicated) and record on the fluid balance chart.
- Advise the patient to void urethrally using a bedpan or urinal when they have the desire to void.
- Measure each individual voided volume and record on a fluid balance chart.
- Following each void, drain any residual urine via the SPC into a measuring jug and record on the fluid balance chart as the post void residual
- If the patient is unable to void urethrally (after 6 - 8 hours) **or they experience discomfort**, then release the valve and document the volume drained.
- If the volume drained exceeds 300mls then the TOV is considered to have failed and free drainage or timed emptying via the valve should be resumed.
- Advise medical staff or experienced nursing staff of outcome (see educational notes)
- Document outcome in patient record.

Educational notes

- Bladder emptying occurs as a result of a complex interaction between the sympathetic and parasympathetic nervous systems and the physical structures of the bladder and urethra.
- Bladder dysfunction can result from a wide range of conditions. For example
 - bladder outlet obstruction
 - neurological dysfunction
 - following childbirth
 - following some surgical procedures
 - medications e.g. anticholinergics can contribute to urinary retention
 - Chronic constipation, rectal examination may be required to assess for constipation.

Ensure that the patient is not constipated at the time of catheter removal as constipation can contribute to urinary retention and this may result in failed trial of void.

- Medical authorisation is required prior to TOV. Knowledge of the patients' medical history is crucial.

- Knowledge of the patient's usual urine production is recommended to facilitate correct timing of the TOV e.g. some elderly patients will have low urine volume through the day and a large diuresis overnight.
- A maximum total bladder capacity should not exceed 600mls. (Voided volume + residual).
- The current recommendation is to remove the IDC at 2400hrs.

Interpretation of outcome of trial of void

Guidelines

- The success of a TOV will also be determined by the patient's symptoms, such as frequency, nocturia and their functional bladder capacity.
- The significance of a post void residual is variable and requires individual patient assessment. As a guide a post void residual of one third to one half of the voided volume (up to approximately 300mls) can often be acceptable.
- If the patient fails the trial of void then the option of intermittent self catheterisation may be explored or the urethral catheter reinserted.

Successful trial of void:

- Complete bladder emptying with no or minimal post void residual over three consecutive voids (inpatient).

Unsuccessful trial of void:

- Patient unable to initiate any urethral void
- Small volume voids with high post void residuals.

Incomplete bladder emptying:

- The significance of a post void residual is variable and requires individual patient assessment. As a guide a post void residual of one third to one half of the voided volume (up to approximately 300mls) can often be acceptable.
- If the patient fails the trial of void then the option of intermittent self catheterisation may be explored
-

Guide only:

The residual bladder volume determines management

(courtesy of St George Hospital, Nursing Practice Manual section 9, page 22)

- 300 – 500mls residual = reinsert IDC & repeat TOV 48 hours. If TOV fails repeat in 2 weeks
- 600 – 800mls residual = reinsert IDC & repeat in 2 – 4 weeks
- >900mls residual = reinsert IDC or teach CISC & repeat in 4 weeks

Supply of Equipment and Funding Bodies

An assessment by a continence nurse advisor is recommended to ensure the most appropriate continence product, including the correct fit and application of the product.

Continence Aids Payment Scheme (CAPS)

This is a federal government scheme available to people aged five years and over who have a permanent and severe incontinence due to:

- Neurological conditions (no Pension Concession Card required) such as intellectual disability (e.g. autism, autism spectrum and Aspergers Syndrome), paraplegia & quadriplegia, acquired neurological conditions (e.g. Alzheimer's Disease, dementia), degenerative neurological diseases (e.g. Parkinson Disease, motor neurone disease), or
- Permanent and severe bladder/bowel innervations (e.g. atonic bladder/hypotonic bladder, prostatectomy with nerve removal) or
- Other causes such as bowel cancer, prostate disease and holds a pension Concession Card

Applicants will need to provide a Health Report from an appropriate health professional such as their medical practitioner or continence nurse about their condition.

Eligible CAPS clients receive an annual indexed payment for continence products

A patient is NOT eligible for CAPS if their incontinence is not permanent or severe or any of the following:

- they are a high care resident in a Australian Government funded aged care home
- they are eligible for assistance with continence aids under the Rehabilitation Appliances Program (RAP) which is available through the Department of Veterans' Affairs
- they receive an Australian government funded Extended Aged Care at Home Package (EACH) or an extended Aged Care at Home Dementia Package (EACH D package)

Further information on eligibility and to obtain an application form:

CAPS Helpline: 1300 366 455

Email: continence@health.gov.au or www.bladderbowel.gov.au

Enable NSW Aids and Equipment Program

Enable NSW provides a wide range of equipment (including continence aids) to people with permanent disabilities living in the community who:

- Have a permanent or indefinite disability
- Have a Health Care Card, Health Interim Voucher or Pension Concession Card
- Have not received compensation for their injuries or disability, including not being on a Commonwealth rehabilitation Program or being supplied with aids and appliances under the Motor Accident Act
- Are State wards or children in foster care who have a disability.

Continence aids are available to people 3 years and older living in the community or who have recently been discharged from hospital or acute care. The person must be discharged for at least one month and not be under outpatient treatment.

Subsidy is decided by product quota rather than by financial amount. Clients are required to make a \$100 co-payment each year in which an item is received. In the case of continence

products, where the supply is generally ongoing, the client would contribute \$100 each year. PADP is meant as an assistance program not to cover all costs incurred by a person.

Assessment is required by an authorised health professional (assessment by medical practitioners is not accepted) to obtain a prescription for appropriate aids and apply to EnableNSW. Information is available on the NSW Health website:

www.enable.health.nsw.gov.au

BrightSky Australia offers

- One-stop-shop that provides retail and a national home delivery service of specialist healthcare products.
- Professional continence and wound care advice by phone or appointment. Please call (02) 8741 5600

Address: 6 Holker Street, Newington NSW 2127 (cnr Avenue of Africa)

Phone no.: 1300 88 66 01

Fax: 1300 88 66 02

Email: orders@brightsky.com.au

Web store: www.brightsky.com.au

Independence Australia

Independence Australia offers online and retail shopping for medical and healthcare products to the general public. It is also one of the national suppliers of continence products to eligible veterans in Australia under the Rehabilitation Appliances Program (RAP). The order form has to be completed by a health professional.

Address: 47B Princes Road West, Auburn NSW 2144

Phone: 1300 78 88 55

Fax: 1300 78 88 11

Email: customerservice@independencesolutions.com.au

Web store: www.Independenceaustralia.com

Intouch Direct

Intouch is one of the national suppliers of continence products to general public, eligible veterans and war widows/widowers.

Phone: 1300 13 42 60

Fax: 1300 76 62 41

Email: healthcare@intouchdirect.com.au

Web store: www.intouchdirect.com.au

Chemist

You may like to discuss with your chemist about getting your supply and negotiate the price.

Department of Veterans' Affairs (DVA)

The Commonwealth Department of Veterans' Affairs (DVA) provides a range of incontinence products to eligible veterans and ward widow/er's via the Rehabilitation Appliances Program (RAP). Eligible applicants need to:

- hold a Gold Card; (eligible for treatment of all conditions whether or not they are related to war service) ;
- hold a White Card and the incontinence is a result of a specific accepted disability;
- have been assessed by a health professional as requiring products for incontinence; or
- products are provided as part of the overall health care management

Gold and White Card holders are not eligible if they are residents receiving high level aged care

A form requesting the incontinence products is filled out by the assessing doctor or health professional. It is then sent to an authorised product supplier on behalf of the client.

For all enquiries in regards to continence products and supply arrangements, please Contact the South Australian State Office:

National Continence Contract Team

Department of Veterans' Affairs

GPO Box 1652

(199 Grenfell St)

Adelaide SA 5001

Phone: 1300 131 945

Or NSW Dept of Health – Primary Health & Community Partnerships: (02) 9391 9515

Continence Promotion Centre: (02) 8741 5699

References

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