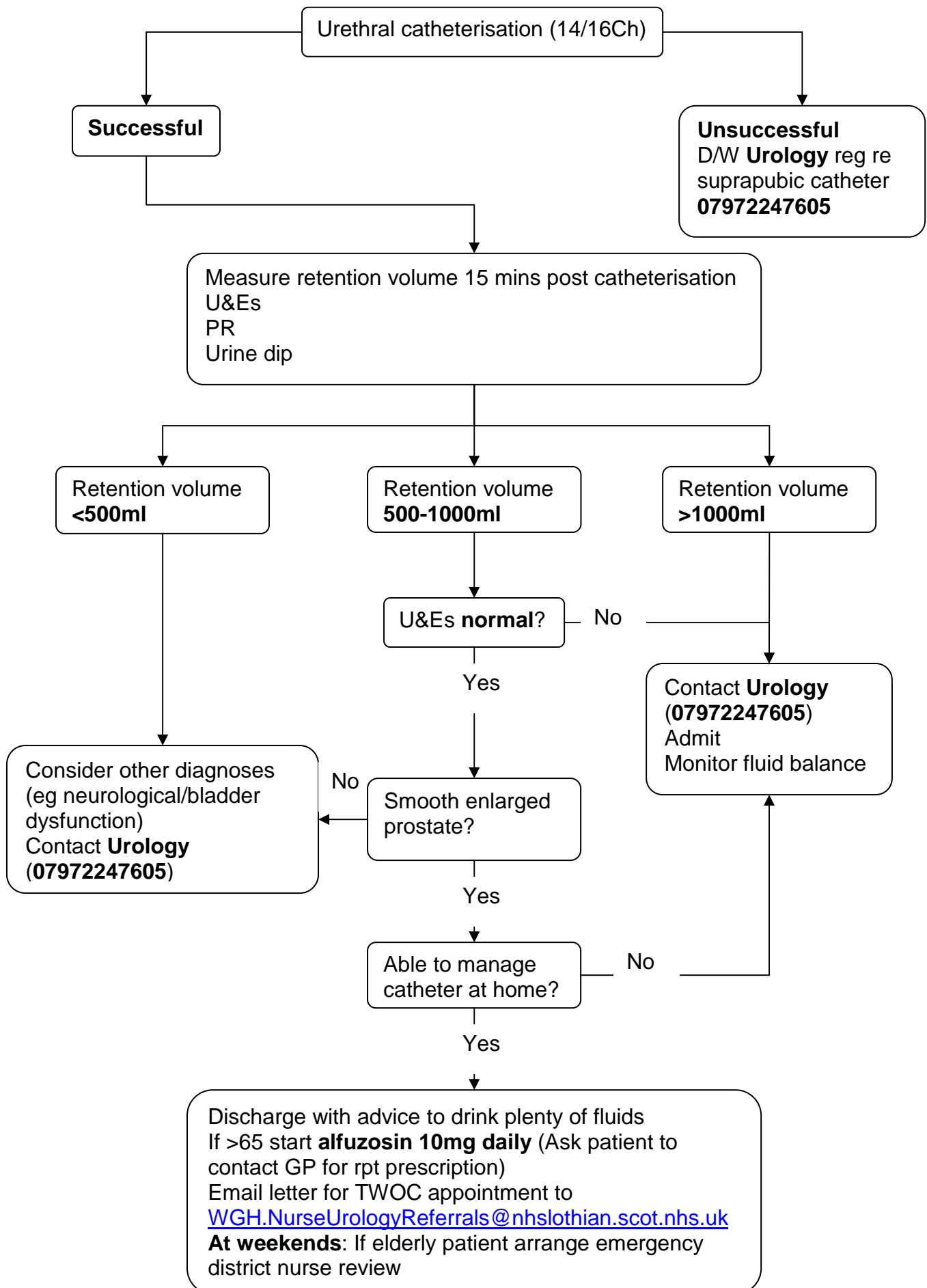


Acute Urinary Retention in Males



Trial Without Catheter Request Form

Email this form with the EPR to **WGH.NurseUrologyReferrals@nhslothian.scot.nhs.uk** and send a copy via internal mail to Sheila Gilroy, Secretary, Nurse Urology Unit, WGH

NHS Lothian – University Hospital Division
Western General Hospital
Nurse Urology Unit
Tel: 31874

Patient Details: ID label

WGO:
Urology Consultant
GP:

District Nurse

Essential Information:

Residual on Catheterisation _____

PR: Size of prostate _____

Medication:
(anticoagulants/Alpha blockers
/anticholinergics) _____

Patient started on Alpha blockers this attendance Yes ☐ No ☐

Reason for Catheterisation BPH UTI Constipation Other _____

Relevant medical or social information
(eg cardiac valve replacement/mobility issues) _____

Nursing Staff

District Nurse Informed (date and time) _____

Catheter supply pack given Yes ☐ No ☐
(1x day bag/ 7x night bags)

Patient Transport Required? One man Two Man Car
(circle as appropriate)

Name _____ Bleep/Extn _____ Date _____