ACI NSW Agency for Clinical Innovation

ACI Urology Network - Nursing

Trial of Void - Community

Clinical Guideline

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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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TABLE OF CONTENTS

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

Community Trial of Void (TOV) with an Indwelling Urethral Catheter (IDC)

It is recommended that prior to commencing a TOV patients need to monitor their input/output for 24 hours. This is to determine the pattern of urine production and facilitate an accurate TOV. E.g. diurnal urine production may be significantly reduced in the elderly and therefore the correct timing of the removal of the catheter is critical.

Equipment

- Protective eyewear and apron
- Non sterile gloves
- 10 ml syringe
- Measuring jug
- Bladder scanner / nelaton catheter

Procedure for TOV with an urethral IDC

- Plan procedure according to the local resources i.e. availability of portable bladder scanner and/or availability of staff accredited to re catheterise (male / female).
- Removal of the catheter is normally between 8am and 8.30am unless otherwise advised by the continence advisor or senior nurse clinician.
- Explain the procedure to the patient/carer. Nurse contact details should be provided.
- Drain the bladder and remove the catheter. Document the time of catheter removal.
- Advise the patient to maintain a fluid intake of 250mls / hour capped at 1200mls over four to six hours (unless contraindicated).
- Advise the patient to void urethrally when they have the desire to void measure and record all voided volumes.

If at any time the patient becomes uncomfortable and is unable to void it is recommended the patient contact the RN and be re-catheterised ASAP.

- Attending nurse to contact the patient for a progress report after 3 hours.
- After the 4-6 hours, the attending nurse returns – requests the patient to void.
- Measure the residual bladder volume by (i) bladder scanner (ii) in/out catheterization
- Interpretation of TOV: - See Educational Notes.
- Document outcome in patient record and inform medical officer, Urologist, GP or Nurse Continence Advisor

Community TOV with Suprapubic Catheter (SPC)

Equipment

- Protective eyewear and apron
- Non sterile gloves
- 10 ml syringe
- Catheter valve
- Measuring jug

Procedure for TOV with SPC

- Explain the procedure to the patient. Nurse contact details should be provided.
- If the catheter is on free drainage – disconnect the drainage bag and insert the valve into the catheter.
- Advise the patient to maintain fluid a intake of 250mls / hour during the day (unless contraindicated) and record on chart provided.
- Advise the patient to void urethrally (i) if they experience a strong desire to void (ii) if they become uncomfortable.
- Measure and record each urethrally voided urine. Immediately following urethral voiding release the valve and drain the bladder. Measure and record any residual volume.
- If the patient is unable to void, advise the patient to release the valve, drain the bladder, measure and record the urine. Resume timed emptying of the bladder via the valve.
- Voided volumes and the post void catheter residuals are compared as per guidelines. and educational Notes.
- Document the outcome in the patient record and follow medical instructions for either repeat TOV or removal of SPC.
- Inform the medical officer and continence advisor of the outcome.

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 patient's medical history is crucial.

- Knowledge of the patient's usual urine production is recommended to facilitate correct timing of the TOV e.g. day time urine production may be significantly reduced in the elderly.

- A maximum total bladder capacity should not exceed 600mls. (Voided volume + residual).
- An assessment prior to TOV will anticipate the expected 24 hour urine production, e.g. Some elderly patients will have a low urine volume through the day and a large diuresis overnight.
- The current recommendation is to remove the IDC at 2400hrs

Interpretation of outcome of TOV

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.

Unsuccessful Trial of Void:

- Patient unable to initiate any urethral void.

- Small volume voids with high post void residuals.

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

NSW state spinal cord injury service: health professional resources for the management of adults with spinal cord injury, version 2. April 2006

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