



<b>1. Bladder Function</b>	
<b>PATIENT SECTION</b>	<b>GP/NURSE SECTION</b>
<p><b>1.1 How do you empty your bladder?</b></p> <p><input type="checkbox"/> Voiding spontaneously with some voluntary control</p> <p><input type="checkbox"/> Clean intermittent self-catheterisation (CISC)</p> <p><input type="checkbox"/> Permanent indwelling urethral catheter (IDC)</p> <p><input type="checkbox"/> Suprapubic catheter (SPC) with</p> <p style="padding-left: 20px;"><input type="checkbox"/> continuous drainage      <input type="checkbox"/> intermittent drainage (eg. 'flicker' valve)</p> <p><input type="checkbox"/> Voiding by reflex (wearing urodome or other device) with/without tapping</p> <p><input type="checkbox"/> Straining or pressing down over bladder</p> <p><input type="checkbox"/> Other technique (eg. ileal conduit) Please list _____</p>	<p>Examination notes:</p>
<p><b>1.2 How frequently do you empty your bladder each day?</b> (if indwelling catheter, free drainage or use of valve system?)</p> <p>Frequency of catheters/drainage procedures during day _____ overnight _____</p>	
<p><b>1.3 Has the way you empty your bladder changed in the last 12 months?</b></p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No      If yes, please describe _____</p>	
<p><b>1.4 How much fluid do you drink each day?</b> _____ Litres (1glass= 250ml)</p> <p>List types of fluid drunk (eg. water, tea/coffee, alcohol): _____</p>	
<p><b>1.5 Are you taking any medications to control your bladder?</b></p> <p><input type="checkbox"/> Oxybutynin(Ditropan)    <input type="checkbox"/> Tolterodine(Detrusitol)    <input type="checkbox"/> Solifenacin(Vesicare)</p> <p><input type="checkbox"/> Phenoxybenzamine      <input type="checkbox"/> Urecholine</p> <p><input type="checkbox"/> Other _____</p> <p><b>Dose and frequency</b> _____</p>	
<p><b>1.6 If you have an indwelling or suprapubic catheter, how long have you had it for?</b></p> <p><input type="checkbox"/> &lt; 5 years      <input type="checkbox"/> 5-10 years      <input type="checkbox"/> &gt; 10 years (list no. of years _____)</p>	<p><input type="checkbox"/> If &gt;15-20 years, organise cystoscopy<sup>1</sup></p>
<p><b>1.7 Have you had any serious or recurring urinary tract infections (associated with symptoms such as fever, abdominal discomfort, incontinence, increased spasm or autonomic dysreflexia), requiring treatment with antibiotics in the last 12 months?</b>    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If yes, how many?    <input type="checkbox"/> 1-2    <input type="checkbox"/> 3-4<sup>2</sup>    <input type="checkbox"/> 5 or more</p>	<p>Most recent CSU Results: _____</p> <p>Actions required:</p> <p><input type="checkbox"/> Repeat CSU</p> <p><input type="checkbox"/> Check SPC site and swab if</p>

<sup>1</sup> There is some evidence that the incidence of bladder cancer in people with SCI who have had an indwelling or suprapubic catheter for more than 20 years. Risk factors include recurrent UTIs, indwelling catheters, urinary tract stones, and cigarette smoking over a long period of time. The tumours are commonly metastatic and invasive at the time of diagnosis and highlights the importance of effective screening such as cystoscopy.

<sup>2</sup> Increased frequency of Urinary Tract Infections (>2 per year) should prompt a search for causes.

<p>Please provide details _____ _____</p> <p>Do you currently have the above symptoms? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please provide details _____ _____</p>	<p>necessary</p> <p><input type="checkbox"/> Organise renal ultrasound/KUB to exclude calculi</p> <p><input type="checkbox"/> Prescribe antibiotics if pathogenic organism and person symptomatic</p> <p><input type="checkbox"/> Repeat CSU after antibiotics</p> <p><input type="checkbox"/> Refer to urologist</p>
<p><b>1.8 Have you experienced any of the following symptoms<sup>3</sup>/problems recently?</b></p> <p>Difficulty passing intermittent catheters (or bleeding afterwards)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Requiring more straining or time to pass urine? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Frequent catheter blockages? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Increased sediment, gravel/calcified material or blood in urine?<sup>4</sup> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Urinary leakage, urgency or less warning before leaking? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Passing or catheterizing more urine volumes than usual? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Increased bladder spasms or lower abdominal discomfort? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Increased episodes of autonomic dysreflexia or spasticity? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please provide details _____ _____</p>	
<p><b>1.9 Have you had any of the following investigations in the last 2 years?</b></p> <p><input type="checkbox"/> Renal Ultrasound <input type="checkbox"/> Intravenous pyelogram (IVP) <input type="checkbox"/> CT Scan kidneys</p> <p><input type="checkbox"/> Blood tests for kidney function</p> <p><input type="checkbox"/> Videourodynamic study (to measure the pressures in your bladder)</p> <p>If NO, when was the last time you had any tests for your bladder? _____</p>	<p><input type="checkbox"/> Compare results of last 2 imaging and renal function tests</p> <p><input type="checkbox"/> Compare BP trend</p> <p><input type="checkbox"/> Review VUD result</p>
<p><b>1.10 Have you ever seen a urologist?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, what was the reason (and when was your last appointment)? _____ _____</p> <p><b>Have you had any of the following procedures?</b></p> <p><input type="checkbox"/> Intravesical Botulinum toxin injection (injection of botox into your bladder)</p> <p><input type="checkbox"/> Bladder augmentation (increasing the volume of your bladder)</p>	<p><input type="checkbox"/> Review urologist letters</p>

**NB : Risk factors for Urology Complications include**

- Males, age >50 years (menopause, prostatism), increased age at injury & increased duration of injury
- Higher level of spinal cord injury and complete (ASIA A) injuries are at higher risk than incomplete injuries (ASIA D)
- Recent hospital admission or bed-rest, smoking, compromised immune function
- Known renal compromise or having only 1 kidney, on medications which are toxic to the kidney

<sup>3</sup> The presence of these symptoms are red flags which should alert to further investigation.

<sup>4</sup> The presence of these symptoms may indicate the presence of renal tract calculi. Urinary stones can harbour infection and lead to recurrent UTIs until the calculi are removed. Bladder stones can also cause outlet obstruction and predispose to cancer from chronic irritation.





<b>3. Autonomic Dysreflexia</b>	
<b>PATIENT SECTION</b>	<b>GP/NURSE NOTES</b>
<p><b>3.1 Have you recently experienced any of the following possible symptoms or signs of Autonomic Dysreflexia (AD)<sup>6</sup>?</b></p> <p>Pounding headache? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Nasal stuffiness? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Flushing/blotching of skin above your spinal level? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Blurred vision? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Profuse sweating above your spinal injury level? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Shortness of breath? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Pale skin and/or goose bumps below your spinal level? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Chills without fever? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Sense of apprehension or anxiety? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please provide details _____</p> <p>_____</p>	<p>Examination Findings:</p> <p>Pulse rate (lying):</p> <p>Pulse rate (sitting):</p> <p>Blood pressure (lying):</p> <p>Blood pressure (sitting):</p>
<p><b>3.2 What appeared to trigger these symptoms and signs?</b></p> <p><b>Bladder<sup>7</sup></b></p> <p><input type="checkbox"/> Distension (eg. due to blocked catheter) <input type="checkbox"/> Urinary tract infection</p> <p><input type="checkbox"/> Stones <input type="checkbox"/> Procedures (eg catheter change)</p> <p><b>Bowel</b></p> <p><input type="checkbox"/> Distension (eg. constipation, impaction)</p> <p><input type="checkbox"/> Rectal irritation (eg. enema, manual evacuation, haemorrhoids)</p> <p><b>Skin</b></p> <p><input type="checkbox"/> Ingrown toenails <input type="checkbox"/> Pressure areas <input type="checkbox"/> Cellulitis (infection) <input type="checkbox"/> Burns</p> <p><input type="checkbox"/> <b>Other</b> (eg. fracture)</p> <p>Please provide details _____</p> <p>_____</p>	
<p><b>3.3 How often do you experience autonomic dysreflexia (AD)?</b></p> <p><input type="checkbox"/> Never <input type="checkbox"/> Rarely <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Daily</p> <p>Is it becoming more frequent or getting worse? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please provide details _____</p> <p>_____</p>	<p><input type="checkbox"/> If frequency increasing, investigate for causes</p>

<sup>6</sup> Note: Autonomic dysreflexia (hyperreflexia) is a potentially life-threatening condition of uncontrolled, paroxysmal hypertension that typically occurs in persons with SCI at or above the T6 neurological level, due to widespread vasoconstriction (particularly of splanchnic bed) from reflex sympathetic nervous system overactivity. Any irritating 'noxious' stimulus below level of lesion may trigger an episode of AD, however, the commonest causes are related to the bladder and bowel. Refer to AD Factsheet and Treatment Algorithm for further information.

<sup>7</sup> The most common causes for AD are due to bladder problems, followed by bowel problems.

<p><b>3.4 Have you called for help when AD occurs?</b>    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If YES, whom?    <input type="checkbox"/> Community Nurses    <input type="checkbox"/> Ambulance</p> <p>                                 <input type="checkbox"/> Local Accident &amp; Emergency Department/Hospital</p> <p>If NO, what occurs?    <input type="checkbox"/> Not required / resolves by removing stimulus</p> <p>                                 <input type="checkbox"/> Managed at home by self and/or carers</p>	
<p><b>3.5 Do you have a plan for when AD occurs?</b>    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If YES</p> <p><input type="checkbox"/> Medication available to use in emergency (ie. GTN spray, Anginine tablet or Nitroderm patch)</p> <p><input type="checkbox"/> AD Treatment Card that you carry to alert staff of condition</p> <p><input type="checkbox"/> MedicAlert Bracelet that you wear to alert staff of condition</p> <p><input type="checkbox"/> Other _____</p>	<p>If no plan exists, actions required:</p> <p><input type="checkbox"/> Prescribe GTN spray or anginine tablet</p> <p><input type="checkbox"/> Give patient AD treatment card</p> <p><input type="checkbox"/> Organise Medicalert bracelet</p>



<b>GP MANAGEMENT PLAN</b>		
<b>Issue</b>	<b>Management plan</b>	<b>Outcome</b>
		