TRIAL REMOVAL OF CATHETER (TROC) CARE PLAN

Name: Address:

DOB:

Age:

Telephone Number:

NHI:

Procedure	Initials
District Nurse to:	
Confirm source of referral to proceed and refer to clinical record as to why indwelling catheter (IDC) was put in (e.g. urinary retention, convenience, post operatively) and when inserted. Record information in notes and any previous history of TROCs	, Č
Check if two failed TROCs – patient should be routinely referred to urology – do not proceed	
Identify previous IDC insertion for difficulty	
Check patient's current condition risk factors against a successful TROC i.e. medications, current health, cognitive ability, fluid intake, constipation Oxybutynin/vesicare stop 24 hours prior to TROC	
If the patients is on any of the following medications, TROC at (days) specified for a higher success rate of the TROC • Doxazosin – 21 days use to be at full affect • Finesteride – 6 weeks of use before full strength • Terazosin – 2-4 weeks – full strength, 6/52 improvement seen • Tamsulosin - 2-4 weeks – full strength, 6/52 improvement seen	
 Discuss with continence nurse clinical information and history to identify degree of complexity or follow up required by the continence nurse CNS will liaise with Urology Department as required 	
District nurse and client set date for TROC	
Explain TROC procedure to patient	
Provide "Trial Removal of Catheter Fluid Balance Chart" to patient and explain completion requirements	
Advise patient or carer to maintain accurate measurement of overnight volumes for two nights prior to TROC. Need to ascertain whether patient produces more of their urine during night. Give chart two days before trial of removal of catheter	
Remove IDC at appropriate time, i.e. 09:00hrs – clinic or home visit as required	

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Post IDC Removal	Initials
District nurse instructs patient to:	
 Take oral fluids – 1 glass/cup hourly or as per normal intake. 	
Patients with controlled heart failure can drink their normal volumes.	
Record accurately on fluid balance chart.	
Void as sensation allows or attempt to void after four hours.	~C).
Record each void SEPARATELY.	
POST IDC REMOVAL ASSESSMENT	
District nurse to:	1
 Discuss voiding pattern- i.e. weak flow, straining, feeling of incomplete emptying or pain. 	
Refer to fluid balance chart re overnight volumes to consider nocturia.	
Request patient to attempt to void then perform a bladder scan.	
 If large volumes passed and less than 100mls post void residual, no intervention necessary. Discharge summary to both referrer and GP. 	
 If no urethral voiding and 350 to 400mis residual, re-catheterised (record insertion details and volume drained in patient notes). 	
If scan <200ml and post TROC voided volumes are more than 200ml on two occasions, TROC successful.	
Multiple small voids (20 -70mls) does not indicate success.	
 If minimal urethral voiding, and post void scan under 300mls and history of nocturia, and patient comfortable do not re-catheterised. Assess the following day. 	
 Contact continence nurse if unsure regarding interpretation and plan of care. 	
FAILED TROC	
Reinsert IDC, liaise with GP and contact CNS to refer to Urology. Important note: The plan at this stage will need to be individualised to the patient.	

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DOB:

Age:

Affix Patient Label Here

Telephone Number:

Date:		Catheter removed at:			
Record of overnight drai	nage volume (ml) for two	previous nights			
Night one (ml): Night two (ml):					
Drink hourly and record	the types of drinks and a	mounts in column 2 of the			
Measure all urine accura	ately – write urine output	in column 3	In 4		
Record any urinary leak	age occurring over the ti	me of trial – write in colum			
1	2	3	4 Leakage		
Time	Fluid/drinks intake	Urine output (ml)	Leakage		
			TROC		
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Catheter inserted due					
Post TROC Instruction	is (i.e. DN to catheteris	se if failed? ED for re-ca	theterisation?):		
If you require to be seen prior to your bladder scan appointment please contact					
today's nurse on:		DN name:			
They will ensure that the clinic/ ED nurses are expecting you to arrive.					

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PLEASE ENSURE YOU BRING THIS FORM WITH YOU TO YOUR APPOINTMENT