

27 January 2022

**Andrew McGregor**

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Dear Andrew

**Official Information Act Request**

Thank you for your requests dated 25 November 2021 pursuant to the Official Information Act 1982. These were received as a transfer from the Ministry of Health to Waikato District Health Board on 9 December 2021. You have requested the following information:

**1. "Please provide Guidelines/Procedures for the management of postoperative Urinary Retention (POUR)"**

Waikato DHB does not have specific guidelines/procedures for the above, however the following are excerpts taken from Lippincott Procedures that DHB staff have access to on Waikato DHB's Intranet. Lippincott Procedures is an online resource of clinical content for standard evidence-based procedure guidance.

**Lippincott Procedures - Postoperative Care Clinical Procedures**

*"Monitor the adult's risk of drug reactions, toxicity, and interactions. Decreased bladder capacity increases the risk for urinary tract infection (UTI). Monitor the patient closely for signs and symptoms of UTI. Decreased kidney function can lead to fluid volume overload. Monitor intake and output closely. You should treat nausea and vomiting early and aggressively. Perform a genitourinary assessment. If the patient has an indwelling urinary catheter, assess the colour, quantity, and quality of urine. Ensure that the catheter is secure and that the drainage tubing has no dependent loops".*

**Lippincott Procedures - Postanaesthesia Care Measures Paediatric Clinical Procedures**

*"Maintains adequate intake and output and electrolyte balance. Maintain continuous or intermittent IV infusion, as ordered. Use an infusion-control device, as indicated. Monitor electrolyte levels, as ordered. Monitor for signs and symptoms of fluid and electrolyte imbalances. Monitor the output of body fluids, including the output from tubes and drains. Offer fluids, as indicated. Advance the child's diet from sips of clear fluids to full liquids, as indicated and as ordered. Advancement of fluids from clear liquids to full liquids may not occur until after discharge to home or to another health*

care setting. These measures help maintain vital functions, provide nutrition, and prevent dehydration and electrolyte imbalances.

*Maintains urinary output. Monitor intake and output; notify the practitioner if output is less than 1 mL/kg/hour. Assess for retention or incontinence. Catheterize, as ordered. Anaesthetic agents may temporarily depress bladder tone and response. Accurately recording intake and output helps in the assessment of renal and circulatory function”.*

### **Lippincott Procedures - Bladder Ultrasonography, Ambulatory Care – Clinical procedures**

*“Urine retention is a serious condition that may result from a neurologic disorder or from obstruction of urine flow. It’s also a common complication of some types of surgery. Certain medications, such as anticholinergics, sympathomimetic agents, opioids, and some nasal decongestants, may also cause urine retention. Infection, inflammation, and trauma to the pelvis, urethra, or penis have also been implicated as causes of acute urine retention”.*

## **2. “Please provide Guidelines/procedure for the management/prevention of persistent Postsurgical Pain”**

Waikato DHB does not have one protocol dealing with persistent postsurgical pain, however the following inform our approach for management/prevention:

### **Assessment Tools for Nursing**

Refer to the following attachment:

- Nursing Tools for Assessment – Pain Procedures

### **Everything Pain Information Hub**

Everything Pain is accessible to staff through the hospital intranet and provides information on interdisciplinary pain management care to patients with acute and persistent pain. Within the service there is Inpatient Pain Service (IPS) and Outpatient Pain Service.

The following is an excerpt from the Everything Pain hub:

*“Any patient undergoing major surgery involving significant amounts of pain or with a greater propensity towards a poor pain outcome is referred to the IPS for management at the time of operation. We work closely with the regional analgesia service to maximise the benefit for invasive acute pain management techniques. Outpatient Pain Service provides specialist pain interventions and assessments for patients with persistent pain. We run interdisciplinary group pain management programmes for our patients as well as limited individual treatment plans”.*

### **Further to this much of our teaching is based on:**

- Clinical Updates from the International Association for the Study of Pain Collection Details : [PAIN Reports \(www.com\)](http://www.com)
- Acute Pain Management Scientific Evidence Fifth edition 2020 Volume 1 Adults published for the Australian and New Zealand College of Anaesthetists and Faculty of Pain Medicine. Schug, Palmer Scott et al.

- Knowledge and Skills Framework for Pain Management Nursing put together by the Nursing Interest Group of the New Zealand Pain Society and held by them.
- NZ Pain Society resources.

**3. "Please provide Guidelines/procedure in the treatment of patients after a suicide attempt and/or suicidal ideation"**

Refer to the following attachments:

- *Suicidal or Self Harm Thoughts, Behaviours, Management of Patients Ref: 1811.*
- *Deliberate Self Harm (DSH) Management of Patients Presenting After the Act of Ref: 3983.*

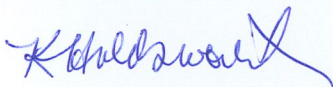
Please note 1811 is currently undergoing review, although much of the information in the attached is still relevant.

**4. "Please provide Guidelines/procedure differentiating subtypes of primary (idiopathic) constipation"**

These types of cases are mostly managed by General Practitioners (GP) and therefore we do not have Waikato Hospital specific guideline or procedures. Therefore we are refusing your request under Section 18(e) of the Official Information Act 1982 because the document that contains the information requested does not exist. GP's can use the Community Health Pathways Te Manawa Taki/Midland Regions to aid in diagnosis and treatment options for presenting patients.

Waikato DHB supports the open disclosure of information to assist community understanding of how we are delivering publically funded healthcare. This includes the proactive publication of anonymised Official Information Act responses on our website from 10 working days after they have been released.

Yours sincerely



Kent Holdsworth  
Acting Executive Director – Hospital and Community Services  
Waikato District Health board