	 A	ttach I	Patien	t Sticke	er here	or red	ord		
NAME:	 								
NHS NO:									
HOSP NO:									
D.O.B:					Male		Fer	male	
WARD	 			C	ONS				

Worcestershire	NHS
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OVERFLOW INCONTINENCE CARE PATHWAY

PATIENT SYMPTOM PROFILE 3

STANDARD STATEMENT	VARIANCE FROM STANDARD STATEMENT AND REASON / COMMENTS/ ACTION TAKEN	Date	Initial
INITIAL ASSESSMENT			
Bothersome rating this visit:			
MALE PATIENTS: Ask doctors for prostate assessment. (Psa, PR examination). Consider possible referral to urology team if any abnormalities detected			
Perform post void residual bladder scan, document findings			
If volume >1/3 voided volume on three different occasions refer to doctors and check U&Es. Consider referral to urology for further investigations or advice: - possible clean intermittent self catherisation (cisc) if residual volumes ^ or U&E's deranged - possible commencement of alphablocker			,
Check patient is not constipated. If constipation present treat with aperients and then re-scan once constipation resolved.		,	
FEMALE PATIENTS: Ask doctors for vaginal examination to exclude prolapse, abdominal examination for any abnormal mass.			
Perform post void residual scan. If identified residual check U&Es. Consider onward referral to Urogynae team.			
Check patient is not constipated. If constipation present treat with aperients and then re-scan once constipation resolved.			
<u>ALL PATIENTS:</u> U&Es normal AVOID catheterisation.			
U&Es elevated, may require catheterisation consider intermittent self catheterisation following discussion with doctor, patient and carer, if appropriate.			
COMMENTS:	,		

Attach Patient Sticker here or record						
NAME:						
NHS NO:						
HOSP NO:						
D.O.B:	Male Female					
WARD	CONS					

TO BE COMPLETED BY ALL STAFF USING THE PATHWAY

SIGN THAT YOU HAVE MET ALL STANDARDS OR RECORDED VARIANCES FOR YOUR PART OF THE PATHWAY.

ON DISCHARGE, SIGN AND DATE

FULL NAME	DESIGNATION	INITIALS	SIGN	DATE		
DISCHARGE DATE:		SIGNATURE:				

Worcester - Continence Service, Isaac Maddox House, Shrub Hill Road, Worcester WR4 9RW Tele No: 01905 681601 Fax: 01905 681510

Those patients with a Warwickshire GP (ie Studley) please refer to: South Warwickshire Continence Service, Royal Leamington Spa Rehabilitation Hospital, Heathcote Lane, Leamington Spa, Warwickshire CV3 46SR - Tel: 01926 317743