



TRIAL REMOVAL OF CATHETER (TROC) CARE PLAN

Affix Patient Label Here

Name:

NHI:

Address:

DOB:

Age:

Telephone Number:

Procedure	Initials
District Nurse to: <ul style="list-style-type: none"> 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 	
<ul style="list-style-type: none"> Check if two failed TROCs – patient should be routinely referred to urology – do not proceed 	
<ul style="list-style-type: none"> Identify previous IDC insertion for difficulty 	
<ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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 	
<ul style="list-style-type: none"> 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 	
<ul style="list-style-type: none"> District nurse and client set date for TROC 	
<ul style="list-style-type: none"> Explain TROC procedure to patient 	
<ul style="list-style-type: none"> Provide “Trial Removal of Catheter Fluid Balance Chart” to patient and explain completion requirements 	
<ul style="list-style-type: none"> 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 	
<ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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. 	
<ul style="list-style-type: none"> Void as sensation allows or attempt to void after four hours. 	
<ul style="list-style-type: none"> Record each void SEPARATELY. 	
POST IDC REMOVAL ASSESSMENT	
District nurse to: <ul style="list-style-type: none"> Discuss voiding pattern- i.e. weak flow, straining, feeling of incomplete emptying or pain. 	
<ul style="list-style-type: none"> Refer to fluid balance chart re overnight volumes to consider nocturia. 	
<ul style="list-style-type: none"> Request patient to attempt to void then perform a bladder scan. 	
<ul style="list-style-type: none"> If large volumes passed and less than 100mls post void residual, no intervention necessary. Discharge summary to both referrer and GP. 	
<ul style="list-style-type: none"> If no urethral voiding and 350 to 400mls residual, re-catheterised (record insertion details and volume drained in patient notes). 	
<ul style="list-style-type: none"> If scan <200ml and post TROC voided volumes are more than 200ml on two occasions, TROC successful. 	
<ul style="list-style-type: none"> Multiple small voids (20 -70mls) does not indicate success. 	
<ul style="list-style-type: none"> 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. 	
<ul style="list-style-type: none"> Contact continence nurse if unsure regarding interpretation and plan of care. 	
FAILED TROC	
<ul style="list-style-type: none"> Reinsert IDC, liaise with GP and contact CNS to refer to Urology. <p>Important note: The plan at this stage will need to be individualised to the patient.</p>	

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