One Gloucestershire

Name:	
Date of Birth:	DD / MM / YYYY
MRN Number:	
NHS Number:	
(OR AFFIX HOSPITAL LABEL HERE)	

Bladder Assessment and Referral Form

New patient ❑ Reassessment ❑		Own home ❑ Residential ❑ Nursing ❑	
Title: Mr / Mrs / Miss / Ms / Other:			Gender
Surname	Forename		Patient Tel:
Address			GP Practice
Postcode	Assessor name	Contact Tel:	Where assessed

Please describe the presenting bladder problem:

RED FLAGS - If a red flag is identified consult with a medical doctor (check Gcare 2 week wait urology & gynaecological pathways & GP referral guide) is the patient aware of a kidney,bladder,prostatic cancer diagnosis within last 5years and has new symptoms

Visible haematuria refer to urology on 2 WW pathway (all men with visible haematuria must have a PSA blood test) PSA over 50 ng/ml 2ww	Yes ❑ No ❑	Overflow incontinence / nocturnal enuresis / painless chronic retention and/or neurological symptoms refer to urology	Yes ❑ No ❑
Loss of appetite, commonly caused by renal failure due to bladder outflow obstruction	Yes ❑ No ❑	Persistent bladder,pelvic and/or bone pain (stiffness in the lower back, hips, may indicate metastasis to bones or spinal cord compression neurological symptoms).	Yes ❑ No ❑
Enlarged palpable node in the groin or neck.	Yes ❑ No ❑	Pelvic mass - refer to urogynaecology (order an Urgent pelvic USS and CA125)	Yes ❑ No ❑
Presenting medical history		**Past medical history**	
Urology surgery (TURP, TURBT)	Yes ❑ No ❑	Dementia/cognitive condition	Yes ❑ No ❑
Gynaecology/obstetric/pelvic history (consider referral to urogynae e-RS (RAS)	Yes ❑ No ❑	Learning Disability	Yes ❑ No ❑
Bowel/pelvic surgery	Yes ❑ No ❑	Mental Health issues (depression/anxiety)	Yes ❑ No ❑
Renal or Cardiac failure	Yes ❑ No ❑	Cancer diagnosis - Palliative or end of life care	Yes ❑ No ❑
Back or spinal cord conditions	Yes ❑ No ❑	Radiotherapy to pelvis/abdomen	Yes ❑ No ❑
Neurological condition (MS,CVA,Parkinson)	Yes ❑ No ❑	Arthritis	Yes ❑ No ❑
Diabetes	Yes ❑ No ❑	Other	Yes ❑ No ❑
Bladder Storage Symptoms (tick all that apply)			
Daytime frequency	Yes ❑ No ❑	Persisting bladder and/or urethral pain	Yes ❑ No ❑
Night time frequency (Nocturia)	Yes ❑ No ❑	Urine leakage on coughing/sneezing/lifting	Yes ❑ No ❑
Urinary urgency	Yes ❑ No ❑	Urine leakage on standing up	Yes ❑ No ❑
Urine leakage with urgency	Yes ❑ No ❑	No bladder sensation with sudden large volume incontinence	Yes ❑ No ❑
Bed wetting	Yes ❑ No ❑	Recurrent Urinary Tract Infection (UTI's) follow Gcare UTI pathway	Yes ❑ No ❑
Bladder Voiding Symptoms (tick all that apply)			
Difficulty starting to void	Yes ❑ No ❑	Post micturition dribble	Yes ❑ No ❑
Straining to void	Yes ❑ No ❑	Incomplete bladder emptying (bladder scan)	Yes ❑ No ❑
Poor flow rate		Continuous urinary leakage	
Intermittent flow rate	Yes ❑ No ❑	Pain on voiding	Yes ❑ No ❑
Functional symptoms (tick all that apply)			
No awareness of bladder sensation	Yes ❑ No ❑	Poor dexterity -unable to remove clothing	Yes ❑ No ❑
Poor mobility- slow or unable to reach toilet	Yes ❑ No ❑	Poor communication -unable to ask for help	Yes ❑ No ❑

Is there a package of care in place?	❑	**How many visits per 24 hours:**

Complete a bladder 3 day frequency volume chart GHNHSFT/X941 (F/V chart or bladder diary) please tick when actioned	Daytime frequency	Night time frequency	Incontinent episodes/ Pad usage
Review F/V chart – Give advice on fluid intake, checking for signs of dehydration. Encourage minimum 8 drinks per day. Give patient information leaflet "Fluid and caffeine intake for bladder and bowel health" (GHPI0533). This advice could help with symptoms of frequency, urgency, urge incontinence. If there is night time frequency (Nocturia greater than 2 voids / night) please advise reducing stimulant drinks in the evening & ensure to maximise fluid intake during the day.	❑	❑	❑

Post Void Residual (PVR) bladder scan	=
Voided volume	=
Residual scanned volume	=
Review PVR bladder scan results- Under 65's residuals consistently higher than 100mls ,Over 66's residuals consistently higher than 200mls discuss with urology or bladder & bowel health team	=

Collect sample of urine (MSU) if signs & symptoms of UTI	**Yes** ❑ **No** ❑
Check bowel habit, check not constipated. Give advice on diet, fluids, exercise. Consider laxatives. Offer patient information leaflet "Improving bowel Function and control" (GHPI1412)	**Yes** ❑ **No** ❑
If BMI is greater than 30 , offer advice to lose weight or consider referral to weight loss clinic and /or dietician	**Yes** ❑ **No** ❑
Review all medication and review those that could cause bladder dysfunction ie: incontinence or retention of urine	
Advise on ways to improve mobility or consider referral to physiotherapy/occupational therapy	**Yes** ❑ **No** ❑
Inspection of skin for moisture lesions – follow local skin care guidelines re barrier creams. If skin is red inflamed or broken consider referral to Tissue Viability (TV) CNS	**Yes** ❑ **No** ❑

Care Plan - Mild bladder dysfunction please tick if actioned			
Promote bladder health – fluid advice & pelvic floor exercise, bladder retraining	❑	❑	❑
If describing symptoms of urine leakage on coughing/sneezing/lifting (avoid incontinence pads) +/- urgency incontinence please teach pelvic floor exercises – exercises women (leaflet GHPI0259) and men (leaflet GHPI0322)	❑	❑	❑
Consider performing a perineal examination to identify excoriation. If the patient is able to do an effective Pelvic Floor Contraction, continue with conservative treatment 3/12- if not consider pelvic dysfunction physiotherapy or for post-menopausal women	❑	❑	❑
Care Plan - Moderate bladder dysfunction please tick if actioned			
Promote bladder health and life style changes – fluid advice & pelvic floor exercise, bladder retraining	❑	❑	❑
Advise on bladder retraining for frequency/ urgency, suggesting bladder over activity. Try to delay voiding after an urge to void, increasing time between voids, give patient information leaflet "bladder urgency and overactive bladder syndrome" leaflet. (GHPI0531)	❑	❑	❑
For male patients consider urinals/sheath or pressure pubic devices - refer to bladder & bowel health team or appliance nurse if further advice needed	❑	❑	❑
Consider trial of Attends soft range (Soft 4 only in hospital(s)	❑	❑	❑
Patients with no awareness or bladder sensation +/- incontinence try to plan a fixed voiding schedule directed by their bladder diary	❑	❑	❑
Care plan - Severe incontinence please tick if actioned			
For confused patients with frequency/urgency use prompted toilet plans directed by their F/V chart. Offer patient information leaflet "Managing bladder and bowel care needs for a person who is suffering with dementia" GHPI1582_	❑	❑	❑
For female patients with moderate- severe incontinence consider PureWick – refer to bladder & bowel health team if further advice required			
Consider trial of Attends Contours range (Contours 7 only in hospital(s)	❑	❑	❑
Care plan – Severe incontinence please tick if actioned			
Consider high absorbent containment pads with stretch pants / PureWick /Sheaths / (Indwelling Catheter) Refer to the bladder & bowel health team when in hospital(s) consider alternative products named patient only	❑	❑	❑
If products are required for discharge from hospital please send one week supply with patient and ensure assessment is sent to the Bladder & Bowel Health Team for continued supply once home. For Community /Care home regular prescription supply of products complete & send product order form	❑	❑	❑

Nurse assessing signature	Print name	
Designation	Date DD / MM / YYYY	Time 00 : 00