



EXCLUSION CRITERIA	
ABSOLUTE	RELATIVE
<ul style="list-style-type: none"> <li>• Unable to manage leg bag</li> <li>• Other pathology causing retention requiring admission e.g. neurogenic / haematuria / abdominal mass</li> <li>• Septicaemia or high risk thereof</li> </ul>	<ul style="list-style-type: none"> <li>• Recent urological instrumentation/surgery</li> <li>• Inadequate social supports – might admit to EOU if potential to uplift outpatient support services within the next 24 hours.</li> </ul>

KEY CONSIDERATIONS DURING SSU ADMISSION
<ul style="list-style-type: none"> <li>• Observe for post obstructive diuresis after IDC insertion</li> <li>• Exclude associated pathology                             <ul style="list-style-type: none"> <li>○ Infection – FWT; check FBE/CRP</li> <li>○ Cauda equina – history and neurological exam, anal tone, perineal sensation</li> <li>○ Recent urological tract instrumentation – urology referral</li> </ul> </li> <li>• Commence presumptive antibiotics if high risk for infection</li> <li>• Check electrolyte balance and renal function – UEC</li> <li>• Check for medications causing retention</li> <li>• Educate patient or families re: leg bag</li> </ul>

REFERRAL CRITERIA	DISCHARGE CRITERIA
<ul style="list-style-type: none"> <li>• Unstable vital signs</li> <li>• Worsening renal function</li> <li>• Failed mobility assessment with ACE</li> </ul>	<ul style="list-style-type: none"> <li>• Tolerating IDC</li> <li>• Tolerating oral intake</li> <li>• Adequate social support</li> <li>• Mobilising safely</li> </ul>

DISCHARGE REQUIREMENTS
<ul style="list-style-type: none"> <li>• Follow up plan; trial of void clinic – see TOV kit and book appointments                             <ul style="list-style-type: none"> <li>○ See LMO for review regarding cause of retention, ensure MSU follow-up</li> </ul> </li> <li>• PAC referral made for ongoing catheter care</li> <li>• Re-attendance advice – retention / clots / decreased urine output / increasing pain</li> <li>• Medical certificate</li> <li>• Prescription for discharge medications where indicated</li> </ul>

NURSE INITIATED DISCHARGE CRITERIA	
Medical staff to check: <ul style="list-style-type: none"> <li><input type="checkbox"/> All investigations reviewed and results actioned</li> <li><input type="checkbox"/> Discharge documentation and patient education completed</li> </ul>	NID: <b>Appropriate / Not Appropriate</b> Signature
Outcomes pending (to be filled in by MO):	
Nursing staff to check: <ul style="list-style-type: none"> <li><input type="checkbox"/> All “discharge criteria and requirements” met</li> <li><input type="checkbox"/> Education to manage IDC and leg bag completed</li> <li><input type="checkbox"/> Catheter take-home pack provided (extra leg bags, written information etc.)</li> <li><input type="checkbox"/> PAC referral checked</li> </ul>	NID: <b>Appropriate / Not Appropriate</b> Signature