**Repeat TWOC Pathway**

Repeat TWOC on Beatrice maternity ward (if acuity too high, triage room on Labour ward) on the following date:

This pathway is to be used for women returning to the ward with a catheter in situ due to a previous inability to void, bladder over-distension injury or failed 1st TWOC attempt.

* Encourage normal, NOT excessive, fluid intake (ex: 2L in 24hours).
* Document fluid intake volumes.
* Encourage women to void every 3-4hours.
* Document time and volume of all voids.
* Immediately following void, use instil gel to insert in-and-out catheter to measure post residual urine (over 10days postnatal, bladder scanning may be used if proper equipment and training).
* Always consider UTI and send MSU or CSU if symptomatic of UTI, any signs of urinary dysfunction or this TWOC attempt is unsuccessful.

Name: Hops ID: DOB:

Time of catheter removal Volume in bag Colour of urine

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Hour | Time | Input | Output | Post Void Residual (PVR) |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |

If PU > 200mls on 2 occasions **AND** post void residuals <150mls

If unable to PU **OR** any PU < 200mls with post void residual > 150mls. Unsuccessful 2nd TWOC

TWOC Complete

Home with IDUC

Consider UTI – Urinalysis

Obstetric review/Discuss with urology Amy or Zoe Ext 4866 for follow up appt.

DATIX

PPHS referral