Clinical Pathway of Acute Retention of urine (AROU) can provide tailor-made management plan and to reduce Unnecessary Hospital Admission

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Keywords:
AROU
unnecessary admission
Management of reduce admission

Introduction
Acute Retention of Urine (AROU) is a common urological emergency that required immediate interventions. After urethral catheterization and medication therapy, hospital admission is required to observe for any post obstructive complications and medication side effects. Clinical pathway of AROU recruited those eligible patients who presented with AROU without potential post obstructive complications at AED, then for immediate urethral catheterization. Patient will be discharged with alpha blocker and given a follow up at Urology Nurse-led Clinic to trial wean off catheter (TWOC) . Also, direct discharge of patient from AED can reduce unnecessary admission to Hospital.

Objectives
(1) to provide tailor made management plan to patient; (2) to reduce unnecessary hospital admission

Methodology
Eligible participants will be closed monitored for urine output and blood after immediate urethral catheterization and commencement of one dose of alpha-blocker (Harnal OCAS 0.4mg daily). If no obvious side effect of medication detected, urethral catheter care education and one week of medication will be given. Patient will referred to urology nurse-led clinic for trial weaning off the urethral catheter within one week. Management protocol of TWOC at Urology nurse-led Clinic is standardized but can be modified according to patient's need after discussed with urologist. Patients who are successfully weaning off the urethral catheter will be prescribed with alpha- blocker (Hytrin 2mg nocte) until follow up at specialist out-patient clinic for further medication therapy. For those who failed to wean off the urethral catheter will provide different options such as surgery, re-try TWOC two weeks later with medication or intermittent
clean catheterization.

**Result**

From December 2012 to December 2014, there were 103 patients aged from 54 to 85 referred to urology nurse-led clinic by AED for TWOC without hospital admission. It accounted for about 16% of the total number of patient's admission for AROU during the reporting period. Among them, all patients can choose their most appropriate management plan after discussed with urology nurse. 70% of them successfully TWOC and 30% of them failed TWOC. For those failed TWOC, 57% of them had surgery TURP done, 14% of them required long-term catheter and referred to community nurse for further catheter care, 29% of them need long-term clean intermittent self catheterization and they will have regular follow up at urology nurse-led clinic for voiding diary review and skill training. Conclusions: In conclusion, the clinical pathway of AROU not only can provide tailor-made management plan to patient but also can reduce hospital admission.