



Appendix A – Continence Specialist Referral

Criteria for Referral to Continence Advisory Service – Adults (18+) registered with a GP within Ashfield, Mansfield and Newark & Sherwood

For ALL patients referred including the Community, Acute Hospital & Care Home.

1. **Following Continence Assessment**
 - Unclear Diagnosis – bladder or bowel problems
 - Complex continence needs e.g. Neurological disorder, Multiple Sclerosis for bladder/bowel problems
 - Where treatment programmes have been tried but have not achieved the desired clinical outcome e.g.
 - Bladder retraining
 - Pelvic floor exercise
 - Individual toileting programme
 - Patients with significant post-void residuals
 - Residuals 100-200mls – discuss with Continence Advisor
 - Residual over 200mls need to be discussed with Medical Practitioner
 - When intermittent catheterisation is identified as the best treatment option and the patient needs additional support to manage procedure independently or regime is not achieving continence
 - Functional Incontinence
 - Difficulty resolving problem
 - Advice needed with selection of urinal
 - Nocturia
 - Nocturnal Polyuria
 - Repeated symptomatic UTIs from MSU
 - Nurse referrals to Geriatric Led Continence Clinic – discussed with LBR Nurse /The Continence Advisory Service before referral is made (GP must be in agreement).
2. **Catheter Related Problems**
 - Expelling Catheter
 - Bypassing /blocking – if problem is not resolved follow blocked catheter pathway
 - Repeated catheter changes:
 - More frequently than 2 weekly
 - Resulting in emergency call out at night
 - Repeated symptomatic UTIs from CSU
 - Emergency admission to A & E for catheter problems – to prevent unnecessary hospital admissions
 - Assessment/advice regarding the use of catheter maintenance solutions

The Continence Advisory Service to be informed if patient are prescribed catheters which are not included on the Continence Formulary i.e. silver catheters, open ended catheters.
3. **Product Difficulties / Problems**
 - Sheath fitting problems
 - Selection of urinals
 - Continence pads not containing effectively
 - For authorisation of continence pads not on the District Nursing Product Prescription Guide
 - Copy of assessment and charts must be sent with the product request

Appendix B – Medical Referral

Referral criteria - Urology

Macroscopic haematuria Urgent referral via GP 2 wk wait.
Marked frequency with pain and sterile urine if not settled following nursing assessment & management
Residual urine of over 150mls. Abnormal U's & E's
No progress following conservative management
Proteus urinary tract infections exclude stones.
Recurrent or persisting UTI associated with haematuria (2 wk wait)
Repeated UTI's where conservative management with CAS has failed or there are indications of abnormalities of the urinary tract
Neurological patients with detrusor sphincter dysenergia
Suspected malignant mass (2 week wait)

Referral criteria - Gynaecology

Pelvic mass Urgent referral gynaecology via GP 2 wk wait. (except known fibroid)
The presence of marked pelvic prolapse. ie visible at introitus on bearing down.
Incontinence within the last 12mths following continence surgery.
No progress following conservative management
The presence of other co-morbid conditions, e.g. recurrent urinary tract infection when conservative management unsuccessful with CAS Vesico-vaginal fistula

Referral criteria – Geriatric Led Continence Clinic (referrals 18+)

- Unsuitable for surgical intervention due to medical problems
- Conservative treatments
- Nocturia/Nocturnal Polyuria
- Nocturnal Enuresis