

Haematuria Hx

| GLOBAL MARK |                 |                 |      |
|-------------|-----------------|-----------------|------|
| CLEAR PASS  | BORDERLINE PASS | BORDERLINE FAIL | FAIL |

Criteria

|  |      |
|--|------|
| Introduces Self, confirms patient identify, Washes hands,  | 2, 1 |
| Offers analgesia, ensures comfort of patient   | 2    |
| Confirms nature of the problem   | 1    |
| Features of haematuria<br>Gross, initial, terminal<br>Clots  |      |
| Previous episodes  |      |
| Pain, dysuria, suprapubic discomfort   |      |
| Previous urological problems<br>Prostate, catheters, bladder, renal colic                              |      |
| Systemic symptoms<br>Weight loss, fever, appetite, lethargy<br>Bleeding elsewhere?                     |      |
| Drug History<br>Asks specifically about anticoagulants<br>If on anticoagulants asks about monitoring   |      |
| PMH  |      |
| Social, smoking, occupation, foreign travel  |      |
|  |      |
| Management   |      |
| MC+S, Urine dip  |      |
| Bloods specifically U-E, Clotting and FBC  |      |
| Explores for retention<br>If in retention talks about inserting catheter                               |      |
| Explains differential for haematuria<br>Bladder tumour, kidney tumour, infection, BPH, anticoagulation |      |
| Plans appropriate further management<br>Haematuria clinic, Inpatient, TWOC clinic                      |      |
| If patient asks if it is cancer gives a good empathetic answer   |      |
| Thanks patient   |      |
| Answers questions  |      |
| TOTAL  |      |

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