



PRE-TRIAL OF VOID (ToV) CHECKLIST

Residential Care Line

Date of referral:	Facility Name:	Contact number:
Resident name:		DOB:
GP name:		GP consent to TOV: ☐ YES ☐ NO
Is the resident deteriorating? ☐ YES ☐ NO Weight loss in last 6 months? ☐ YES ☐ NO If so, amount:		AHD / ACP / GoC: ☐ YES ☐ NO (If yes, please attach)

IDC History		
Date current IDC inserted:	Type & Size of IDC:	
Reason for IDC insertion:	Long term IDC? ☐ YES ☐ NO if so, date of initial insertion:	
Retention volume if applicable / available:	Date IDC due for change:	
Is the resident tolerating the IDC? ☐ YES ☐ NO comments:		
If IDC inserted in hospital, is client back to baseline health and mobility? ☐ YES ☐ NO		
Does RACF have a bladder scanner? ☐ YES ☐ NO If so, is RACF doing own ToV? ☐ YES ☐ NO		
Hx of previous Urology input:		
Is the resident on any medication for BPH/previous retention (i.e., Tamsulosin / Dutasteride) ☐ YES ☐ NO If yes, Date of commencement		
Hx of previous TOV (provide dates and outcome):		
Current UTI? ☐ YES ☐ NO If UTI present type of antibiotics and date commenced: Please attach MSU result if available or frequent / recurrent UTIs		
Assessment		
Please note the following: - If not already in place, ensure strict bowel chart (inc size, type, and frequency of BO) and intake/output charts are in place and maintained. - Bowels must be regular (i.e., BO 1-2 daily, med-lge, Type 4-5 on Bristol without the use of PRN aperients or supps.) Constipation is a high risk for failing a ToV. - For ToV in clients with incontinence we recommend 2 hourly pad checks and toileting regime to ensure accurate post void bladder scan results.		
Bowels	Daily Intake	Mobility (click)
Type & size:	Amount (average/day):	Ambulant to toilet
Frequency:	Fluid Restriction: ☐ YES ☐ NO amount:	Hoist to toilet
Hx constipation: ☐ YES ☐ NO	Hx of dehydration	Incontinent into pad
Documents required (please attach to reply)		
Medication Profile	Medical History:	Bowel chart- minimum 5 days
Intake / output chart- minimum 5 days	Requested ToV Booking Date: Please note - RCL will endeavour to accommodate request date, but this will be dependent on bladder scanner availability and resident suitability as per RCL assessment.	

Once complete, please return to rcl@health.wa.gov.au with all requested documents above.
Please DO NOT remove clients IDC if no booking form/confirmation from RCL has been received.
If you have any concerns or question, please call RCL on 6457 3146 0800-1800hrs, 7 days a week.

