

# Appendix 3 Maternity Trial without Catheter (TWOK) Proforma

HDUHB 2025 Version 1.

Patient details
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## Maternity Trial without catheter Proforma

Date		Time:	
History /Reason for initial catheterisation:	example: <i>Unable to void postnatally . PRV &gt;320mls.....</i>		
Obs / Medical History			
Other comments			
Allergies	Yes / No (circle)	If yes, state allergies:	
Reason for TWOC			
CSU /Dip Test ( if symptomatic of UTI seek medical review)			
Time catheter removed:		Removed by:	
Void s:	(mls)	Post Void Residual (PVR) (mls)	
1 <sup>st</sup> Void:		PVR:	
2 <sup>nd</sup> Void:		PVR:	
3 <sup>rd</sup> Void:		PVR:	
TWOC outcome : (circle) <b>Successful</b> / <b>Unsuccessful</b>			
Plan of Care:			
CISC : Yes / No ( circle)			
CISC education by :			
Supplies: Single use catheters / bladder passport/ referred to COBWEB			
Appropriate Patient information Leaflets given :			
Discharged with Catheter	Yes/ No (Circle)	Supplies: (circle)	Leg Bag/Night bag/stand/passport referred to COBWEB
Discharge Signature And Date		Print Name:	