

## Expanded Practice Protocol for the Digital Rectal Examination and Trans-rectal Ultrasound of the Prostate Gland by Urology Registered Nurses

**CONTROLLED DOCUMENT**

<b>CATEGORY:</b>	Procedural Document
<b>CLASSIFICATION:</b>	Clinical
<b>PURPOSE</b>	This protocol supports urology registered nurses to undertake manual palpation of the prostate gland and trans-rectal ultrasound via the rectum in order to assess the size, and detect abnormalities
<b>Controlled Document Number:</b>	238
<b>Version Number:</b>	6
<b>Controlled Document Sponsor:</b>	Executive Chief Nurse
<b>Controlled Document Lead:</b>	Urology Advanced Nurse Practitioner
<b>Approved By:</b>	Executive Chief Nurse Executive Medical Director Head of Nursing Division D Matron, Urology Clinical Service Lead, Urology
<b>On:</b>	December 2018
<b>Review Date:</b>	November 2021
<b>Distribution:</b>	
<ul style="list-style-type: none"> <li>• <b>Essential Reading for:</b></li> </ul>	All urology registered nurses who undertake manual palpation of the prostate gland and trans-rectal ultrasound via the rectum, in order to assess the size and detect abnormalities, and all urology registered nurses who wish to expand their practice to include this skill.
<ul style="list-style-type: none"> <li>• <b>Information for:</b></li> </ul>	All clinical staff in the speciality of urology.

## EVIDENCE FOR PRACTICE

As part of a patient's complete prostatic assessment at this Trust, urology registered nurses undertake digital rectal examination (DRE), and if indicated, a trans-rectal ultrasound scan of the prostate gland. This is performed to assess the size and to detect abnormalities of the prostate gland at the earliest opportunity. For those patients in whom an abnormal prostate is felt, a referral to a consultant urologist for a follow up appointment will be made by the urology registered nurse.

A review of the expanded practice protocol has been undertaken to ensure the practice covered by this document remains up to date. As part of this review, an audit was performed (Miletic, 2018), which has confirmed that the expanded practice protocol has been adhered to. No significant changes to the protocol have been made.

## CONSENT

Although formal written consent is not required for minor procedures, verbal consent for DRE and trans-rectal ultrasound of the prostate gland by urology registered nurses, must be obtained where possible and this must be documented in the patient's records. For further information regarding consent and mental capacity please refer to the following documents:

- Department of Health Reference Guide to Consent for Examination or Treatment (2009).
- The Trust's Policy and Procedural document for consent to examination or treatment (current version).
- *Mental Capacity Act (2005)*.

## INDICATIONS

1. Patients with a prostate gland, who have urinary symptoms that may suggest obstructive or irritating complications and who have been referred for a DRE or trans-rectal ultrasound of the prostate gland by a General Practitioner (GP), urology registered nurse specialist or a hospital medical practitioner.
2. Patients with a prostate gland, who are suspected of having a potential or known cancer of the prostate gland, and who have been referred for a DRE or trans-rectal ultrasound of the prostate gland by a GP, urology registered nurse specialist or a hospital medical practitioner.
3. Patients with a prostate gland, who have been referred to, and present at, the prostate assessment clinic and the prostate cancer review clinic, who have been identified by a urology advanced nurse practitioner (ANP) or urology registered nurse specialist, as requiring a DRE or trans-rectal ultrasound of the prostate gland by a urology registered nurse.

**All DRE and trans-rectal ultrasounds of the prostate gland by urology registered nurses, must be performed in the presence of a chaperone.**

## **CONTRAINDICATIONS**

1. The patient has capacity and does not give consent for DRE and trans-rectal ultrasound of the prostate gland by a urology registered nurse.
2. The patient has undergone rectal surgery within the previous eight weeks. In this instance the urology registered nurse must arrange an outpatient appointment for the patient to be reviewed by a urology consultant.
3. The patient is under 16 years of age.
4. If in the professional judgement of the urology registered nurse, the patient's condition requires that the assessment should be undertaken by the consultant urologist, the patient must be referred to the consultant urologist for assessment.

## **LIMITATIONS TO PRACTICE**

1. If a prostatic serum antigen (PSA) is required and has been requested by the ANP/urology registered nurse at the prostate assessment clinic, 1 week should elapse between DRE/ trans-rectal ultrasound and the PSA recording. This is because the manipulation of the prostate gland may affect PSA levels and give a false reading.
2. If the patient experiences severe pain on DRE, the urology registered nurse must immediately stop the procedure. The urology registered nurse must not go on to perform a trans-rectal ultrasound of the prostate. In this instance there must be a minimum delay of six weeks before re-examination. The urology registered nurse must discuss this with the patient's consultant at the earliest opportunity, and this must be documented in the patient's records.
3. If the urology registered nurse is concerned about the patient's condition they must immediately refer the patient to the appropriate medical practitioner for advice on any further action to be taken, and this must be documented in the patient's records.

The appropriate Health and Safety risk assessments must have been completed for the clinical area.

## **CRITERIA FOR COMPETENCE**

1. Registered nurses working in the speciality of urology who have completed the relevant education and training that is indicated in the British Association of Urological Nurses (BAUN) guidelines (2003) and that is recognised by the Matron for urology.
2. The urology registered nurse must demonstrate an awareness and understanding of the Royal College of Nursing (RCN) guidance for DRE as

contained in the RCN document 'Management of lower bowel dysfunction including DRE and DRF: RCN guidance for Nurses' (2012).

3. Evidence of satisfactory supervised practice must be provided by the urology registered nurse as witnessed by a practitioner who is already competent in digital rectal examination and trans-rectal ultrasound scanning of the prostate gland.
4. Supervision will be necessary for a minimum of 50 digital rectal examinations of the prostate gland with confirmation of accuracy of the findings by the supervising practitioner who is already competent in this procedure (Appendix 1).
5. Supervision will be necessary for a minimum of 50 trans-rectal ultrasound examinations with confirmation of accuracy of the findings by the supervising practitioner who is already competent in this procedure (Appendix 2).
6. Evidence of competence must be provided and a copy kept in the urology registered nurse's personal file and in the department where the skill is practised (Appendix 3). Following each review and update of the protocol the urology registered nurse has a responsibility to ensure that there is evidence that they have read and familiarised themselves the current version of the protocol.
7. Urology registered nurses new to the Trust, who have been performing the skill elsewhere, must read, understand and be signed off against this protocol. Evidence of appropriate education and competence must be provided and checked by their line manager before undertaking this expanded practice at the Trust. The decision whether the urology registered nurse needs to complete Trust training and competence will be at the discretion of the urology registered nurses line manager.
8. In accordance with codes of professional practice, the urology registered nurse has a responsibility to recognise, and to work within, the limits of their competence. In addition, the urology registered nurse has a responsibility to practise within the boundaries of the current evidence based practice and in line with up to date Trust and national policies and procedural documents. Evidence of continuing professional development and maintenance of skill level will be required and confirmed at the urology registered nurses annual appraisal by the urology registered nurses line manager.

A list of urology registered nurses competent to perform this skill must be kept by the line manager.

## **PROTOCOL AND SKILLS AUDIT**

The urology advanced nurse practitioner will lead the audit of the protocol with the support from the Practice Development Team. The audit will be undertaken in accordance with the review date and will include:

- Adherence to the protocol
- Any untoward incidents or complaints
- Number of urology registered nurses competent to perform the skill
- Patient experience feedback

All audits must be logged with the Risk and Compliance Unit, using the Clinical Audit Registration and Management System (CARMS).

## CLINICAL INCIDENT REPORTING AND MANAGEMENT

Any untoward incidents and near misses must be reported via the Trust incident reporting system, and where required escalated to the appropriate management team. In addition, the Risk and Compliance Unit must be notified by telephone of any Serious Incidents (SI).

## REFERENCES

BAUN (British Association of Urological Nurses) (2003) **Guidelines for the development of a Nurse-led Clinic for the assessment of men with Lower Urinary Tract Symptoms**. London: BAUN.

Department of Health (2009) **Reference Guide to Consent for Examination or Treatment** 2<sup>nd</sup> edn. HMSO London

*Mental Capacity Act 2005*, Available from:  
<http://www.legislation.gov.uk/ukpga/2005/9/contents>  
 (accessed 21.06.2018).

Miletic M, (2018) Audit of CP 08, '**Protocol for the digital rectal examination and transrectal ultrasound of the prostate gland by urology registered nurses**' University Hospitals Birmingham NHS Foundation Trust, Unpublished.

Nursing and Midwifery Council (2015) **The Code: Professional standards of practice and behaviour for nurses and midwives**  
<https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-code.pdf>  
 (accessed 24.05.2018).

RCN (2012) **Management of lower bowel dysfunction including DRE and DRF**. RCN, London. <https://www.rcn.org.uk/professional-development/publications/pub-003226> (accessed 21.06.2018).

University Hospitals Birmingham NHS Foundation Trust (current version) **Policy for consent to examination or treatment**, University Hospitals Birmingham NHS Foundation Trust  
[http://uhbpolicies/Microsites/Policies\\_Procedures/consent-to-examination-or-treatment.htm](http://uhbpolicies/Microsites/Policies_Procedures/consent-to-examination-or-treatment.htm) (accessed 11.12.2017).

University Hospitals Birmingham NHS Foundation Trust (current version)

**Procedure for consent to examination or treatment.** University Hospitals Birmingham NHS Foundation Trust  
[http://uhbpolicies/Microsites/Policies\\_Procedures/consent-to-examination-or-treatment.htm](http://uhbpolicies/Microsites/Policies_Procedures/consent-to-examination-or-treatment.htm) (accessed 11.12.2017).

University Hospitals Birmingham NHS Foundation Trust (current version)  
**Standards for Working with Carers**, University Hospitals Birmingham NHS Foundation Trust  
[http://uhbhome/Microsites/Policies\\_Procedures/working-with-carers.htm](http://uhbhome/Microsites/Policies_Procedures/working-with-carers.htm)  
(accessed 11.12.2017).

## **BIBLIOGRAPHY**

British Association of Urological Surgeons (2000) **Nurse Cystoscopy: a report of a working party of the British Association of Urological Surgeons.** BAUS.

British Association of Urological Surgeons (2000) **A Quality Urological Service for Patients in the New Millennium – guidelines on workload, manpower and standards of care.** London: BAUS.

General Medical Council. (2013). Intimate examinations and chaperones.  
[http://www.gmc-uk.org/guidance/ethical\\_guidance/21168.asp](http://www.gmc-uk.org/guidance/ethical_guidance/21168.asp) (accessed 11.12.2017).

National Institute of Health and Clinical Evidence (2012) **Lower urinary tract symptoms (LUTS) in men, Implementation advice 2<sup>nd</sup> ed.** London.  
<https://www.nice.org.uk/guidance/cg97/resources/implementation-advice-pdf-245321101> (accessed 02.07.2018)

Royal College of Nursing. (2002). Chaperoning: the role of the nurse and the rights of patients. Guidance for nursing staff.  
[https://my.rcn.org.uk/\\_data/assets/pdf\\_file/0006/78513/001446.pdf](https://my.rcn.org.uk/_data/assets/pdf_file/0006/78513/001446.pdf)  
(accessed 11.12.2017).

University Hospitals Birmingham NHS Foundation Trust (current version)  
**Procedure for the Use of Chaperones.** University Hospitals Birmingham NHS Foundation Trust  
<http://uhbpolicies/assets/UseOfChaperones.pdf> (accessed 11.12.2017).

University Hospitals Birmingham NHS Foundation Trust Risk Assessment Documentation <http://uhbhome/Resources/RiskAssessmentDocs/Home.aspx>  
(accessed 11.12.2017).

**PROTOCOL SUBMISSION DETAILS**

Protocol reviewed by:

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27/10/18.....

Date:

Executive Medical Director  
(or nominated Deputy Medical Director)

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Head of Nursing, Division D

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**EVIDENCE OF SUPERVISED PRACTICE**

To become a competent practitioner, it is the responsibility of each urology registered nurse to undertake supervised practice in order to perform a **minimum of 50 digital rectal examinations** in a safe and skilled manner.

Name of urology registered nurse: .....

<b>DATE</b>	<b>DETAILS OF DIGITAL RECTAL EXAMINATION</b>	<b>SATISFACTORY STANDARD MET</b>	<b>COMMENTS</b>	<b>PRINT NAME, SIGNATURE &amp; DESIGNATION</b>
		Yes / No		
		Yes / No		
		Yes / No		
		Yes / No		
		Yes / No		
		Yes / No		
		Yes / No		



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**EVIDENCE OF SUPERVISED PRACTICE**

Appendix 2

To become a competent practitioner, it is the responsibility of each urology registered nurse to undertake supervised practice in order to perform a **minimum of 50 trans-rectal ultrasound scans** of the prostate gland in a safe and skilled manner.

Name of urology registered nurse: .....

DATE	DETAILS OF TRANS-RECTAL ULTRASOUND	SATISFACTORY STANDARD MET	COMMENTS	PRINT NAME, SIGNATURE & DESIGNATION
		Yes / No		
		Yes / No		
		Yes / No		
		Yes / No		
		Yes / No		
		Yes / No		
		Yes / No		

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**CRITERIA FOR COMPETENCE**

Appendix 3  
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**END COMPETENCE: Digital Rectal Examination and Trans-rectal Ultrasound of the Prostate Gland.**

Date(s) of Education and supervised practice: .....

Name of Urology Registered Nurse (print):.....

Name of Supervisor (print): ..... Designation: .....

<b>ELEMENT OF COMPETENCE TO BE ACHIEVED</b>	<b>Date Achieved</b>	<b>Registered Nurse Sign</b>	<b>Supervisor Sign</b>
Discuss and demonstrate understanding of the: <ul style="list-style-type: none"> <li>• indications</li> <li>• contraindications</li> <li>• limitations to practice</li> </ul> for performing digital rectal examination and trans-rectal ultrasound of the prostate gland as stated in this expanded practice protocol.			
Discuss accountability in relation to the NMC Code: Professional standards of practice and behaviour for nurses and midwives (2015).			
Demonstrate a working knowledge of Trust policy for consent to examination or treatment.			
Demonstrate a working knowledge of the <i>Mental Capacity Act</i> .			
Demonstrate a working knowledge of the Royal College of Nursing (RCN) guidance for DRE as contained in the RCN document 'Management of lower bowel dysfunction including DRE and DRF: RCN guidance for Nurses' (2012).			
Provide evidence of completion of relevant education and training as indicated in the BAUN (British Association of Urological Nurses) guidelines.			

ELEMENT OF COMPETENCE TO BE ACHIEVED	Date Achieved	Registered Nurse Sign	Supervisor Sign
Demonstrate successful completion of a minimum of 50 supervised digital rectal examinations, to include: <ul style="list-style-type: none"> <li>confirmation of accuracy of the findings.</li> </ul>			
Demonstrate successful completion of a minimum of 50 supervised trans-rectal ultrasounds, to include: <ul style="list-style-type: none"> <li>the correct use of the equipment</li> <li>confirmation of accuracy of the findings.</li> </ul>			
Demonstrate accurate provision of information and education pre, during and post the procedure in a way the patient understands.			
Demonstrate involvement of the patient and their families/carers, in decision making about their care and treatment.			
Demonstrate application of the Trust's Standards for Working with Carers.			
Demonstrate accurate record keeping.			
Demonstrate the ability to assess the patient's genito-urinary history			
Demonstrate the ability to identify and record the signs of a <i>normal</i> prostate gland by a digital rectal examination.			
Demonstrate the ability to identify and record the signs of a <i>normal</i> prostate gland following trans-rectal ultrasound scan.			
Demonstrate the ability to identify and record the signs of an <i>abnormal</i> prostate gland following digital rectal examination.			
Demonstrate the ability to identify and record the signs of an <i>abnormal</i> prostate gland following a trans-rectal ultrasound scan.			
Demonstrate the ability to identify when it necessary to undertake a trans-rectal ultrasound scan.			
Discuss when a referral to a consultant urologist is necessary.			
Discuss when and how to take a permanent image record, for the patient's records.			
Demonstrate accurate record keeping.			
Demonstrate maintenance of the patient's privacy and dignity throughout the procedure.			
Demonstrate safe disposal and cleaning of equipment used.			

ELEMENT OF COMPETENCE TO BE ACHIEVED	Date Achieved	Registered Nurse Sign	Supervisor Sign
Demonstrate the ability to check the patient's infection status on PICS and practise safe infection prevention and control practices throughout the procedure as appropriate. To include: <ul style="list-style-type: none"> <li>• Standard precautions.</li> </ul>			
Discuss appropriate health promotion strategies.			
Discuss why it is important to audit the registered nurse led procedure			
Demonstrate an understanding of the incident reporting process.			
Discuss any health and safety issues in relation to this expanded practice			

I declare that I have expanded my knowledge and skills and undertake to practise with accountability for my decisions and actions. I have read and understood the protocol for **Digital Rectal Examination and Trans-rectal Ultrasound of the Prostate Gland.**

**Signature of Urology Registered Nurse:**.....**Print name:**.....

**Date:** .....

I declare that I have supervised this urology registered nurse and found her/him to be competent as judged by the above criteria.

**Signature of Supervisor:** .....**Print name:**.....

**Designation:**.....**Date:** .....

A copy of this record must be placed in the urology registered nurse's personal file, a copy must be stored in the clinical area by the line manager and a copy can be retained by the individual for their Professional Portfolio.