



# URINARY CONTINENCE

## Assessment and Implementation Form

Resident: \_\_\_\_\_ Room #: \_\_\_\_\_ Date: \_\_\_\_\_

Assessed by: \_\_\_\_\_ Date of last MDS: \_\_\_\_\_

**Current Product Information** Size: \_\_\_\_\_ Type: \_\_\_\_\_ Frequency of Leakage: \_\_\_\_ times/week  None

Diagnosis: \_\_\_\_\_

Medications: \_\_\_\_\_

### 1. Determine Type of Incontinence

#### Questions

	Circle one	If "Yes," Then...
Resident is continent .....	N Y	Proceed to section 2
Does resident leak when he/she coughs, sneezes, exercises, laughs? .....	N Y	Stress
Does resident need to rush suddenly to the toilet? .....	N Y	Urge
Does resident urinate more than 7 times/day or 2 times/night? .....	N Y	Urge
Does resident have a weak stream of urine? .....	N Y	Overflow
Does resident have frequent dribbling? .....	N Y	Overflow
Does resident have burning or blood in urine? .....	N Y	Transient

#### Chart

Is the incontinence related to something other than urinary tract, such as inability to undo a zipper? .....	N Y	Functional
Does the resident have a post-void residual greater than 200 cc? .....	N Y	Overflow
Does the resident take stool softeners, antipsychotics, anticholinergic, narcotic analgesics or other drugs that may affect continence? .....	N Y	Further evaluation may be necessary

#### Female

Is there presence of pelvic prolapse or other abnormal finding? .....	N Y	Stress
Is the vaginal wall reddened and/or thin? .....	N Y	Transient
Is there abnormal discharge? .....	N Y	Transient

#### Male

Is the foreskin abnormal (difficult to draw back, reddened)? .....	N Y	Transient
Is there drainage from the penis? .....	N Y	Transient
Is the urethral meatus obstructed? .....	N Y	Overflow

Check the type of incontinence that most fits the resident based on answers above:

<input type="checkbox"/> <b>Urge</b> Sudden urge, large amounts, can't get to toilet in time.	<input type="checkbox"/> <b>Stress</b> Leakage when coughing, standing up, sneezing.	<input type="checkbox"/> <b>Mixed</b> Combination of urge and stress symptoms.	<input type="checkbox"/> <b>Overflow</b> Weak stream, dribbling, incomplete voiding.	<input type="checkbox"/> <b>Functional</b> Unable to get to toilet without assistance (mobility).	<input type="checkbox"/> <b>Transient</b> Temporary or recent onset, variety of causes.
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## 2. Determine Resident's Voiding Pattern

Every resident should have a completed voiding diary upon admission and with significant changes in condition.

Voiding diary scheduled (date): \_\_\_\_\_ Date completed: \_\_\_\_\_ Initials: \_\_\_\_\_

Did the resident have a pattern?: \_\_\_\_\_ (for pattern, see voiding diary)

## 3. Evaluate for Behavioral Program

What is the MDS coding for item B0800 (ability to understand others)?

### If **0, 1**

Consider MDS coding on G0110, 1-1 (self-performing toileting).

### If **0, 1, 2**

Bladder rehabilitation or pelvic floor rehab.

### If **3, 4**

Prompted voiding.

### If **2, 3**

Scheduled voiding.

Residents with the following conditions could still benefit from participating in a prompted or scheduled voiding program:

- » Those who cannot feel "urge" to urinate.
- » Agitated or disoriented patients.
- » Bedridden residents or those with mobility limitations.

Based on above, the resident may be a candidate for: \_\_\_\_\_

Resident is not a candidate for bladder program due to:

- Use of appliances
- No bowel or bladder pattern
- Other: \_\_\_\_\_



*Continued on next page...*

## 4. Determine Appropriate Absorbent Product

Minimum Data Set (MDS) Version 3.0 – Section H 0300& 0400, Bladder and Bowel

	Ambulatory	Non-ambulatory, Contracted, Chronic Diarrhea, Combative, Low Air Loss Mattress	
<b>0</b> <b>Always Continent</b> H0300 & H0400	-----	-----	-----
<b>1</b> <b>Occasionally Incontinent</b> Bladder – less than 7 episodes of incontinence Bowel – 1 episode of incontinence	 LINER	 BLADDER CONTROL PAD	 PROTECTIVE UNDERWEAR
<b>2</b> <b>Frequently Incontinent</b> Bladder – 7+ episodes, at least 1 episode of continence Bowel – 2+ episodes, at least 1 continent bowel movement	 LINER	 ADULT BRIEF	 ULTRASORBS OR EXTRASORBS (USE ON A LOW AIR LOSS MATTRESS)
<b>3</b> <b>Always Incontinent</b> Bladder – No episodes of continent voiding Bowel – No episodes of continent voiding	 HEAVY LINER	 ADULT BRIEF	 HEAVY LINER
		 ULTRASORBS OR EXTRASORBS (USE ON A LOW AIR LOSS MATTRESS)	

Daytime selection: \_\_\_\_\_ Overnight protection: \_\_\_\_\_



*Continued on next page...*

## 5. Determine Sizing of Absorbent Product

Determine and document the size by selecting the **larger** of the hip or waist measurement, or use sizing matrix reference based on gender/weight.

Gender: M   F      Waist measurement: \_\_\_\_\_

Weight: \_\_\_\_\_      Hip measurement: \_\_\_\_\_



### Brief Size Selection

● **SMALL** = 20-32" (51-81 cm)

○ **MEDIUM** = 32-42" (81-107 cm)

● **REGULAR** = 40-50" (102-127cm)

● **LARGE** = 48-58" (122-147 cm)

● **X-LARGE** = 59-66" (150-168 cm) (beige)

● **XX-LARGE** = 60-69" (152-175 cm)

● **BARIATRIC** = 69-90" (165-229 cm)

FIND USER'S HEIGHT & WEIGHT											WEIGHT IN POUNDS																														
HEIGHT	75	80	85	90	95	100	105	110	115	120	125	130	135	140	145	150	155	160	165	170	175	180	185	190	200	205	210	215	220	225	230	235	240	245	250						
4'6"																																									
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Sizing chart above is a recommendation only. ALSO AVAILABLE: BARIATRIC SIZE XXXL (For patients weighing more than 250 lbs.; waist size from 70 to 90").

## 6. Catheterization

Catheter Type: \_\_\_\_\_ Catheter Size: \_\_\_\_\_

### Medical Justifications

- Urinary retention that cannot be treated medically or surgically, related to:
  - » Post-void residual volume over 200 ml
  - » Inability to manage retention/incontinence with intermittent catheterization
  - » Persistent overflow incontinence
  - » Symptomatic infections
  - » Renal dysfunction
- Contamination of Stage III or IV pressure ulcers with urine which impeded healing.
- Terminal illness/severe impairments, which makes positioning/changing uncomfortable or associated with intractable pain.



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