Know How. Assessment and Care Plans.
1. Determine Type of Incontinence

<table>
<thead>
<tr>
<th>Questions</th>
<th>Circle one</th>
<th>If “Yes,” Then...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resident continental</td>
<td>N</td>
<td>Proceed to section 2</td>
</tr>
<tr>
<td>Does resident leak when he/she coughs, sneezes, exercises, laughs?</td>
<td>Y</td>
<td>Stress</td>
</tr>
<tr>
<td>Does resident need to rush suddenly to the toilet?</td>
<td>N</td>
<td>Urga</td>
</tr>
<tr>
<td>Does resident urinate more than 7 times/day or 2 times/night?</td>
<td>Y</td>
<td>Urga</td>
</tr>
<tr>
<td>Does resident have a weak stream of urine?</td>
<td>Y</td>
<td>Overflow</td>
</tr>
<tr>
<td>Does resident have frequent dribbling?</td>
<td>Y</td>
<td>Overflow</td>
</tr>
<tr>
<td>Does resident have burning or blood in urine?</td>
<td>Y</td>
<td>Transient</td>
</tr>
</tbody>
</table>

**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, anticholinergics, 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:

- Urge: Sudden urge, large amounts, can’t get to toilet in time.
- Stress: Leakage when coughing, sneezing, standing up, sneezing.
- Mixed: Combination of urge and stress symptoms.
- Overflow: Weak stream, dribbling, incomplete voiding.
- Functional: Unable to get to toilet without assistance (mobility).
- Transient: Temporary or recent onset, variety of causes.

Documents and forms provided here are available through the online Continence Management Program. Enrolled members, please log on to print forms, access tools and view additional educational courses and materials.
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-I (self-performing toileting).

If 0, 1, 2
Bladder rehabilitation or pelvic floor rehab.

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.

If 3, 4
Prompted voiding.

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: ______________

4. Determine Appropriate Absorbent Product

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

<table>
<thead>
<tr>
<th></th>
<th>Ambulatory</th>
<th>Non-Ambulatory, Contracted, Chronic Diarrhea, Combative, Low Air Loss Mattress</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Always Continent</td>
<td></td>
</tr>
<tr>
<td>H0300 &amp; H0400</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Occasionally Incontinent</td>
<td></td>
</tr>
<tr>
<td>Bladder—less than 7 episodes of incontinence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bowel—1 episode of incontinence</td>
<td>LINER</td>
<td>ULTRASORBס OR EXTRASORBס (USE ON A LOW AIR LOSS MATTRESS)</td>
</tr>
<tr>
<td>2</td>
<td>Frequently Incontinent</td>
<td></td>
</tr>
<tr>
<td>Bladder—7+ episodes, at least 1 episode of continence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bowel—2+ episodes, at least 1 continent bowel movement</td>
<td>LINER</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Always Incontinent</td>
<td></td>
</tr>
<tr>
<td>Bladder—No episodes of continent voiding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bowel—No episodes of continent voiding</td>
<td>HEAVY LINER</td>
<td>ULTRASORBס OR EXTRASORBס (USE ON A LOW AIR LOSS MATTRESS)</td>
</tr>
</tbody>
</table>

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: __________

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 that impeded healing.

☐ Terminal illness/severe impairments that make positioning/changing uncomfortable or associated with intractable pain.

6. Catheterization

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4. Urinary Incontinence

4. Urinary Incontinence

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).
**Nursing Interventions:** (check all that apply)
- Call bell within reach, answer promptly.
- Review meds for those that affect bladder function with physician for possible changes.
- WOC Nurse referral if available.
- Complete history, physical assessment, voiding and bowel elimination diary.
- Determine toileting program type and times to be toileted.
- Assess resident for functional limitations consult therapy as needed.
- Assess for risk of pressure ulcers.
- Implement pressure ulcer prevention protocol.
- Check skin at least daily.
- Provide well lit, clear path to bathroom or commode and easy access to devices such as urinal or bed pan.
- Encourage at least 6–8 glasses of fluids unless medically prohibited.
- Assist to the bathroom as needed.
- Provide privacy for incontinence care.
- Assess for type of absorbent product and measure for correct size.
- Assist with perineal care and disposable absorbent product as needed.
- Apply moisture barrier as needed.
- Maintain resident’s dignity and privacy during continence care.
- Psych or social service referral for depression or motivational issues.
- Review Resident Education Brochure with resident and family.

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**Fecal Incontinence Care Plan**

<table>
<thead>
<tr>
<th>Date and Sign</th>
<th>Plan and Outcome (check all that apply)</th>
<th>Target Date</th>
<th>Date Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>This Resident Will:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Decrease incontinent episodes by ______ within _______ days.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Experience no involuntary stool loss.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Have soft formed stool every _______ days.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Maintain intact skin/experience no further skin breakdown.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Clothing/bedding remains dry during the day and night using: (circle one)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- liner - pad - brief - other: _______</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Nursing Diagnosis:** Bowel Incontinence

**Related to:** (check all that apply)
- Muscle damage (anal sphincters)
- Nerve damage due to childbirth injuries, spinal cord injury, multiple sclerosis or diabetes
- Rectal prolapse, rectocele, hemorrhoids, fissures, or fistulas
- Diarrhea
- Constipation
- Anorectal surgery or trauma
- Idiopathic (unknown) causes
- Immobility
- Other, specify: ____________________________

**As evidenced by:** (check all that apply)
- Physical exam
- Involuntary leakage of stool
- Other, specify: ____________________________

---

*Nursing Interventions* (Continued on next page...)

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Nursing Interventions: (check all that apply)
- Call bell within reach, answer promptly.
- Review medications that affect bowel function with physician.
- WOC Nurse referral if available.
- Complete history, physical assessment, voiding and bowel elimination diary.
- Assess abdomen for distention and bowel sounds upon initiation of bowel program and PRN any resident change in habit.
- Implement bowel program to promote defecation.
- Record color, odor, amount and frequency of stool.
- Report signs and symptoms requiring medical attention to physician.
- Assess resident for functional limitations consult therapy as needed.
- Provide well lit, clear path to bathroom or commode and easy access to devices such as urinal or bed pan.
- Encourage at least 6-8 glasses of fluids unless medically prohibited.
- Teach to avoid foods such as greasy or spicy foods, dairy products, cured or smoked meats, and alcohol or caffeine.
- Assist to the bathroom as needed.
- Provide privacy for incontinence care.
- Assess for type of absorbent disposable product/external collection device or internal drainage system.
- Measure for correct size of absorptive product.
- Assist with perineal care and containment device as needed.
- Check skin at least daily.
- Apply skin barrier product as needed.
- Review Resident Education Brochure with resident and family.
- Maintain resident's dignity and privacy during continence care.

Nursing Diagnosis: Urinary Incontinence, Urge, Stress

Related to: (check all that apply)
- Hyperactivity of detrusor muscle surrounding the bladder
- Poor urethral support from pelvic floor structure
- Local bladder irritation or infection
- Neuropathic detrusor instability
- Incomplete closure of urethra due to mucosal atrophy
- Medications
- Idiopathic causes
- Other, specify: ____________________

As evidenced by: (check all that apply)
- Urinary frequency
  - > once every 2 hours while awake
- Urinary frequency
  - > 8 times in a 24 hour period
- Nocturia
  - waking up > 3 times per night to urinate
- Urgency
- Involuntary urine loss associated with desire to urinate
- Involuntary passage of urine while asleep
- Observed loss of urine with physical exertion
- Reported loss of urine associated with physical exertion or activity
- Urine loss associated with increased abdominal pressure
- Other, specify: ____________________
### Nursing Interventions:

- Call bell within reach, answer promptly.
- Review meds for those that affect bladder function with physician for possible changes.
- WOC Nurse referral if available.
- Complete history, physical assessment, voiding and bowel elimination diary.
- Determine toileting program type and times to be toileted.
- Complete urinalysis.
- Assess resident for functional limitations consult therapy as needed.
- Begin pelvic floor muscle rehabilitation program.
- Provide well lit, clear path to bathroom or commode and easy access to devices such as urinal or bed pan.
- Encourage at least 6-8 glasses of fluids unless medically prohibited.
- Teach to avoid bladder irritants such as caffeine.
- Assist to the bathroom as needed.
- Provide privacy for incontinent care.
- Assess for type of absorbent disposable product and measure for correct size.
- Assist with perineal care and disposable absorbent product as needed.
- Check skin at least daily.
- Apply moisture barrier as needed.
- Review Resident Education Brochure with resident and family.
- Maintain resident’s dignity and privacy during continence care.

### Related to:

- Outlet obstruction
- Prostate cancer
- Benign Prostatic Hyperplasia
- Urethral stricture
- Hypotonic bladder (detrusor muscle underactivity)
- Neurogenic bladder (due to diabetes, spinal cord injury, pelvic nerve damage from surgery or radiation)
- Medications
- Other, specify: ________________________

### As evidenced by:

- Urine passively leaking through urinary sphincter
- Inability to void even when the urge is felt
- Weak urinary stream
- Nocturia
- Post-Void Residual > 200 cc
- Bladder Scan
- Other, specify: ________________________
**Stress Incontinence Care Plan**

**Resident Name:**

**Unit:**

**Room Number:**

**Start Date:**

**Notification of Physician:**

**Notification of Direct Care Staff:**

**Nurse’s Signature:**

**Related to:** (check all that apply)

- Urethral hypermobility secondary to poor anatomical pelvic support (lax pelvic floor muscles)
- Intrinsic sphincter deficiency (defect in urethra)
- Urethral sphincter incompetence s/p prostatectomy
- Urinary tract infection
- Medications
- Idiopathic causes
- Other: specify ________________

**As evidenced by:** (check all that apply)

- Observed loss of urine with physical exertion
- Reported loss of urine associated with physical exertion or activity
- Urine loss associated with increased abdominal pressure
- Positive provocative stress test
- Other: specify ________________

**Nursing Interventions:** (check all that apply)

- Call bell within reach, answer promptly.
- Review meds for those that affect bladder function with physician for possible changes.
- WOC Nurse referral if available.
- Complete history, physical assessment, voiding and bowel elimination diary.
- Determine toileting program type and times to be toileted.
- Complete urinalysis.
- Assess resident for functional limitations consult therapy as needed.
- Provide well lit, clear path to bathroom or commode and easy access to devices such as urinal or bed pan.
- Encourage at least 6–8 glasses of fluids unless medically prohibited.
- Assist to the bathroom as needed.
- Assess for risk of pressure ulcers.
- Implement pressure ulcer prevention protocol.
- Check skin at least daily.
- Provide privacy for incontinence care.
- Assess for type of absorbent disposable product and measure for correct size.
- Assist with perineal care and disposable absorbent product as needed.
- Apply moisture barrier as needed.
- Maintain resident’s dignity and privacy during continence care.
- Review Resident Education Brochure with resident and family.
- Monitor for signs and symptoms of upper urinary tract involvement (fever, flank pain, hematuria, chills, etc.).

**Date and Sign** | **Plan and Outcome (check all that apply)** | **Target** | **Date** | **Date Achieved**
--- | --- | --- | --- | ---
☐ | Experience urine loss that is adequately contained. | | | |
☐ | Void according to individualized schedule and toileting program (circle one) | | | |
☐ | Habit training | | | |
☐ | Routine scheduled toileting | | | |
☐ | Promoted voiding | | | |
☐ | Scheduled times: | | | |
☐ | Maintain intact skin/experience no further skin breakdown. | | | |
☐ | Clothing/bedding remains dry during the day and night using: (circle one) | | | |
☐ | Liner | | | |
☐ | Pad | | | |
☐ | Brief | | | |
☐ | Other: | | | |
☐ | Maintain dignity; conceal any collection/containment devices when used. | | | |
☐ | Perform Clean Intermittent Catheterizations every (circle one) | | | |
☐ | By self | | | |
☐ | With assistance | | | |
☐ | Consult physician regarding the use of indwelling catheter | | | |
This Resident Will:

- Decrease incontinent episodes by _______ within _______ days.
- Experience no urine loss with physical exertion.
- Experience no urine loss with increased abdominal pressure.
- Perform pelvic floor exercises according to individualized program.
- Maintain intact skin/experience no further skin breakdown.
- Clothing/bedding remains dry during the day and night using: (circle one)
  - liner
  - pad
  - brief
  - other

Nursing Interventions: (check all that apply)
- Call bell within reach, answer promptly.
- Review meds for those that affect bladder function with physician for possible changes.
- WOC Nurse referral if available.
- Complete history, physical assessment, voiding and bowel elimination diary.
- Complete urinalysis.
- Assess resident for functional limitations consult therapy as needed.
- Provide well lit, clear path to bathroom or commode and easy access to devices such as urinal or bed pan.
- Encourage at least 6-8 glasses of fluids unless medically prohibited.
- Begin pelvic floor muscle rehabilitation program.
- Teach to avoid bladder irritants such as caffeine.
- Assist to the bathroom as needed.
- Provide privacy for incontinence care.
- Assess for type of absorbent disposable product and measure for correct size.
- Assist with perineal care and disposable absorbent product as needed.
- Apply moisture barrier as needed.
- Check skin at least daily.
- Review Resident Education Brochure with resident and family.
- Maintain resident’s dignity and privacy during continence care.

Related to:
- Delirium, dementia, depression
- Infection (UTI)
- Atrophic vaginitis or urethritis
- Medications
- Excess urine production
- Restricted mobility
- Stool impaction
- Trauma
- Stress
- Idiopathic causes
- Other, specify:

As evidenced by:
- Physical exam
- Cognitive exam
- New onset urinary incontinence
- New onset fecal incontinence
- Other, specify:

Start Date: _______ Notification of Physician: _______ Notification of Direct Care Staff: _______
Nurse’s Signature: ___________________________

Resident Name: ____________________________ Unit: _______ Room Number: _______
### Urge Incontinence Care Plan

**Nursing Diagnosis:** Urinary Elimination, Impaired  

**Related to:** (check all that apply)  
- Neurological disorders (stroke, diabetes, Parkinson disease and multiple sclerosis)  
- Detrusor instability or detrusor hyperreflexia (detrusor contractions)  
- Bladder stones or bladder cancer  
- Acute or chronic urinary tract infection  
- Utero-vaginal prolapse and tumors  
- Idiopathic causes  
- Medications  
- Other, specify: __________________

**As evidenced by:** (check all that apply)  
- Urinary frequency  
  - once every 2 hours while awake  
  - 8 times in a 24 hour period  
- Nocturia  
  (waking > 3 times per night to urinate)  
- Urgency  
- Involuntary urine loss associated with desire to urinate  
- Involuntary passage of urine while asleep  
- Other, specify: __________________

---

**Plan and Outcome (check all that apply)**  

<table>
<thead>
<tr>
<th>Date and Sign</th>
<th>Plan and Outcome</th>
<th>Target Date</th>
<th>Date Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Decrease incontinent episodes by ________ within ________ days</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Maintain intact skin/experience no further skin breakdown</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Clothing/bedding remains dry during the day and night using: (circle one)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>— liner</td>
<td>— pad</td>
<td>— brief</td>
<td>— other</td>
</tr>
<tr>
<td>☐ Transient incontinence will resolve with the identification/treatment and/or removal of reversible/causative factors</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Nursing Interventions:** (check all that apply)  
- Call bell within reach, answer promptly.  
- Review meds for those that affect bladder function with physician for possible changes.  
- WOC Nurse referral if available.  
- Complete history, physical assessment, voiding and bowel elimination diary.  
- Determine toileting program type and times to be toileted.  
- Complete urinalysis.  
- Assess resident for functional limitations consult therapy as needed.  
- Provide well lit, clear path to bathroom or commode and easy access to devices such as urinal or bed pan.  
- Encourage at least 6-8 glasses of fluids unless medically prohibited.  
- Assist to the bathroom as needed.  
- Provide privacy for incontinence care.  
- Check skin at least daily.  
- Assess for type of absorbent disposable product and measure for correct size.  
- Assist with perineal care and disposable absorbent product as needed.  
- Apply moisture barrier as needed.  
- Review Resident Education Brochure with resident and family.  
- Maintain resident’s dignity and privacy during continence care.  
- If incontinence not resolved after all possible reversible, causative factors, then treated resident should be evaluated for urge, stress, mixed, overflow (chronic urinary retention) or functional incontinence.
### Date and Sign

#### Plan and Outcome (Check all that apply)

<table>
<thead>
<tr>
<th>This Resident Will:</th>
<th>Target Date</th>
<th>Date Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Decrease incontinent episodes by ________ within ________ days.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Void according to individualized schedule and bladder re-training program.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Void according to individualized schedule and toileting program: (circle one)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- routine scheduled toileting</td>
<td>- prompted voiding</td>
</tr>
<tr>
<td></td>
<td>- habit training</td>
<td>- scheduled times</td>
</tr>
<tr>
<td>- Perform pelvic floor exercises according to individualized program.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Maintain intact skin/experience no further skin breakdown.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Clothing/bedding remains dry during the day and night using: (circle one)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- liner</td>
<td>- pad</td>
</tr>
</tbody>
</table>

#### Nursing Interventions: (Check all that apply)
- Call bell within reach, answer promptly.
- Review meds for those that affect bladder function with physician for possible changes.
- WOC Nurse referral if available.
- Complete history, physical assessment, voiding and bowel elimination diary.
- Determine toileting program type and times to be toileted.
- Complete urinalysis.
- Assess resident for functional limitations consult therapy as needed.
- Begin pelvic floor muscle rehabilitation program.
- Provide well lit, clear path to bathroom or commode and easy access to devices such as urinal or bed pan.
- Encourage at least 6-8 glasses of fluids unless medically prohibited.
- Teach to avoid bladder irritants such as caffeine.
- Assist to the bathrooms needed.
- Provide privacy for incontinence care.
- Assess for type of absorbent disposable product and measure for correct size.
- Assist with perineal care and disposable absorbent product as needed.
- Check skin at least daily.
- Apply moisture barrier as needed.
- Review Resident Education Brochure with resident and family.
- Maintain resident’s dignity and privacy during continence care.

### Completing and Interpreting a Voiding and Bowel Elimination Diary

#### Objective
To objectively document patterns of elimination and leakage and the effects of the environment, fluids and/or dietary intake on elimination/incontinence. Use the information obtained to determine individualized interventions to regulate elimination and prevent complications of incontinence.

#### Candidates
Incontinent residents after transient (acute) causes of incontinence have been evaluated and treated (UTI, medications, vaginitis, fecal impaction, etc.). The diary is an important component of an initial assessment and also may help monitor progress while on a toileting program.

#### Procedure
1. Identify resident in need of voiding and bowel elimination diary.
2. Identify type of assessment (bladder, bowel, both) and time frame (minimum is three days for a voiding diary, one week for a bowel diary).
3. Communicate to staff the resident being assessed, what is being assessed (e.g., bowel and/or bladder eliminations, continent episodes, leakages, fluid and dietary intake, awareness of need to eliminate) and number of days the assessment will occur.
4. Provide documentation forms. Suggest including on the 24-hour report documentation to note resident on Voiding and Elimination Diary day 1 of 3, 2 of 3, or 3 of 3, etc.
5. Bladder scan the resident post-void at least twice per day to assess if there is post-void residual.
6. Assign staff members responsible for resident documentation (each shift) and review expectation. The expectation of the diary is documentation of the status of the resident every one to two hours, not the reduplication of any of the previous shift’s documentation.
7. Utilize information obtained to determine management of bladder and bowel incontinence.

#### Completion of Voiding Diary
1. CNA or designated staff member to assess the resident every one to two hours.
2. Document the time, type and nature of continence or incontinence episodes.
3. For each event, ask the resident whether he or she felt the urge to void or defecate.
4. If resident does not have urge to void, bladder scan to assess bladder volume.
5. Identify activity during incontinent episodes.
6. Bladder scan the resident post-void at least twice per day to assess if there is post-void residual.
7. Document volume of fluid intake and output (if able to).
8. Document type and amount of food intake.
9. Document applicable information such as burning sensation, pain or cognitive status.
10. Complete for a minimum of three days for a voiding diary, one week for a bowel diary.

---

Continued on next page...
Completion of Voiding Diary (Continued)

11. Unit Managers/Licensed nurse to monitor for compliance in completion.
12. Input all gathered information in the resident master data screen to determine manufacturer recommended product and size for each resident.
13. Communicate recommended product for each resident in the patient charts and to the nursing staff.

Interpretation of Diary

1. Determine resident’s usual sleep/wake pattern.
2. Determine daytime (diurnal) voiding and bowel movement frequency.
   i. Average voiding interval of less than two hours, or more than eight episodes every twenty-four hours indicates daytime urinary frequency.
   ii. Note frequencies of bowel movements and type of stool (formed, soft, liquid).
3. Determine night-time voiding and bowel movement frequency (episodes when awakened by the urge to void or move bowels).
4. Determine leakage or incontinent episodes of urine and/or stool.
5. Review fluids and diet for consumption of irritants and relationship to any episodes of eliminations.
6. Evaluate for any patterns:
   i. Urge Incontinence—loss of large amounts of urine during day or night associated with a precipitating urge to void.
   ii. Stress Incontinence—leakage of small amounts during waking hours associated with an activity.
   iii. Functional Incontinence—loss of urine associated with cognitive or environmental barriers to toileting.
   iv. Overflow Incontinence—loss of urine not associated with physical exertion, urge to urinate, cognitive or environmental factors. No pattern.
   v. Mixed Incontinence—combination of above (usually Urge, Stress and Functional).
   vi. Diarrhea—any increase in stools: frequency, liquidity or amount.
   vii. Constipation—difficulties with defecation including: straining, use of manual maneuvers, feeling of incomplete evacuation, infrequent or hard bowel movements.
7. Evaluate for bowel and/or bladder program.
8. Begin trial program.
9. Evaluate progress (decreases in incontinent episodes or leakage) in intervals and the need to continue or discontinue toileting program attempts.
Flowchart
To Identify, Assess and Provide Individualized Treatment for Urinary or Fecal Incontinence

ASSESS
- History
- Physical
- Urinalysis
- PVR/Bladder Scan
  UPVR is greater than 200ml, consult MD
- Identify Type of Incontinence
  Refer RN-LPN Workbook pp. 27-32

START HERE

Are acute/transient causes identified?

1. MDS 3.0: B0800 - 2, 3 (sometimes, usually)
2. MDS 3.0: G0110 1-I = 3, 4 (severe immobility/bed bound)
3. MDS 3.0: H0200 - 0 (no improvement)
4. MDS 3.0: H0200 - 1, 2 (decreased wetness, dry)

Program in place continued and supported by absorbent products MDS 3.0 H0200 C = 1 or 2

Managed with incontinent products

EVALUATE
Resident show improvement?

EVALUATE
Resident show improvement?

EVALUATE
Resident show improvement?

EVALUATE
Resident show improvement?

Treat acute/transient cause

3 day diary

Refer RN-LPN Workbook pp. 33-34

Are acute/transient causes identified?

Resident aware of urge?

Resident independent or minimal assist MDS 3.0: G0110, 1-I = 0, 1, 2 (fist fecal incontinence: Prompted Voiding)

Trial Bladder Retraining & Kegels for 8-12 weeks

Refer RN-LPN Workbook pp. 38 and 41

ASSESS
- History
- Physical
- Urinalysis
- PVR/Bladder Scan
  UPVR is greater than 200ml, consult MD
- Identify Type of Incontinence
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