

**“Incontinence isn’t taken seriously because it
can’t kill you. But it can take your life.”**

Donna Moore, MD
American Women’s Medical Association
(Advances for Physician Assistants, May 1997)

TABLE OF CONTENTS

1. INTRODUCTION	4
2. URINARY INCONTINENCE	
a. Urinary Incontinence	5
i. What is Incontinence?	6
ii. Function of the Lower Urinary Tract	6
iii. Identifying Incontinence	8
b. Who is Affected by Incontinence?	11
c. How Can Incontinence Be Treated?	12
3. IMPACTSM PROGRAM FOR CONTINENCE MANAGEMENT	
a. IMPACTSM Program for Continence Management	14
b. What Steps Should I Take?	15
c. Assessment	16
d. Diagnosis	17
e. Planning	18
f. Implementation	22
g. Evaluation	23
h. Where Do I Go For Help?	24
4. ASSESSMENT FORMS	
a. Physical Assessment	26
b. Bowel and Bladder Daily Diary	31
5. CARE PLANS (examples)	
a. Planning Guidelines	33
b. Planning Directions	34
c. Nursing Care Plan 1 – Urinary Incontinence	35
d. Nursing Care Plan 2 – Environmental/Functional	36
e. Nursing Care Plan 3 – Stress Incontinence	39
f. Nursing Care Plan 4 – Urge Incontinence	40
g. Nursing Care Plan 5 – Reflex Incontinence	43
h. Nursing Care Plan 6 – Overflow Incontinence	46
6. “COMMITMENT TO CONTINENCE” PROGRAM	
a. Introduction	49
b. Initial Letter	51
c. Bowel and Bladder Program	52
d. Prompted Voiding / Scheduled Toileting	54
e. Habit Training	55
f. Pelvic Floor Exercises	56
g. ImpactSM Flow Sheet	57
h. Bowel and Bladder Weekly Evaluation	58
i. Bowel and Bladder Monthly Evaluation	59
j. Bowel and Bladder Quarterly Evaluation	60

k. Bowel and Bladder Retraining-Resident Log	61
7. F 315 COMPLIANCE CHECKLIST	63
8. ADDITIONAL MATERIALS	
a. Patient Teaching Instructions	67
i. Food Guide to Acidify Urine	67
ii. Bladder Irritants	69
iii. Counting Caffeine	70
iv. Clinical Do's and Don'ts-Teaching Kegel Exercises	71
v. The Kegel Exercise (For Women)	72
vi. The Kegel Exercise (For Men)	73
b. Pharmaceutical Management of Incontinence	74
c. Drugs Affecting Incontinence	75
9. GLOSSARY OF TERMS	78

INTRODUCTION

Even though much progress has been made into the research and treatment of incontinence, the number of incidences is increasing in older adults. Oftentimes, people who are suffering with incontinence tend to resist discussing the issue with doctors, families and/or friends due to feelings of shame, embarrassment or the fear of losing their independence. Many sufferers feel that available treatments are for younger people and may choose instead to alter their lifestyle, avoiding social activities that could lead to an embarrassing situation. The fact is incontinence is not a normal part of aging and is a symptom, not a disease. In many cases, it can be improved.

As a concerned caregiver, you know the challenges incontinence can present both for your resident's quality of life and for you as a medical professional working to improve physical and mental health. This educational program is designed to take you through a process that will help you assess the specific needs of each incontinent resident and design a care plan to meet the physical, mental and emotional challenges presented. This can be done in a manner consistent with the overall goal of your healthcare facility and the F315 guidelines as outlined by the Centers for Medicare & Medicaid Services (CMS). The focus of this program will be on answering any questions and concerns you may have in providing the unique care required for the incontinent resident.

Kendall is providing the IMPACTSM Program for Continence Management as one tool to assist you in reaching the goals of your healthcare facility as well as to aid you in achieving compliance with the F315 guidelines. Please note that this tool should be used in conjunction with other tools you deem necessary to achieve those goals.

URINARY INCONTINENCE

URINARY INCONTINENCE

It is important to note that urinary incontinence is a symptom, not a disease.

What is Incontinence?

Incontinence is defined as the inability to control the release of urine and/or feces at the appropriate time or place.

Incontinent episodes can range from infrequent, involuntary discharge of large volumes of body waste to constant or intermittent dribbling of small amounts of urine.

Incontinence debilitates the resident at three levels:

- ❖ **MEDICAL:** Common medical complications involve breakdown of the skin and urinary tract infections.
- ❖ **PSYCHOSOCIAL:** Residents are generally reluctant or unable to discuss incontinence. Instead they may adjust social behavioral patterns to hide the problem.
- ❖ **ECONOMICAL:** Economic considerations can range from the costs of incontinence supplies and laundering to full-time caregiving.

Most elderly residents who are incontinent do have some degree of bladder control, either consciously or unconsciously. Their chronic incontinence is mainly due to abnormalities in the function of the bladder detrusor muscle (bladder wall) and/or the sphincter muscles (outlet). For this reason, it is important to understand the function of the lower urinary tract.

Function of the Lower Urinary Tract

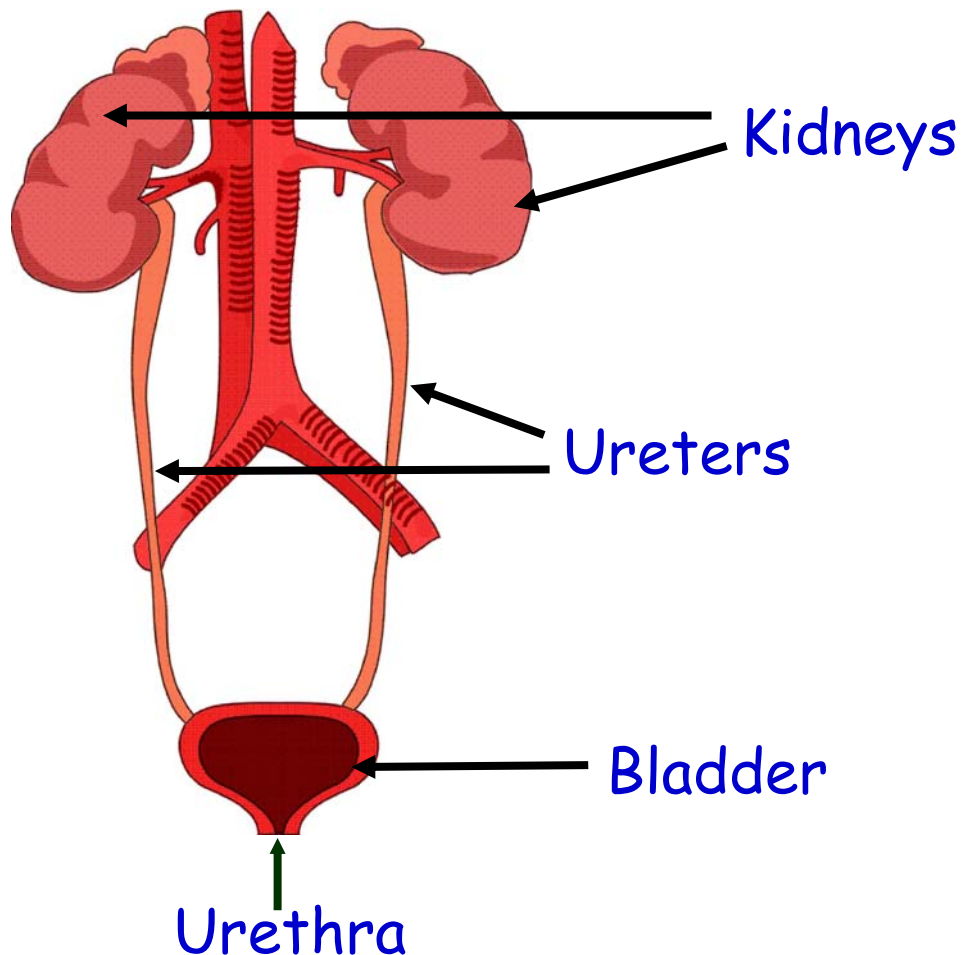
The urinary system functions to remove waste from the body. The urinary system also regulates the amount of water in the body. Voiding, urination and micturition are terms that refer to the process of emptying the bladder.

Actual output volume of urine depends on fluid intake, cardiac output, hormonal influences and fluid loss through the lungs, skin and the large bowel. The approximate urine output of the healthy adult is from 1000 to 1500ml per day with an average void measuring between 200 and 400 ml. In an adult, the first sensation of bladder filling normally occurs at a bladder volume of 90-150ml. The sensation of fullness occurs at a volume of 300-600ml. The amount of urine produced is also influenced by body temperature, the amount of perspiration and the external temperature. Also, it is important to know the kidneys function more efficiently when people lie down and are at rest causing them to make more urine. Because of this, older adults may need to use the bathroom one or more times at night. The frequency of urination also depends on personal habits, the amount of fluid ingested within a time period, available toilet facilities, state of health and level of physical activity.

The muscles of the pelvic floor form what is known as the urogenital diaphragm. They are attached to the pubic bone and ischium; they encircle and help support the urethra, vagina and rectum.

Voluntary contraction of these muscles results in compression, lengthening and elevation of the urethra. Voiding can be interrupted by contracting the pubococcygeal muscle. The deep perineal muscles of the urogenital diaphragm are attached to the pubic arch superiorly and surround the membranous urethra as the external muscle sphincter, a structure important to continence.

The normal cycle of micturition begins when the bladder receives urine through the ureters. As the bladder slowly fills with urine, the pressure inside the bladder remains low. When the detrusor muscle reaches a certain threshold of distention, sensory nerve endings in the bladder wall are stimulated to transmit the sensation of fullness to the spinal cord through the pelvic nerve. Other nerves then transmit this message to the brain. The brain then sends a message back down the spinal cord and out through the peripheral nerves to initiate voiding (at the appropriate time and place). This sequence of events is known as the “micturition reflex.” This is also known as the brain/bladder connection, which is important for the success of a Bladder Training Program.



Identifying Incontinence

Although urinary incontinence is not considered part of the normal aging process, age-related changes are predisposing factors and do make incontinence more likely in older people.

There are more uninhibited bladder contractions and urine leakage at night. The bladder size is smaller so the rate of flow is decreased. The restriction of toilet accessibility along with changes in sight, hearing, balance and ambulation increases the vulnerability of incontinence for the frail elderly.

Environmental (Functional) Incontinence

Some residents may have total control over their bladder function but, due to outside influences, they cannot reach or use a toilet. This condition is referred to as environmental incontinence. Physical inability or unwillingness to reach the toilet on time, poor vision, lack of mobility, inaccessible facilities and unfamiliar surroundings are some of the factors affecting environmental incontinence.

Stress Incontinence

Stress incontinence occurs when the sphincter is insufficient. When the resident coughs, sneezes, lifts, stands from a sitting position, climbs stairs, laughs, etc., the urethral pressure is not high enough to keep urine in the bladder. As a result, small leakage of urine occurs. Stress incontinence may be due to deterioration in muscle tone caused by aging, multiple childbirths or surgery that weakens the muscles of the pelvic floor.

Urge Incontinence

Urge incontinence involves involuntary voiding preceded by a warning time of only a few seconds to a few minutes. The resident is unable to delay voiding long enough to reach the toilet after the urge to void is perceived. Urge incontinence is the most common type found in the elderly population. Causes may include:

- ❖ Hyperexcitability of the detrusor nerves (detrusor instability) caused by infection in the bladder, tumors or kidney stones;
- ❖ Defect in the central nervous system's (CNS) regulation of urination resulting from Alzheimer's disease or CNS disease;
- ❖ Deconditioned reflexes caused when a person repeatedly starts to urinate when there is only a small amount of urine in the bladder; thus, the bladder muscle gets weaker.

Reflex Incontinence

Residents who are unaware of the sensation of voiding experience reflex incontinence. This condition is due to diseases or neurologic disorders that interfere with communications between the brain and the bladder. Medications, traumas and dementia may be implicated.

Overflow Incontinence

Overflow incontinence occurs when the bladder is unable to empty normally and so distends with large amounts of urine. Since bursting of the bladder would be fatal, some leakage results. The resident has little control over when this leakage occurs. This problem can result from a bladder neck obstruction, malfunction of the detrusor muscle or impaired sensation. Overflow incontinence is a serious condition because urine can flow backward up into the kidneys and destroy kidney tissue.

Mixed Incontinence

Mixed Incontinence is the combination of two or more types of incontinence. In older adults this is generally a mix of urge incontinence and stress incontinence.

The following table will help you identify the types of urinary incontinence, the underlying physical problems and the possible causes of incontinence for your resident. Be aware that a resident may be experiencing more than one type of incontinence at a time.

Summary of the Types and Causes of Urinary Incontinence

TYPES OF URINARY INCONTINENCE	PROBLEM	POSSIBLE CAUSES
<u>Environmental</u> Urine leakage due to environmental barriers and/or psychological unwillingness	Functional Disorders	<ul style="list-style-type: none"> ❖ Physical disabilities or mechanical barriers which prevent full independent mobility ❖ Visual disturbances (may impair ability to see toilet) ❖ Inadequate or inaccessible facilities ❖ Unfamiliar environment ❖ Confusion or disorientation (medications may be implicated, such as sedatives or hypnotics) ❖ Pain ❖ Lack of security or privacy ❖ Inaccessible clothing
<u>Stress</u> Urethral sphincter failure when coughing, sneezing, lifting, standing from a sitting position, climbing stairs, laughing, etc.	Urethral Closure: Under activity	Females: <ul style="list-style-type: none"> ❖ Decreased pelvic muscle tone (secondary to multiple pregnancies or gynecologic surgery) ❖ Atrophic vaginitis/urethritis (from postmenopausal estrogen deficiency) ❖ Urethral or vaginal fistula Males: <ul style="list-style-type: none"> ❖ Urethral damage following radical prostatectomy Both: <ul style="list-style-type: none"> ❖ Reduced urethral closure pressure secondary to blockers
<u>Urge</u> Involuntary loss of urine associated with strong sensation of urgency	Bladder Detrusor: Overactivity	<ul style="list-style-type: none"> ❖ Bladder tumor or kidney stone ❖ Limited functional bladder capacity ❖ Urinary tract infection ❖ Concentrated urine ❖ Inflammation ❖ High volume voids (secondary to diuretics or excessive intake) ❖ Atrophic vaginitis/urethritis (from postmenopausal estrogen deficiency)
<u>Reflex</u> Unaware of sensation of voiding – a break in the brain/bladder connection	Brain Dysfunction: Lack of awareness Spinal Cord Injury: Lack of Sensation	<ul style="list-style-type: none"> ❖ Diseases, injuries, or neurologic disorders interfering with communication between brain, spinal cord and bladder ❖ Delirium (medications may be implicated, such as analgesics or tranquilizers) ❖ Cardiovascular accident (stroke) ❖ Dementia ❖ Demyelinating disease ❖ Peripheral nerve lesions ❖ Trauma ❖ Severe mental retardation
<u>Overflow</u> Bladder overdistention with leakage	Bladder Detrusor: Under activity Urethral Closure: Overactivity or Obstruction	<ul style="list-style-type: none"> ❖ Atonic/flaccid bladder (secondary to neurologic disease, surgery, pharmaco-therapy, or chronic overdistention) ❖ Urethral obstruction (from stool, stricture or enlarged prostate) ❖ Increased sphincteric resistance secondary to: <ul style="list-style-type: none"> —medications (over-the-counter cold preparation) —atrophic vaginitis/urethritis (from postmenopausal estrogen deficiency)

Who Is Affected By Incontinence?

Urinary incontinence affects approximately 25 million Americans and at least 50 percent of nursing home residents. It is a common problem in adults over 65 years old and is increasing as the population ages. Approximately 45% of all American women are dealing with incontinence with the highest incidence affecting the 80- to 90-year old women. It is also estimated that approximately 3.4 million men over 60 are affected¹. A recent estimate of the direct cost of caring for persons of all ages with incontinence is more than \$15 billion annually. Despite the high prevalence and considerable cost burden of the condition, most affected individuals do not seek help for incontinence even though studies indicate treatment is effective in most people with urinary incontinence.²

Because incontinence is such an emotional issue and many people will not voluntarily seek treatment, it is essential to address the emotional and social issues of incontinence at the same time you are addressing the physical challenges. For the individual suffering from incontinence the issues may include:

- ❖ **Personal Embarrassment**—A feeling that may cause a resident to try and hide the problem.
- ❖ **Loss of Dignity**—No longer feeling worthy of esteem or respect.
- ❖ **A Feeling of Helplessness**—a resident may become afraid that he or she will be treated like a child.
- ❖ **A Feeling of Isolation**—a fear of losing control in front of others or that others may notice the odor.
- ❖ **Skin Rashes or Breakdown**—Improper care of the skin or inappropriate use of incontinence products can result in painful skin conditions.

However, incontinence in itself does not have to severely limit the way a person lives. With your help through skillful care and Kendall's advanced products, the effects of incontinence on a person's life can be minimized.

1. Janet K. Pringle Specht, PhD, RN, FAAN "9 Myths of Incontinence in Older Adults," *AJN, American Journal of Nursing*, June 2005, vol. 105, No. 6, 58—68.

2. U.S. Department of Health and Human Services, Public Health Service, Agency for Health Care Policy and Research, Rockville, MD AHCPR Publication No. 96-0686, March 1996.

How Can Incontinence Be Treated?

Incontinence is a time-consuming and costly challenge for nursing homes. Traditionally methods have focused on treating incontinence through surgery, drug therapy or behavioral techniques. Each of these methodologies has significant benefits and drawbacks. Surgery, while providing significant improvement in 78 – 92% of all cases, is potentially a high risk for the frail or elderly and is thus not usually a treatment of choice. Similarly, drug therapy shows 77% of patients with significant improvement, but again because of the high risk of side effects for the frail or elderly is also not usually a treatment of choice. The final treatment option is behavioral techniques. While success rates are not as clearly assured, significant improvement is shown in 54 – 95% of cases and there is no risk for the frail or elderly. For these reasons, behavioral techniques are the most frequent method of choice.

Behavioral techniques may include prompted voiding, sometimes referred to as scheduled toileting. This technique is appropriate for residents who can learn some voluntary control of voiding and residents who may not have sufficient cognitive ability to participate in other more complex behavioral techniques. Bladder training is another technique that is appropriate for residents that have sufficient cognition (brain/bladder connection) to be aware of a filling bladder. They must also be able to follow instructions for an individualized toileting schedule and participate in pelvic muscle exercises for increased bladder control.

However, despite the best efforts of medical professionals, some cases of incontinence will be irreversible. In these instances, you as a caregiver will need to learn the optimal method of managing your incontinent resident. Kendall, a company who specializes in incontinence, urology, skin care and wound care products, provides support in this area.

IMPACTSM PROGRAM FOR CONTINENCE MANAGEMENT

**I ndividualized
M anagement
P rogram for
A ssessment and
C ontinence
T raining**

IMPACTSM PROGRAM FOR CONTINENCE MANAGEMENT

IMPACTSM is our Individualized Management Program for Assessment and Continence Training. The IMPACTSM Program for Continence Management can help you save time and identify the best individual program of care for your resident. As a basis for this program, Kendall supports the Five **RIGHTS** of Continence Management for those residents who are determined, after the initial assessment, to be in need of an incontinence product.

- **The RIGHT Choice of Absorbent Product**
Choose the product best suited for the unique needs of your incontinent resident.
- **The RIGHT Size Product**
Choosing the correctly sized brief will reduce skin breakdown, increase resident comfort and enhance patient dignity. Choosing the correct sized underpad reduces linen changes and may reduce the number of underpads used on a daily basis.
- **The RIGHT Application of Product**
Proper application of incontinent products from briefs and undergarments to underpads ensures the resident will be comfortable, avoid unnecessary skin breakdown or skin tears, maintain dignity and that the product will perform as it is intended.
- **The RIGHT Checks and Changes**
By developing standards of care related to changing products as they become wet and soiled and a timed approach to turning your resident, you can minimize skin breakdown and maximize product effectiveness.
- **The RIGHT Skin Care to Prevent Breakdown**
The proper skin care regimen is critical to avoiding skin breakdown and the associated complications.

What Steps Should I Take?

At Kendall, we are aware of the heavy demands placed on nurses today. Residents have more serious illnesses than in the past and require more care. There are fewer nurses to handle the increased workload and financial constraints mean less money is available for services that would free up their time. Consequently, caregivers have less time for some duties, such as the preparation of detailed Nursing Care Plans. The IMPACTSM Program for Continence Management will help you develop and execute a complete Nursing Care Plan that will cover the following areas:

Assessment

- ❖ Initiate a Bowel and Bladder Diary (page 31) to determine pattern and frequency of continence/incontinency. A baseline of 3 – 5 days is necessary to determine a pattern.
- ❖ Complete the Physical Assessment (page 26) and the Categorizing Urinary Incontinence forms (page 27 – 29) to determine:
 - Cause(s) of incontinence
 - Type(s) of incontinence
 - Choice of rehabilitation program

Diagnosis

- ❖ Review the Physical Assessment and Categorizing Urinary Incontinence forms to determine the type of incontinence your resident exhibits.
- ❖ Complete the Assessment Summary (page 30).
- ❖ Assess resident for Bowel and Bladder Training (See “Commitment to Continence” Program (page 48).

Planning

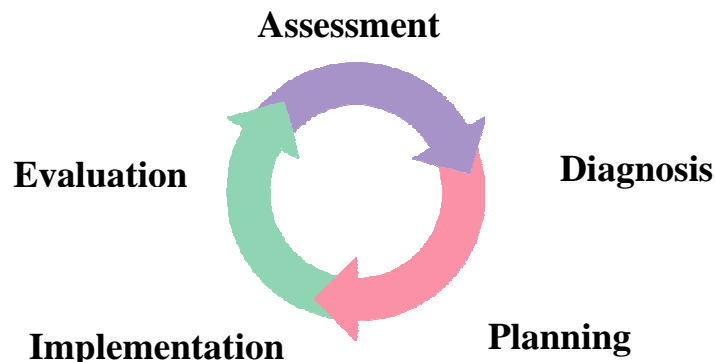
- ❖ Develop the Nursing Care Plan based on above findings and individualize for each of your residents.

Implementation

- ❖ Implement the resident’s program according to the Nursing Care Plan.
- ❖ Initiate Bladder Training where appropriate.

Evaluation

- ❖ Follow up to be sure the program is working for your resident. Make any adjustments necessary and reassess the program regularly to maintain effectiveness.



Assessment

The first and most important part of any Nursing Care Plan is a thorough patient assessment, which can be accomplished by completing the forms in the Assessment Section of the Program as well as reviewing MDS sheets and the resident's medical history. Prior history of urinary incontinence may provide valuable information regarding onset, duration and characteristics, previous treatments and/or management and the occurrence of persistent or recurrent UTI's. *A resident should be evaluated at admission and whenever there is a change in cognition, physical ability or urinary tract function.*

Begin by completing the Physical Assessment (pages 26 - 29) which includes Categorizing Urinary Incontinence. The Categorizing Urinary Incontinence Form is designed to help assess the type of urinary incontinence exhibited and help determine the appropriate individualized care plan.

When completing the assessment, direct the questions to the resident if possible. If the resident is incapable of responding, then direct the questions to family members and/or caregivers. Place a check mark next to each question that applies to your resident. Feel free to write notations in the margins or underneath an item if there are special circumstances that require explanation.

This should be followed by completion of the Bowel and Bladder Diary (page 31). The Diary is essential in making a baseline assessment of resident condition and may be used for measuring positive outcomes.

Once the Physical Assessment and Bowel and Bladder Diary are completed, you are ready to form your diagnosis.

Diagnosis

After completing the Assessment and reviewing the daily Bowel and Bladder Diary, complete the Assessment Summary (page 30) and make your nursing diagnosis of the specific type of urinary incontinence that applies to your resident. Sections with the highest percentage score should be your first area to address when choosing your Nursing Care Plan. Remember, there can be more than one type of urinary incontinence so if your resident showed high scores in more than one category, choose one Nursing Care Plan to begin working with the resident. Additional care plans may be used at a later time as needed. You should also utilize the care techniques shown in Nursing Care Plan 1 (page 35), as these are appropriate for all types of incontinence.

ENVIRONMENTAL – See Nursing Care Plan 2 (page 36 – 38)

STRESS – See Nursing Care Plan 3 (page 39)

URGE – See Nursing Care Plan 4 (page 40 – 42)

REFLEX – See Nursing Care Plan 5 (page 43 – 45)

OVERFLOW – See Nursing Care Plan 6 (page 46 – 47)

MIXED – See Nursing Care Plans 2 – 6 (Begin with most severe type first)

If you are unsure of a particular resident's condition, seek help from your nurse manager and/or the resident's physician. You may also contact a Kendall representative to be directed to one of our clinical nurse consultants.

Planning

The IMPACTSM Program for Continence Management has provided you with the Kendall Nursing Care Plans for Urinary Incontinence which is intended to be used as a guide to remind nurses of all possible treatment choices available to them. If a facility chooses to do so, these Nursing Care Plans can be used by checking off the appropriate treatment choices (nursing interventions) and filling in any blank spaces to tailor the plan for each individual resident. These Nursing Care Plans are in no way a substitute for good nursing judgment, but are designed as a helpful tool that nurse managers can use to individualize their resident's Nursing Care Plan for urinary incontinence.

Before you look at the Nursing Care Plan for your particular resident, keep in mind that there are three types of problems to address during treatment. These are:

1. PSYCHOLOGICAL
 - ❖ Embarrassment
 - ❖ Depression
 - ❖ Isolation
 - ❖ High incidence of institutionalization
2. PHYSICAL
 - ❖ Skin breakdown
 - ❖ Urinary tract infections
 - ❖ Urinary retention
 - ❖ Risk of falls secondary to incontinence
3. FINANCIAL
 - ❖ Cost of testing to diagnose the problem
 - ❖ Treatment costs (drugs or surgery)
 - ❖ Management costs (labor, supplies and laundry)
 - ❖ Costs due to loss of productivity

The following guidelines will help you achieve the maximum benefit from the Kendall Nursing Care Plans.

- ❖ During the assessment phase of the IMPACTSM Program for Continence Management, you should begin with the Initial Nursing Care Plan (page 35) for use in containment during this evaluation period. As this plan also contains the goals common to all types of urinary incontinence you may also wish to incorporate these steps into the final Nursing Care Plan selected.
- ❖ Once assessment has been completed, select the particular Nursing Care Plan (Plans 2 – 6) that lists the goals, interventions and rationales which are associated with your nursing diagnosis.
- ❖ Set your treatment goals and interventions for the resident in collaboration with the primary physician. Your long-term goals are to have the resident either reestablish

some or complete voluntary control, or manage irreversible incontinence safely and discreetly.

- ❖ Be sure that your nursing interventions involve the resident, the resident’s family and all health care providers. Resident education must include an explanation of incontinence that can be easily understood.
- ❖ Choices for interventions must also be explained to the caregivers. Whenever deciding on the interventions, the least invasive technique should be used.

When evaluating the techniques to be used with your incontinent resident, certain types of incontinence naturally lend themselves to non-invasive or more invasive interventions. Be sure to choose the intervention appropriate for your resident’s type of incontinence.

INCONTINENCE MANAGEMENT CONTINUUM				
Non-Invasive			Invasive	
Environment	Stress	Urge	Reflex	Overflow

Keep in mind that the Nursing Care Plan must be adjusted as the resident’s condition changes, and periodic re-assessments should be performed. Accurate and timely entries are important. The evaluation tool is incorporated right in the Nursing Care Plan.

The following chart shows the types of interventions from least invasive to most invasive.

MANAGEMENT INTERVENTIONS CONTINUUM								
Non-Invasive					Invasive			
Toilet Accessibility /Visibility	Bladder Training	Pelvic Exercises	Adult Brief Underpad Undergarments Pad & Pant	Male External Catheterization Collection Devices	Drugs	Straight Catheter- ization	Indwelling Foley Catheter- ization	Surgery

Bladder Training

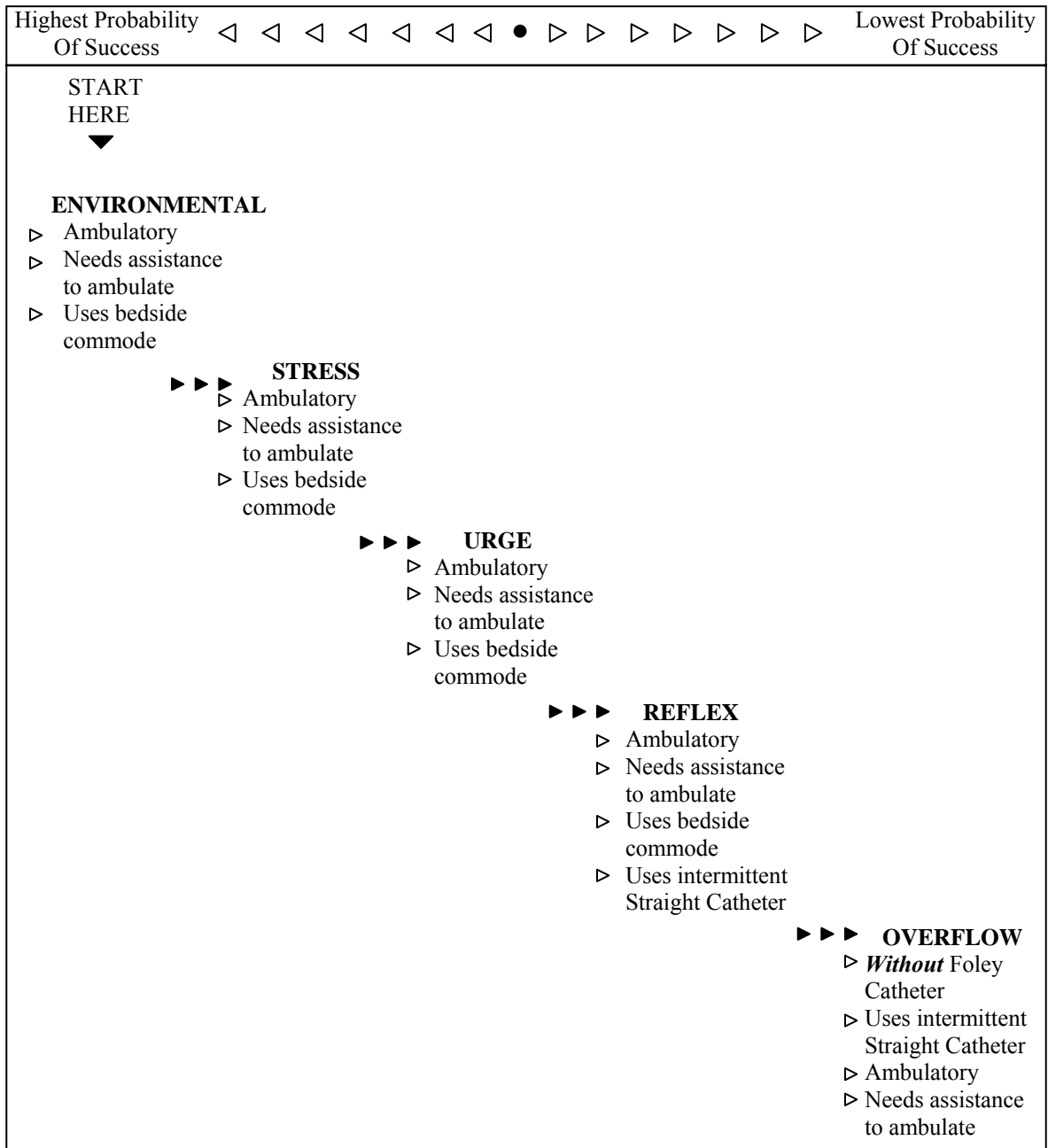
Prior to beginning the Bladder Training program, it is important that you understand the goals to be attained.

- Purpose:** to restore urinary continence to the individual's maximum rehabilitation potential.
- Policy:** following the OBRA Guidelines and using the information obtained from the completed MDS, IMPACTSM Flow Sheet (page57), and 3 – 5 day Daily Bowel and Bladder Diary (page 31) to assess the incontinency and level of cognition, a decision will be made to determine if the resident is a candidate for Bladder Training. When the criteria have been met, the daily voiding diaries will be used to determine the individualized toileting schedule and to monitor the resident's outcome.
- Objectives:** to enable the individual to function at his/her optimum rehabilitation potential and enhance the quality of life.
- to provide the individual and his/her family with explanation and education regarding the basic procedures and rationale for Bladder Training.
- to improve the individual's morale and restore self-esteem.
- to promote safety and comfort for the individual while he/she is working toward regaining bladder control.
- Program:** The type of incontinence that exists (stress, urge, overflow, reflex, environmental and/or a combination of types), as well as the resident's ability to participate appropriately, will determine the individual's suitability for Bladder Training.

The focus of the program is on urinary continence, though in some cases fecal continence can be expected to improve along with the improvement in urinary continence. The specific principles to be used are reinforcement of appropriate toileting behavior by using praise, prompting the individual to toilet at regularly scheduled intervals and to individualize these scheduled times.

The individual will develop increased pelvic muscle tone by practicing pelvic muscle exercises that will increase the sense of control over his/her toileting practices. The end result is increased dryness, self-esteem and dignity.

Because Bladder Training is an intensive process, you need to select those residents who have the highest probability for achieving successful results. We believe the following guide can help you identify those residents.



To begin the Bladder Training Program, turn to “COMMITMENT TO CONTINENCE” Bowel and Bladder Program (page 48).

Implementation

Follow the Planning Directions (page 34) for the Nursing Care Plans provided. The Nursing Care Plans can be used as a quick reference guide to help you remember all aspects of a specific resident's problem to be addressed under the categories of:

- ❖ Issues/Needs
- ❖ Goals/Objectives
- ❖ Approaches/Interventions
- ❖ Rationales
- ❖ Evaluations

All residents will begin with Step One of the Nursing Care Plan (page35), as this will help you contain incontinent episodes while determining an extended care plan.

Make copies of the Kendall Nursing Care Plans for Urinary Incontinence and insert them into your interdisciplinary care plan. Then check off all the categories that apply to the individual residents to save time.

The Initial Nursing Care Plan (page 34) may be inserted into any of the subsequent Nursing Care Plans for environmental, stress, urge, reflex and overflow incontinence.

Evaluation

One of the most important parts of the resident's treatment will be an ongoing evaluation program. You will want to determine if the following changes have taken place:

- ❖ Has the resident's quality of life improved?
- ❖ Has the wet to dry ration improved for the resident?
- ❖ Is the resident experiencing good skin condition?
- ❖ Is the resident comfortable with the current method of treatment/containment?

You will want to review the evaluation portion of the Nursing Care Plans and readdress any areas where the resident's condition is unsatisfactory. In addition, it is recommended that you reassess the resident using the Bowel and Bladder Diaries on an ongoing basis to determine an objective measurement of the resident's improvement.

Where Do I Go For Help?

By beginning the IMPACTSM Program for Continence Management you are well on your way to the successful management of incontinence in your facility and meeting the F315 Guidelines as outlined by the Centers for Medicare & Medicaid Services (CMS). The program covers:

- ❖ Education
- ❖ Assessment
- ❖ Development of Individualized Nursing Care Plan
- ❖ Toileting Program/Bladder Training
- ❖ Documentation

Kendall also offers educational in-service videos that go through application of the complete line of incontinent care products in great detail.

However, should you have additional questions, Kendall maintains a staff of clinical nurse consultants who will be happy to work with individual facilities to be sure the program is tailored to meet all of your needs.

In addition, you may wish to contact some of the many outside agencies with supplemental information on incontinent care:

Agency for Health Care Research and Quality	800-358-9295
National Association for Continence	800-BLADDER
Alliance for Aging Research	202-293-2856
Simon Foundation for Continence	800-23-SIMON
Bladder Health Council	800-242-2383
International Continence Society (London)	44-117-9444881

We hope the IMPACTSM Program for Continence Management has helped you better meet the needs of your incontinent residents. For more information, please do not hesitate to contact your local Kendall sales representative or call Kendall Customer Service at 800-962-9888 or visit our web page at www.kendallhq.com.

ASSESSMENT FORMS

Name: _____ Room Number: _____ Date: _____

PHYSICAL ASSESSMENT

THIS SECTION WILL HELP YOU DETERMINE IF THERE IS AN UNDERLYING PHYSICAL CAUSE THAT MAY REQUIRE SPECIAL TREATMENT DURING THE RESIDENT'S INCONTINENCE MANAGEMENT PROGRAM. IF YOU ANSWER YES TO ANY OF THESE QUESTIONS, YOU MAY WISH TO SEEK THE ADVICE OF YOUR NURSING DIRECTOR OR THE RESIDENT'S PHYSICIAN.

1. Does the resident have trouble starting or stopping the stream or urine? Yes No
2. Does the resident strain to void? Yes No
3. Does the resident have pain or burning with urination? Yes No
4. Is the urine:

Dark	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cloudy	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Bloody	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have a strong odor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Did the incontinence start recently or is the cause uninvestigated? _____

6. Is the incontinence worsening? Yes No
7. Does the resident have an infection or inflammatory condition of the urinary tract?
 Yes No
8. Does the resident have a vaginal discharge? Yes No
9. Does the resident take any medications that could cause incontinence, such as:

<input type="checkbox"/> Diuretics	<input type="checkbox"/> Sedatives
<input type="checkbox"/> Hypnotics	<input type="checkbox"/> Antipsychotics
<input type="checkbox"/> Antidepressants	<input type="checkbox"/> Antihistamines
<input type="checkbox"/> Narcotics	<input type="checkbox"/> Anticholinergics
<input type="checkbox"/> Calcium channel blockers	<input type="checkbox"/> Cholinesterase inhibitors
<input type="checkbox"/> Other _____	
10. Does the resident currently have or have history of any of the following risk factors/complications:

<input type="checkbox"/> Prolapsed uterus	<input type="checkbox"/> Abdominal/Urologic Surgery
<input type="checkbox"/> Prostate enlargement	<input type="checkbox"/> Atrophic Vaginitis
<input type="checkbox"/> Urinary Catheter/Pessary	<input type="checkbox"/> Constipation/Fecal Impaction
<input type="checkbox"/> Impaired cognition/behaviors	<input type="checkbox"/> CHF
<input type="checkbox"/> Dementia	<input type="checkbox"/> Stroke
<input type="checkbox"/> Impaired mobility	<input type="checkbox"/> Diabetes Mellitus
<input type="checkbox"/> Visual deficits	<input type="checkbox"/> Parkinson's or other Neurological problems
<input type="checkbox"/> Impaired/Altered Fluid Intake	<input type="checkbox"/> Urinary Tract Infection
<input type="checkbox"/> Bladder/Renal dysfunction	<input type="checkbox"/> Trauma to the bladder/urethra/kidneys
<input type="checkbox"/> Pressure Ulcers	<input type="checkbox"/> Pain

Name: _____ Room Number: _____ Date: _____

CATEGORIZING URINARY INCONTINENCE

THE QUESTIONS IN THIS SECTION WILL HELP YOU DETERMINE THE TYPE OF INCONTINENCE YOUR RESIDENT EXHIBITS. PLEASE RECORD THE RESIDENT'S SCORE(S) ON THE ASSESSMENT SUMMARY (FORM 1, PAGE 5).

Environmental Incontinence

- Is the resident unable to see to get to and use the toilet?
- Does the resident get wet on the way to the toilet or while trying to undo his/her clothes?
- Is the resident unable to get out of bed or walk quickly enough to get to the toilet on time?
- Is the resident incontinent intermittently, usually during the day?
- Does the resident urinate on the floor instead of in the toilet?
- Does the resident urinate in inappropriate places or at inappropriate times?
- Does the resident lose the full bladder volume when incontinent?
- Is the resident currently under medication that may contribute to incontinence?
- Does the resident suffer from delirium or dementia?
- Does the resident frequently exhibit anger?

Section Score (%) _____ (Total # of boxes checked) / 10 (Total # of boxes) = _____ %

Stress Incontinence

- Does the resident dribble urine when coughing, sneezing, laughing or straining?
- Is the urine loss a small amount?
- Does the loss of urine occur mainly when the resident is awake and not at night?
- Does the loss of urine occur only while standing and not while lying down?
- If female, has the resident had children?
- Is the resident obese and/or a smoker?
- Has the resident had extensive surgery or experienced some other trauma causing weakening of the pelvic floor muscles?
- If male, has the resident had radical prostatectomy?
- Has the resident had bladder neck surgical procedures performed?
- Does the resident have no sensation of urgency when laughing, coughing, sneezing, or changing position?
- Is the resident currently under medication that may contribute to incontinence?

Section Score (%) _____ (Total # of boxes checked) / 11 (Total # of boxes) = _____ %

Name: _____ Room Number: _____ Date: _____

CATEGORIZING URINARY INCONTINENCE (CONTINUED)

Urge Incontinence

- Does the resident have a sudden, especially strong urge to void?
- After this strong urge, does the loss of urine occur with no control?
- Does the resident feel the urge to go to the toilet every 15 – 30 minutes but does not make it on time?
- Does the resident have to urinate more frequently than normal?
- Does the resident feel the need to urinate a lot at night?
- Does the loss of urine occur in any position?
- Does the resident urinate a large amount, completely emptying the bladder?
- Does the resident have suprapubic discomfort?
- Does the resident have a fecal impaction?
- Has the resident had a CVA or have Parkinson's disease?
- If male, does the resident have benign prostate hypertrophy?
- Does the resident have a history of urinary tract infection (UTI)?

Section Score (%) _____ (Total # of boxes checked) / 12 (Total # of boxes) = _____ %

Reflex Incontinence

- Does the resident have multiple sclerosis?
- Does the resident have a neurologic disease?
- Does the resident have a spinal cord lesion?
- Is the resident incontinent without any sense of urgency?
- Is there evidence of residual urine after pressure is applied to the bladder or straight catheterization is used?
- Is the loss of urine intermittent and not continuous?
- Does the resident have urinary frequency but no urgency?
- Does the resident have nocturia?
- Does the resident have impaired perineal sensation?

Section Score (%) _____ (Total # of boxes checked) / 9 (Total # of boxes) = _____ %

Name: _____ Room Number: _____ Date: _____

CATEGORIZING URINARY INCONTINENCE (CONTINUED)

Overflow Incontinence

- Is the resident unable to urinate when he/she wants to?
- Does the urine dribble out almost constantly?
- Is the bladder swollen or is there tenderness above the pubic area?
- Does the resident feel that his/her bladder is full all the time?
- Is the resident taking a muscle relaxing drug?
- Does the resident have no control when leakage of urine occurs?
- Does the resident feel that his/her bladder is full, but he/she has no desire to void?
- Is the bladder palpable and/or tender?
- If male, is the prostate enlarged?
- If female, has she had extensive pelvic surgery?
- Does the resident have Diabetes Mellitus?
- Is the resident taking an anticholinergic, antispasmodic, tricyclic antidepressant or Parkinson treatment drug?
- Does the resident have frequency, urgency and dribbling of urine?
- Does the resident have painful detrusor contractions?

Section Score (%) _____ (Total # of boxes checked) / 14 (Total # of boxes) = _____ %

Name: _____ Room Number: _____ Date: _____

ASSESSMENT SUMMARY

Categories of Urinary Incontinence to determine Nursing Care Plan (highest scores)

Environmental (Plan #2)	_____	%
Stress (Plan #3)	_____	%
Urge (Plan #4)	_____	%
Reflex (Plan #5)	_____	%
Overflow (Plan #6)	_____	%

Nursing Care Plan(s) most appropriate for this resident is: _____

NOTE: At this point, resident should be assessed for Bowel and Bladder Training. See “COMMITMENT TO CONTINENCE” Program.

Nurse Signature

Date

INSTRUCTIONS: Proceed to selected Nursing Care Plan (s).

Name: _____ Room Number: _____ Date: _____

BOWEL AND BLADDER DAILY DIARY

1. Keep a Bowel/Bladder Diary for 3 – 5 days to establish a baseline voiding and elimination pattern.
2. Every hour, check to see if the resident went to the bathroom or had an accident.
3. Fill out the diary form completely

DAY #: 1 _____ 2 _____ 3 _____ 4 _____ 5 _____

Time	Dry (✓)	Urinated in Toilet (Y or N)	Small/ Large Accident (S or L)	Urine/ Stool (U and/or S)	Fluid Intake (oz)	Fluid Type (i.e. juice, water, coffee)	Initials	Notes/Comments
7:00 / 0700								
8:00 / 0800								
9:00 / 0900								
10:00 / 1000								
11:00 / 1100								
12:00 / 1200								
1:00 / 1300								
2:00 / 1400								
3:00 / 1500								
4:00 / 1600								
5:00 / 1700								
6:00 / 1800								
7:00 / 1900								
8:00 / 2000								
9:00 / 2100								
10:00 / 2200								
11:00 / 2300								
12:00 / 2400								
1:00 / 0100								
2:00 / 0200								
3:00 / 0300								
4:00 / 0400								
5:00 / 0500								
6:00 / 0600								

CARE PLANS (Examples)

PLANNING GUIDELINES

The following guidelines will help you achieve the maximum benefit from the Kendall Nursing Care Plans for Urinary Continence.

ASSESSMENT

Complete the Bowel and Bladder Daily Diary (page 31), Physical Assessment (page 26) and the Categorizing Urinary Incontinence forms (page 27 – 29). Use this information in conjunction with the MDS sheets and the resident's medical history.

DIAGNOSIS

After completing the questionnaire, make your nursing diagnosis of the specific type of urinary incontinence that applies to your resident. There can be more than one type of urinary incontinence. Check one of the following:

- ENVIRONMENTAL
- STRESS
- URGE
- REFLEX
- OVERFLOW

After reading through the following guidelines, turn to the particular nursing care plan that lists the goals, interventions and rationales which are associated with your nursing diagnosis.

PLANNING

Set your treatment goals and interventions for the resident in collaboration with the primary physician. Your long-term goals are to have the resident either reestablish some or all voluntary control, or manage irreversible incontinence safely and discreetly. On Nursing Care Plan 1 (page 35) you will find the goals common to all types of urinary incontinence.

IMPLEMENTATION

Be sure that your nursing interventions involve the resident, the resident's family and all health care providers. Resident education must include an explanation of incontinence that can be easily understood. Choices for interventions must also be explained to the caregivers. Whenever deciding on the interventions, a least invasive technique should be used. The Management Interventions Continuum will allow you to make the most appropriate choice for your resident. (See the Continuum Chart, page 18.)

EVALUATION

Keep in mind that the nursing care plan must be adjusted as the resident's condition changes, and periodic re-assessments should be performed. A resident should be evaluated at admission and whenever there is a change in cognition, physical ability or urinary tract function. Accurate and timely entries are important. The evaluation tool is incorporated right in the nursing care plan.

PLANNING DIRECTIONS

The following are directions for effectively using Kendall's Nursing Care Plans for Urinary Incontinence.

Nurses can use the Kendall Nursing Care Plans for Urinary Incontinence in two ways:

1. The Nursing Care Plans can be used as a quick reference guide to help you remember all aspects of a specific resident's problem to be addressed in a nursing care plan under the categories of:
 - a. Issues/Needs
 - b. Goals/Objectives
 - c. Approaches/Interventions
 - d. Rationales
 - e. Evaluations

2. Make copies of the Kendall Nursing Care Plans for Urinary Incontinence and insert them into your interdisciplinary care plan. Then check off all the categories that apply to the individual residents to save time.

If the nursing care plan you use does not address a problem unique to your resident, you can enter the necessary problem, goal, interventions, rationale and evaluation specific to your resident's needs.

Nursing Diagnosis: URINARY INCONTINENCE

Name: _____ Room Number: _____ Date: _____

CHALLENGE	GOAL	INTERVENTION	RATIONALE	EVALUATION
<input type="checkbox"/> <i>Alteration in bladder elimination</i>	<input type="checkbox"/> Rehabilitation, decrease incontinent episodes	<input type="checkbox"/> Bowel and Bladder Program (See “COMMITMENT TO CONTINENCE” Program, page 52) <input type="checkbox"/> Prompted voiding (See “COMMITMENT TO CONTINENCE” Program) IMPACT SM Flow Sheet (page 57) <input type="checkbox"/> Habit Training (See “COMMITMENT TO CONTINENCE” Program, page 55) <input type="checkbox"/> Pelvic muscle exercises (Kegel)	<input type="checkbox"/> <i>Decreases risk of skin breakdown</i> <input type="checkbox"/> <i>Increases independence and self-esteem</i>	<input type="checkbox"/> Change <input type="checkbox"/> Little change <input type="checkbox"/> No change
<input type="checkbox"/> <i>Undesired loss of urine</i>	<input type="checkbox"/> Comfort/Dignity	<input type="checkbox"/> Provide for privacy <input type="checkbox"/> Stand males to void <input type="checkbox"/> Utilize toilet aids <input type="checkbox"/> Provide elevated and/or padded seat <input type="checkbox"/> Provide grab bars <input type="checkbox"/> Provide back rests <input type="checkbox"/> Support legs or weakened extremities <input type="checkbox"/> Protect linens and clothing <input type="checkbox"/> Other _____	<input type="checkbox"/> <i>Increases tolerance for toileting activities</i>	<input type="checkbox"/> Change <input type="checkbox"/> Little change <input type="checkbox"/> No change
	<input type="checkbox"/> Skin protection	<input type="checkbox"/> Develop changing schedule based on frequency of incontinence <input type="checkbox"/> Provide skin care <input type="checkbox"/> Cleanse skin with non-alkaline soap/cleanser <input type="checkbox"/> Moisturize skin with thin coat of moisture cream <input type="checkbox"/> Protect skin with water-repellent ointment <input type="checkbox"/> Other _____	<input type="checkbox"/> <i>Decrease risk of impairment of skin integrity</i>	<input type="checkbox"/> Change <input type="checkbox"/> Little change <input type="checkbox"/> No change
	<input type="checkbox"/> Containment	Utilize system of absorbent products <input type="checkbox"/> Brief (Size _____) <input type="checkbox"/> Incontinent Underpad <input type="checkbox"/> Pant (Type _____) and (Size _____) <input type="checkbox"/> Pad (Type _____) <input type="checkbox"/> Undergarment <input type="checkbox"/> Other _____	<input type="checkbox"/> <i>Helps to effectively contain urine and keep the resident dry</i>	<input type="checkbox"/> Change <input type="checkbox"/> Little change <input type="checkbox"/> No change

Note: Only follow instructions in the “checked” boxes.

Nursing Diagnosis: ENVIRONMENTAL/FUNCTIONAL
Resident is physically unable to get to or use toilet.

Name: _____ Room Number: _____ Date: _____

CHALLENGE	GOAL	INTERVENTION	RATIONALE	EVALUATION
<input type="checkbox"/> Impaired vision	<input type="checkbox"/> To maximize visual acuity and toileting accessibility and visibility	<input type="checkbox"/> Leave eyeglasses close at hand <input type="checkbox"/> Leave urinals, bedpans, commodes, call lights, bed controls at hand <input type="checkbox"/> Provide adequate, non-glare lighting <input type="checkbox"/> Provide assistance as necessary <input type="checkbox"/> Other _____	<input type="checkbox"/> <i>Minimizes visual deficit</i>	<input type="checkbox"/> Change <input type="checkbox"/> Little change <input type="checkbox"/> No change
<input type="checkbox"/> Impaired mobility	<input type="checkbox"/> To maximize mobility within the resident's physical limitations and maintain resident safety and comfort	<input type="checkbox"/> Leave mobility aids (wheelchairs, walkers, crutches, canes) close at hand <input type="checkbox"/> Leave urinals, bedpans, commodes, bed controls, call lights close at hand; offer use frequently <input type="checkbox"/> Use side rails only when necessary and keep bed in low position <input type="checkbox"/> Arrange for PT/OT to evaluate strength and mobility to recommend footwear, mobility aids, toilet seating and clothing <input type="checkbox"/> Provide support for any weakened extremities <input type="checkbox"/> Provide assistance as necessary <input type="checkbox"/> Provide hand rails and safety belts <input type="checkbox"/> Provide bed linens with underpads <input type="checkbox"/> Support weakened lower extremities <input type="checkbox"/> Other _____	<input type="checkbox"/> <i>Minimizes impaired physical mobility</i> <input type="checkbox"/> <i>Precludes necessity to ambulate to bathroom</i> <input type="checkbox"/> <i>Maintains resident safety</i> <input type="checkbox"/> <i>Provides increased potential for resident mobility</i>	<input type="checkbox"/> Change <input type="checkbox"/> Little change <input type="checkbox"/> No change

Note: Only follow instructions in the “checked” boxes.

Nursing Diagnosis: ENVIRONMENTAL/FUNCTIONAL
continued

Name: _____ Room Number: _____ Date: _____

CHALLENGE	GOAL	INTERVENTION	RATIONALE	EVALUATION
<input type="checkbox"/> High risk for injury secondary to inaccessibility of facilities	<input type="checkbox"/> To maximize toileting accessibility and eliminate mechanical barriers <input type="checkbox"/> To maintain safe Environment and avoid injury to resident	<input type="checkbox"/> Leave mobility aids close at hand <input type="checkbox"/> Leave urinals, bedpans, commodes close at hand <input type="checkbox"/> Provide toilet facility that can be reached safely and with minimum number of steps <input type="checkbox"/> Provide resident with assistance in choosing a toilet Device <input type="checkbox"/> Maintain a barrier-free environment, eliminate clutter <input type="checkbox"/> Other _____	<input type="checkbox"/> <i>Maximizes mobility</i> <input type="checkbox"/> <i>Gives resident active role in self-care</i> <input type="checkbox"/> <i>Maintains safety</i>	<input type="checkbox"/> Change <input type="checkbox"/> Little change <input type="checkbox"/> No change
<input type="checkbox"/> Potential for altered mental status	<input type="checkbox"/> To orient the resident and familiarize resident with the environment in order to maximize safety and independence	<input type="checkbox"/> Assess mental status of resident <input type="checkbox"/> Maintain maximum safety standards for confused, demented resident <input type="checkbox"/> Alert physician to medications that may be causing these states or to any acute mental status changes <input type="checkbox"/> Familiarize the resident with surroundings and reorient confused residents frequently <input type="checkbox"/> Provide toileting assistance as necessary <input type="checkbox"/> Institute call light and communication system for non-verbal resident <input type="checkbox"/> Other _____	<input type="checkbox"/> <i>Enables appropriate therapies to be instituted</i> <input type="checkbox"/> <i>Ensures resident safety</i> <input type="checkbox"/> <i>Maximizes mental acuity</i> <input type="checkbox"/> <i>Eliminates or minimizes confusion</i> <input type="checkbox"/> <i>Increases feeling of security</i>	<input type="checkbox"/> Change <input type="checkbox"/> Little change <input type="checkbox"/> No change
<input type="checkbox"/> Potential for self-esteem disturbance secondary to loss of bodily function or increased feelings of dependency	<input type="checkbox"/> To maximize independence, self-esteem	<input type="checkbox"/> Provide privacy for urination <input type="checkbox"/> Encourage self-care activities <input type="checkbox"/> Encourage responsibilities for decision-making about own care <input type="checkbox"/> Encourage ventilation of feelings about illness and immobility <input type="checkbox"/> Stand males to void <input type="checkbox"/> Provide constant, positive reinforcement <input type="checkbox"/> Other _____	<input type="checkbox"/> <i>Increase in self-esteem will be therapeutic</i>	<input type="checkbox"/> Change <input type="checkbox"/> Little change <input type="checkbox"/> No change

Note: Only follow instructions in the “checked” boxes.

Nursing Diagnosis: ENVIRONMENTAL/FUNCTIONAL
continued

Name: _____ Room Number: _____ Date: _____

CHALLENGE	GOAL	INTERVENTION	RATIONALE	EVALUATION
<input type="checkbox"/> Potential for impaired physical mobility related to reluctance or refusal to attempt movement	<input type="checkbox"/> To increase resident's activity levels	<input type="checkbox"/> Provide privacy for urination <input type="checkbox"/> Encourage self-care activities <input type="checkbox"/> Encourage responsibilities for decision-making about own care <input type="checkbox"/> Encourage ventilation of feelings about illness and immobility <input type="checkbox"/> PT evaluation <input type="checkbox"/> OT evaluation <input type="checkbox"/> Other _____	<input type="checkbox"/> <i>Increased activity level is likely to resolve environmental incontinence</i>	<input type="checkbox"/> Change <input type="checkbox"/> Little change <input type="checkbox"/> No change
<input type="checkbox"/> High risk for impaired skin integrity	<input type="checkbox"/> To maintain skin integrity	<input type="checkbox"/> Assess condition of resident's skin <input type="checkbox"/> Provide skin care to areas exposed to incontinence by keeping skin clean and dry <input type="checkbox"/> Utilize appropriate incontinence/containment devices <input type="checkbox"/> Cleanse skin with non-alkaline soap/cleaner <input type="checkbox"/> Moisturize skin with thin coat of moisture cream <input type="checkbox"/> Protect skin with water-repellent ointment <input type="checkbox"/> Maintain adequate nutrition and hydration <input type="checkbox"/> Other _____	<input type="checkbox"/> <i>Reduces likelihood of secondary infection, prolonged hospitalization</i> <input type="checkbox"/> <i>Reduces likelihood of skin breakdown</i>	<input type="checkbox"/> Change <input type="checkbox"/> Little change <input type="checkbox"/> No change
<input type="checkbox"/> Potential for knowledge deficit	<input type="checkbox"/> To educate a resident and his/her family of the contributing factors, preventative measures and coping mechanisms of environmental incontinence	<input type="checkbox"/> Help formulate plans for bladder management during outings <input type="checkbox"/> Teach resident and/or family to perform skin care <input type="checkbox"/> Educate the resident/family in the usage of appropriate containment/incontinence devices (absorbent products) <input type="checkbox"/> Allow for feedback from resident/family <input type="checkbox"/> Other _____	<input type="checkbox"/> <i>Fosters independence; prepares for continued care pending discharge</i>	<input type="checkbox"/> Change <input type="checkbox"/> Little change <input type="checkbox"/> No change

Note: Only follow instructions in the “checked” boxes.

Nursing Diagnosis: STRESS INCONTINENCE
Resident is incontinent when coughing, laughing, straining, dancing, sneezing, lifting, bending or jogging.

Name: _____ Room Number: _____ Date: _____

CHALLENGE	GOAL	INTERVENTION	RATIONALE	EVALUATION
<input type="checkbox"/> <i>Incontinence secondary to decreased strength of pelvic muscles</i>	<input type="checkbox"/> To maximize strength of pelvic musculature and maintain/restore normal sphincteric resistance	<input type="checkbox"/> Teach pelvic muscle exercises (Kegel) Stop and start flow of urine to identify pelvic muscles Practice same contraction without voiding and hold for 3 seconds to 6 seconds and relax Do this 3 times per session and try for 10 to 20 sessions per day Increase length of contraction time as endurance improves	<input type="checkbox"/> <i>Strengthens muscles, will decrease pelvic relaxation</i>	<input type="checkbox"/> Change <input type="checkbox"/> Little change <input type="checkbox"/> No change
<input type="checkbox"/> <i>Potential for ineffective coping with stress incontinence</i>	<input type="checkbox"/> To minimize feelings of embarrassment, physical discomfort	<input type="checkbox"/> Utilize system of absorbent products Brief (Size _____) Incontinent underpad Pant (Type _____) and (Size _____) Pad (Type _____) Undergarment Other _____ <input type="checkbox"/> Provide good hygiene Cleanse skin with non-alkaline soap/cleanser Moisturize skin with thin coat of moisture cream Protect skin with barrier cream <input type="checkbox"/> Assist resident in developing appropriate strategies based on his/her personal strengths and previous experience to help resident cope with diagnosis of incontinence. <input type="checkbox"/> Other _____	<input type="checkbox"/> <i>Helps to effectively contain urine and keep the resident dry</i> <input type="checkbox"/> <i>Decreases risk of impairment to skin integrity</i> <input type="checkbox"/> <i>Help identify coping strategies, make decisions and follow through with appropriate actions to change situation in personal environment.</i>	<input type="checkbox"/> Change <input type="checkbox"/> Little change <input type="checkbox"/> No change
<input type="checkbox"/> <i>Potential for knowledge deficit</i>	<input type="checkbox"/> To educate a resident and his/her family of the contributing factors, physiology, preventative measures and coping mechanisms of stress incontinence	<input type="checkbox"/> Help formulate plans for bladder training, management <input type="checkbox"/> Educate the resident/family in the usage of appropriate containment/incontinence devices (absorbent products) <input type="checkbox"/> Educate the resident/family as to signs and symptoms of UTI and appropriate skin care <input type="checkbox"/> Allow for feedback from resident/family <input type="checkbox"/> Other _____	<input type="checkbox"/> <i>Helps to foster independence, self-esteem; facilitates discharge planning</i> <input type="checkbox"/> <i>Increases bladder capacity and time between voiding episodes</i>	<input type="checkbox"/> Change <input type="checkbox"/> Little change <input type="checkbox"/> No change

Note: Only follow instructions in the “checked” boxes.

Nursing Diagnosis: URGE INCONTINENCE
Resident has involuntary voiding preceded by a very short warning period.

Name: _____ Room Number: _____ Date: _____

CHALLENGE	GOAL	INTERVENTION	RATIONALE	EVALUATION
<input type="checkbox"/> <i>Urinary leakage following sensation of urgency/inability to reach toilet in time</i>	<input type="checkbox"/> To maximize toileting accessibility and visibility; to restore urinary continence	<input type="checkbox"/> Leave urinals, bedpans, commodes, call lights close at hand <input type="checkbox"/> Provide adequate, non-glare lighting <input type="checkbox"/> Leave mobility aids (wheelchairs, walkers, crutches, canes) close at hand <input type="checkbox"/> Provide assistance with ambulation to toileting facilities or to commode as necessary <input type="checkbox"/> Maintain a safe, barrier-free environment, eliminate clutter <input type="checkbox"/> Other	<input type="checkbox"/> <i>Allows for voiding without having to make it to the bathroom</i> <input type="checkbox"/> <i>Decreases amount of time it takes to get to the bathroom</i> <input type="checkbox"/> <i>Maintains resident safety</i>	<input type="checkbox"/> Change <input type="checkbox"/> Little change <input type="checkbox"/> No change
<input type="checkbox"/> <i>Potential for urinary frequency</i>	<input type="checkbox"/> To achieve continent voiding	<input type="checkbox"/> Toilet resident as soon as aware of urge to void <input type="checkbox"/> Answer call bell immediately <input type="checkbox"/> Utilize bedside commode <input type="checkbox"/> Institute toileting schedule and try to extend toileting time through bladder training (Kegel exercises) <input type="checkbox"/> Utilize time for IMPACT SM Flow Sheet (Page 57) <input type="checkbox"/> Ask resident to bear down and completely empty bladder <input type="checkbox"/> Instruct resident to monitor fluid intake <input type="checkbox"/> Teach pelvic muscle exercises (Kegel) Stop and start flow of urine to identify pelvic muscles Practice same contraction without voiding and hold for 3 seconds to 6 seconds and relax Do this 3 times per session and try for 10 to 20 sessions per day Increase length of contraction time as endurance improves <input type="checkbox"/> Other	<input type="checkbox"/> <i>Helps to obtain continent void</i> <input type="checkbox"/> <i>Eliminates post-void residual</i> <input type="checkbox"/> <i>Strengthens muscles, will decrease pelvic relaxation</i>	<input type="checkbox"/> Change <input type="checkbox"/> Little change <input type="checkbox"/> No change

Note: Only follow instructions in the “checked” boxes.

Nursing Diagnosis: URGE INCONTINENCE
Continued

Name: _____ Room Number: _____ Date: _____

CHALLENGE	GOAL	INTERVENTION	RATIONALE	EVALUATION
<input type="checkbox"/> Urinary frequency (Continued)	<input type="checkbox"/> To maximize toileting accessibility and visibility; to restore urinary continence	<input type="checkbox"/> Assess resident’s current elimination pattern <input type="checkbox"/> Maintain adequate nutrition and hydration <input type="checkbox"/> Monitor fluid intake and regulate as necessary Hydration program _____ Fluid restriction _____ Strict intake and output measurement	<input type="checkbox"/> <i>Enables bladder training to be successfully maintained during waking hours</i> <input type="checkbox"/> <i>Ensures adequate Hydration</i>	<input type="checkbox"/> Change <input type="checkbox"/> Little change <input type="checkbox"/> No change
<input type="checkbox"/> Potential for decreased bladder capacity	<input type="checkbox"/> Increase bladder capacity to a minimum of 300 cc	<input type="checkbox"/> Teach relaxation techniques which help to diminish sensation of need to void <input type="checkbox"/> Increase time interval between toileting after schedule is established <input type="checkbox"/> Take to toilet at first sensation of need to void and have resident hold for 5 minutes <input type="checkbox"/> Measure volume <input type="checkbox"/> Increase holds by 5 minutes per week until desired functional capacity is reached <input type="checkbox"/> Other _____	<input type="checkbox"/> <i>Strengthens bladder function and gradually increases bladder capacity</i>	<input type="checkbox"/> Change <input type="checkbox"/> Little change <input type="checkbox"/> No change
<input type="checkbox"/> Potential for nocturia	<input type="checkbox"/> To restore continence at night	<input type="checkbox"/> Utilize bedside commode, bedpan as necessary <input type="checkbox"/> Control nighttime fluid intake (as above) <input type="checkbox"/> Other _____	<input type="checkbox"/> <i>Enables resident to have easy access to toileting at night; minimizes nighttime urge to void</i>	<input type="checkbox"/> Change <input type="checkbox"/> Little change <input type="checkbox"/> No change
<input type="checkbox"/> High risk for infection related to urinary tract	<input type="checkbox"/> To prevent UTI’s	<input type="checkbox"/> Ensure complete bladder emptying <input type="checkbox"/> Utilize double voiding <input type="checkbox"/> Measure post-void residuals <input type="checkbox"/> Encourage adequate fluid intake <input type="checkbox"/> Offer cranberry juice <input type="checkbox"/> Alert M.D. of any signs/symptoms of UTI, send specimen for culture <input type="checkbox"/> Monitor dietary irritants <input type="checkbox"/> Maintain adequate nutrition and hydration <input type="checkbox"/> Other _____	<input type="checkbox"/> <i>Urine remaining in bladder increases risk of infection</i> <input type="checkbox"/> <i>Decreases sedimentation of urine</i> <input type="checkbox"/> <i>May inhibit bacterial growth</i> <input type="checkbox"/> <i>Ensures timely antibiotic intervention</i>	<input type="checkbox"/> Change <input type="checkbox"/> Little change <input type="checkbox"/> No change

Note: Only follow instructions in the “checked” boxes.

Nursing Diagnosis: URGE INCONTINENCE
Continued

Name: _____ Room Number: _____ Date: _____

CHALLENGE	GOAL	INTERVENTION	RATIONALE	EVALUATION
<input type="checkbox"/> Potential for altered skin integrity	<input type="checkbox"/> Containment of voids and skin protection until continence is restored	<input type="checkbox"/> Use absorbent products based on amount of leakage <input type="checkbox"/> Utilize system of absorbent products Brief (Size _____) Incontinent underpad Pad (Type _____) and Pant (Size _____) Undergarment Other _____ <input type="checkbox"/> Provide good hygiene <input type="checkbox"/> Cleanse skin with non-alkaline soap/cleanser <input type="checkbox"/> Moisturize skin with thin coat of moisture cream <input type="checkbox"/> Protect skin with barrier cream <input type="checkbox"/> Turn and reposition bedridden patients every _____ hours <input type="checkbox"/> Use pressure-reducing device: _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> <i>Helps to effectively contain urine and keep the resident dry</i>	<input type="checkbox"/> Change <input type="checkbox"/> Little change <input type="checkbox"/> No change
<input type="checkbox"/> Potential for knowledge deficit	<input type="checkbox"/> To educate resident/family of contributing factors, physiology, preventative measures and coping measures of urge incontinence	<input type="checkbox"/> Help formulate plans for bladder training and management <input type="checkbox"/> Educate resident/family in usage of appropriate incontinence/containment devices <input type="checkbox"/> Educate resident/family as to signs and symptoms of UTI, appropriate skin care, use of anticholinergics or antispasmodics <input type="checkbox"/> Allow for feedback from resident/family <input type="checkbox"/> Other _____	<input type="checkbox"/> <i>Helps to foster independence, self-esteem; facilitates discharge planning</i> <input type="checkbox"/> <i>Increases bladder capacity and time between voiding episodes</i>	<input type="checkbox"/> Change <input type="checkbox"/> Little change <input type="checkbox"/> No change

Note: Only follow instructions in the “checked” boxes.

Nursing Diagnosis: REFLEX INCONTINENCE
Resident is unable to inhibit voiding because of impaired sensation and neurological impairment.

Name: _____ Room Number: _____ Date: _____

CHALLENGE	GOAL	INTERVENTION	RATIONALE	EVALUATION
<input type="checkbox"/> Potential for uncontrolled urinary leakage related to detrusor muscle instability and absence of sensations of urgency and bladder fullness	<input type="checkbox"/> To initiate a program of bladder training; to restore continence or maintain continence between catheterization	<input type="checkbox"/> Assess resident's current elimination pattern <input type="checkbox"/> Maintain adequate nutrition and hydration <input type="checkbox"/> Monitor fluid intake and regulate as necessary Hydration program _____ Fluid restriction _____ Strict intake and output measurement <input type="checkbox"/> Behavioral techniques <input type="checkbox"/> Toilet on schedule and stimulate voiding reflex <input type="checkbox"/> Tap over bladder (Crede) <input type="checkbox"/> Obtain post-void residuals <input type="checkbox"/> Other _____ <input type="checkbox"/> Begin intermittent catheterization schedule as ordered Frequency _____ <input type="checkbox"/> If intermittent catheterization schedule is <input type="checkbox"/> Not feasible <input type="checkbox"/> Not successful <input type="checkbox"/> Use urinary containment devices _____ <input type="checkbox"/> External catheter drainage system <input type="checkbox"/> Other _____ <input type="checkbox"/> Utilize system of absorbent products Brief (Size _____) Incontinent underpad Pant (Type _____) and (Size _____) Pad (Type _____) Undergarment <input type="checkbox"/> Other _____	<input type="checkbox"/> <i>Allows for formulation of appropriate treatment plan</i> <input type="checkbox"/> <i>Increases spinal reflex</i> <input type="checkbox"/> <i>Empties bladder</i> <input type="checkbox"/> <i>Convert bladder into storage vesicle which can be emptied via intermittent catheterization</i>	<input type="checkbox"/> Change <input type="checkbox"/> Little change <input type="checkbox"/> No change
<input type="checkbox"/> High risk for autonomic dysreflexia	<input type="checkbox"/> To maintain stable cardiovascular status measures and coping measures of urge incontinence	<input type="checkbox"/> Assess for presence of diaphoresis, dizziness or palpitations with urinary elimination <input type="checkbox"/> Other _____		<input type="checkbox"/> Change <input type="checkbox"/> Little change <input type="checkbox"/> No change

Note: Only follow instructions in the "checked" boxes.

Nursing Diagnosis: REFLEX INCONTINENCE
Continued

Name: _____ Room Number: _____ Date: _____

CHALLENGE	GOAL	INTERVENTION	RATIONALE	EVALUATION
<input type="checkbox"/> <i>High risk for infection related to urinary tract</i>	<input type="checkbox"/> To prevent urinary tract infections	<input type="checkbox"/> Maintain bladder training as above <input type="checkbox"/> Offer cranberry juice <input type="checkbox"/> Maintain adequate fluid intake <input type="checkbox"/> Follow strict procedures for intermittent catheterization and teach resident/family importance of above <input type="checkbox"/> Alert physician of any signs/symptoms of UTI, send specimen for culture <input type="checkbox"/> Other _____	<input type="checkbox"/> <i>Decreases status of urine</i> <input type="checkbox"/> <i>Maintains pH and may inhibit bacterial growth</i> <input type="checkbox"/> <i>Flushes urinary system of sediment</i> <input type="checkbox"/> <i>Ensures timely antibiotic intervention</i>	<input type="checkbox"/> Change <input type="checkbox"/> Little change <input type="checkbox"/> No change
<input type="checkbox"/> <i>Potential for altered skin integrity due to immobility and increased urinary incontinence</i>	<input type="checkbox"/> To maintain skin integrity	<input type="checkbox"/> Assess condition of skin frequently <input type="checkbox"/> Turn and reposition bedridden residents every _____ hours <input type="checkbox"/> Keep skin clean and dry Cleanse skin with non-alkaline soap/cleanser Moisturize skin with thin coat of moisture cream Protect skin with barrier cream <input type="checkbox"/> Use absorbent products based on amount of leakage <input type="checkbox"/> Utilize system of absorbent products Brief (Size _____) Incontinent underpad Pant (Type _____) and (Size _____) Pad (Type _____) Undergarment Other _____ <input type="checkbox"/> Maintain adequate nutrition and hydration status <input type="checkbox"/> Other _____	<input type="checkbox"/> <i>Decreases risk of increased pressure on any one body part to prevent skin breakdown, infection</i> <input type="checkbox"/> <i>To maintain dryness</i> <input type="checkbox"/> <i>Maintains skin and promotes healing</i>	<input type="checkbox"/> Change <input type="checkbox"/> Little change <input type="checkbox"/> No change

Note: Only follow instructions in the “checked” boxes.

Nursing Diagnosis: REFLEX INCONTINENCE
Continued

Name: _____ Room Number: _____ Date: _____

CHALLENGE	GOAL	INTERVENTION	RATIONALE	EVALUATION
<input type="checkbox"/> <i>Potential for knowledge deficit</i>	<input type="checkbox"/> To educate the resident/family of the causes and appropriate treatments for reflex incontinence	<input type="checkbox"/> Teach resident/family members of methods for stimulation of voiding <input type="checkbox"/> Teach resident/family members intermittent catheter technique <input type="checkbox"/> Teach resident/family members about appropriate incontinence/containment devices <input type="checkbox"/> Teach resident signs and symptoms of urinary tract infections <input type="checkbox"/> Teach resident/family good skin care/hygiene <input type="checkbox"/> Teach resident/family indications for contacting health care professional <input type="checkbox"/> Allow for resident/family feedback for all of the above	<input type="checkbox"/> <i>Maximizes independence, increases self-esteem, autonomy, decreases sense of helplessness in family members</i> <input type="checkbox"/> <i>Ensures learning objectives have been met</i>	<input type="checkbox"/> Change <input type="checkbox"/> Little change <input type="checkbox"/> No change

Note: Only follow instructions in the “checked” boxes.

Nursing Diagnosis: OVERFLOW INCONTINENCE

Bladder distends with large amounts of urine; leakage ensues.

Name: _____ Room Number: _____ Date: _____

CHALLENGE	GOAL	INTERVENTION	RATIONALE	EVALUATION
<input type="checkbox"/> <i>Urinary retention</i>	<input type="checkbox"/> To resolve or relieve urinary retention; to maintain bladder volumes of no greater than 300 – 400 ml	<input type="checkbox"/> Assess resident’s awareness of feelings of fullness <input type="checkbox"/> Utilize and teach methods such as double voiding, Crede maneuver <input type="checkbox"/> Have resident void at least every 2 – 4 hours while awake <input type="checkbox"/> If above methods do not alleviate the problem, institute intermittent catheterization schedule as ordered Frequency _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> <i>To ensure regular, complete bladder emptying</i>	<input type="checkbox"/> Change <input type="checkbox"/> Little change <input type="checkbox"/> No change
<input type="checkbox"/> <i>Decreased bladder capacity secondary to constipation</i>	<input type="checkbox"/> To relieve constipation and thereby enhance normal urinary status	<input type="checkbox"/> Increase dietary fiber (assuring adequate fluid intake for residents using raw bran) <input type="checkbox"/> Encourage fluids <input type="checkbox"/> Schedule toileting following a meal <input type="checkbox"/> Use hot liquids immediately following a meal <input type="checkbox"/> Exercise (walk, sit-ups, hip flexion) following liquids <input type="checkbox"/> Position residents with hips, knees and ankles flexed and feet flat to facilitate bowel movement <input type="checkbox"/> Other _____	<input type="checkbox"/> <i>The gastro-colic reflex is most active</i> <input type="checkbox"/> <i>Will help stimulate Action</i>	<input type="checkbox"/> Change <input type="checkbox"/> Little change <input type="checkbox"/> No change
<input type="checkbox"/> <i>Decreased bladder contractibility and increased sphincteric resistance</i>	<input type="checkbox"/> To restore/maintain normal bladder contractibility and sphincteric resistance	<input type="checkbox"/> Alert physician to medications which may be altering these muscles - Decreasing bladder contractibility (anticholinergics, psychotropics, Parkinson treatment drug, antispasmodics, opiates, beta blockers) - Increasing sphincteric resistance antihistamines, adrenergics) <input type="checkbox"/> Other _____		<input type="checkbox"/> Change <input type="checkbox"/> Little change <input type="checkbox"/> No change

Note: Only follow instructions in the “checked” boxes.

Nursing Diagnosis: OVERFLOW INCONTINENCE
Continued

Name: _____ Room Number: _____ Date: _____

CHALLENGE	GOAL	INTERVENTION	RATIONALE	EVALUATION
<input type="checkbox"/> <i>High risk for UTI secondary to hydronephrosis</i>	<input type="checkbox"/> To prevent urinary tract infections	<input type="checkbox"/> Offer cranberry juice <input type="checkbox"/> Maintain adequate fluid intake <input type="checkbox"/> Monitor resident for signs and symptoms of renal infection, acute renal failure <input type="checkbox"/> Alert physician of any signs/symptoms of UTI, send specimen for culture <input type="checkbox"/> Alert M.D. of post-voiding residual greater than 100cc after straight catheterization <input type="checkbox"/> Use sterile technique and teach resident/family importance of above <input type="checkbox"/> Other _____	<input type="checkbox"/> <i>Helps to inhibit bacterial growth</i> <input type="checkbox"/> <i>Ensures timely antibiotic intervention</i>	<input type="checkbox"/> Change <input type="checkbox"/> Little change <input type="checkbox"/> No change
<input type="checkbox"/> <i>Potential for altered skin integrity</i>	<input type="checkbox"/> To maintain skin integrity	<input type="checkbox"/> Frequently assess skin condition <input type="checkbox"/> Keep skin clean and dry Cleanse skin with non-alkaline soap/cleanser Moisturize skin with thin coat of moisture cream Protect skin with barrier cream <input type="checkbox"/> Turn and reposition bedridden patients every _____ hours <input type="checkbox"/> Utilize system of absorbent products Brief (Size _____) Incontinent underpad Pant (Type _____) and (Size _____) Pad (Type _____) Undergarment Other _____ <input type="checkbox"/> Maintain adequate nutrition and hydration status <input type="checkbox"/> Other _____	<input type="checkbox"/> <i>Maintains skin and promotes healing</i> <input type="checkbox"/> <i>To maintain dryness</i>	<input type="checkbox"/> Change <input type="checkbox"/> Little change <input type="checkbox"/> No change

Note: Only follow instructions in the “checked” boxes.

**“COMMITMENT TO CONTINENCE”
PROGRAM**

A Bowel and Bladder Training Program

From

KENDALL

*Part of the IMPACTSM Program for Continence
Management*

**“COMMITMENT TO CONTINENCE” Program
One Answer to Continence Management**

BEHAVIORAL TREATMENTS

INTRODUCTION

At Kendall, we have developed an approach to incontinence that may differ from other incontinence product companies. We believe that the management of the incontinent resident is much more than containment of incontinent episodes. We want to assist you in moving those residents who are appropriate, toward greater continence. Continence can be regained in many circumstances, though training will require the combined efforts and dedication of the nursing team, the patient and his or her family. By helping the individual regain continence, you, the caregiver will:

- ❖ Help the individual to regain dignity.
- ❖ Help to restore his or her independence.
- ❖ Help your resident regain interaction with others.
- ❖ Prevent skin issues.
- ❖ Reduce odor in the facility.
- ❖ Lessen your work with fewer clothing and linen changes.
- ❖ Have more time to care for your residents.
- ❖ Care for an individual with dignity resulting in improved quality of life!

This program is not for everyone but for those who can participate; it will mean that they can once again be involved in the activities of daily life without restrictions or embarrassment. With guidelines and specification, Kendall's clinical nurse consultant will guide your staff, the individual and their family down the path to continence. We believe in the worth and dignity of every individual and, with you as a partner, we will succeed in making this a reality for your residents.

During the course of this program, our goals will be to:

- ❖ Enable the individual to function at his/her optimum rehabilitation potential and enhance his/her quality of life.
- ❖ Improve the individual's morale and restore his/her self-esteem and dignity.
- ❖ Educate the caregivers on the reasons for incontinence and how they may be a part of the possible solution.

- ❖ Eliminate the stigma of incontinence and promote confidence with knowledge.
- ❖ Promote safety for the individual while he/she is facing the challenge of regaining control over something that has embarrassed, confused and frustrated him/her. By imposing safety rules at the start of the program and reinforcing them during the transition, the individual will learn to live safely and at the same time regain their dignity.
- ❖ Stimulate a desire for progress and cooperation.

You will need to assess the individual's mental, physical and incontinent needs after being selected as a candidate by in-house decision-makers and nurse consultant evaluation. A baseline assessment of 3 – 5 days will be required before starting the Bowel and Bladder Program. Residents admitted with indwelling catheters should be medically evaluated for removal of the catheter and possible bowel and bladder training. For various reasons, some residents are not able to achieve continence. In such cases, external catheters or incontinent absorbent products are appropriate.

The type of incontinence that exists (stress, urge, overflow, environmental, reflex or a combination of types) as well as the resident's ability to participate appropriately, will determine the individual's suitability for bowel and bladder training.

INITIAL LETTER

Attention Staff on Wing _____

Your resident _____ is being considered for a Bowel and Bladder Program.

For the next 3 – 5 days, he/she needs to be checked and offered to be toileted every HOUR. The daily diary sheets are located at the nurse's station. PLEASE FOLLOW UP WITH THIS PROGRAM. It will help us determine the resident's individual voiding schedule.

Starting date _____

Stopping date _____

Thank you,

NOTE: Use Bowel and Bladder Diaries completed during assessment phase.

BOWEL AND BLADDER PROGRAM

1. Enlist the resident's cooperation, explain the program and offer positive support and encouragement. A good candidate for the Bowel and Bladder Program will display the following:

- ❖ Good transfer (at least moderate assist of 1) or ambulation skills.
- ❖ Able to manage clothing with at least moderate assist of one.
- ❖ Recent onset of incontinence (less than 3 months).
- ❖ Short term post-catheter placement.
- ❖ Expresses a desire to be in the Bowel and Bladder Program.

Any of the following *may* exclude candidate from the Bowel and Bladder Program. However highly motivated residents, family and caregivers can overcome many common obstacles to bladder training.

- ❖ Long term or chronic incontinency (longer than 3 months).
- ❖ Refuses or is unable to cooperate with the program.
- ❖ Acutely or terminally ill.
- ❖ Unable to communicate the need (verbally and nonverbally).
- ❖ Combative. (Do not exclude patients due to agitation.)
- ❖ No predictable voiding pattern after the 3 – 5 day baseline evaluation.
- ❖ Chronic or recurrent UTI's.
- ❖ Unable to remain on toilet for at least five minutes.
- ❖ Cannot be positioned safely on toilet or bedside commode with or without supervision.

2. Determine the individual's voiding patterns (continent and incontinent). Include frequency, amount and timing (i.e. days, night only, particular days or events). A baseline of 3 – 5 days will be necessary before the Bowel and Bladder Program is initiated. Use the Bowel and Bladder Diary (completed during the assessment phase) to determine daily elimination habits.

3. Determine an individualized toileting schedule based on your individual resident's pattern shown in the Bowel and Bladder Diaries and record on the IMPACTSM Flow Sheet ("COMMITMENT TO CONTINENCE" Page 57). A typical schedule might be:
 - a. Upon awakening.
 - b. Every 2 hours during the day and evening.
 - c. Before bed.
 - d. Every 2 hours during the night.

You will need to individualize this according to the resident's pattern. For example:

- **Mrs. Y is never incontinent during the day.**
Eliminate 2 hour toileting during the day. **Or...**
- **Mrs. Y is never incontinent between 1 and 5 a.m.**
Toilet at midnight and 5a.m., not every 2 hrs. **Or...**
- **Mrs. Y voids incontinently every 3 hours at night.**
Keep scheduled at every 2 hours.

4. Do not delay in responding to the resident if toileting assistance is requested. Consistent, documented implementation is essential to success.
5. As the individual progresses and has longer intervals between incontinent episodes, adjust times accordingly.
6. Base alterations in program on weekly, monthly and quarterly evaluations ("COMMITMENT TO CONTINENCE" Page 58, 59 and 60 respectively).
7. It may be necessary to decrease intervals if the individual's pattern changes or reverts to a previous level.

NOTE: Adequate hydration, determined by the resident's medical condition, offered primarily during waking hours and at night if that is congruent with the resident's lifestyle and usual request, is essential. Hydration and fluid administration should be promoted and encouraged, never forced.

PROMPTED VOIDING / SCHEDULED TOILETING

Definition:

Prompted voiding is a consistent schedule of toileting with the use of prompting techniques. The resident may be able to recognize some degree of bladder fullness/need to void or can respond when prompted to void. Resident may not have sufficient cognitive ability (brain/bladder connection) to participate in a Bowel and Bladder Training Program.

Purpose:

1. To promote resident dignity.
2. A prompting to void process to assist in reducing incontinent episodes.

Procedure:

1. Determine Nursing Care Plan based on assessment.
2. Determine times for prompted voiding based on assessment.
3. Follow Adjunctive Techniques When Toileting during voiding process.
4. Communicate positive reinforcement for success.
5. Strictly adhere to toileting schedule.
6. Document outcomes on IMPACTSM Flow Sheet.
7. Review and update Nursing Care Plan according to facility policy.

Adjunctive Techniques When Toileting

Some residents may have trouble voiding on a fixed schedule and may require prompting. You may find one or more of the following techniques helpful during the voiding process:

1. Triggering Methods – include running water, stroking inner thigh, suprapubic tapping, and individual blowing through a straw.
2. To aid in emptying the bladder completely, bending forward apply suprapubic pressure.
3. Crede method – exerting manual pressure over the bladder. Start by a rippling effect of finger from umbilicus to bladder area, then exerting pressure directly over bladder area.

NOTE: Always be sure the individual is in a comfortable position when toileting. Privacy for the individual is extremely important.

HABIT TRAINING

Definition:

If the resident goes to the bathroom at the same time every day, Habit Training can be used. The plan is to take the resident to the bathroom prior to the need to void. The resident may be confused and not have sufficient cognitive ability (brain/bladder connection) to participate in a Bowel and Bladder Training Program.

Purpose:

1. To promote resident dignity.
2. Habit Training will assist in reducing incontinent episodes by bringing the resident to the bathroom prior to the need to void.

Procedure:

1. Determine Nursing Care Plan based on assessment.
2. Determine times for bathroom visits based on assessment.
3. Follow Adjunctive Techniques When Toileting during voiding process.
4. Praise the resident for being dry and using the toilet.
5. Strictly adhere to the bathroom schedule.
6. Document outcomes on IMPACTSM Flow Sheet.
7. Review and update Nursing Care Plan according to facility policy.

Adjunctive Techniques When Toileting

Some residents may require prompting. You may find one or more of the following techniques helpful during the voiding process:

1. Triggering Methods – include running water, stroking inner thigh, suprapubic tapping, and individual blowing through a straw.
2. To aid in emptying the bladder completely, bending forward apply suprapubic pressure.
3. Crede method – exerting manual pressure over the bladder. Start by a rippling effect of finger from umbilicus to bladder area, then exerting pressure directly over bladder area.

NOTE: Always be sure the individual is in a comfortable position when toileting. Privacy for the individual is extremely important.

PELVIC MUSCLE EXERCISES

Pelvic muscle exercises are a safe and theoretically sound treatment for stress urinary incontinence. They consist of contraction and relaxation of the muscles of the pelvic floor and/or around the vagina. These exercises for muscle re-education can be used as a tool to treat stress incontinence and aid in dealing with bowel incontinence. Complete instructions for Kegel exercises, the most common pelvic muscle exercises, for both women and men, are found in the Additional Materials section.

Name: _____ Room Number: _____ Date: _____

BOWEL AND BLADDER WEEKLY EVALUATION
--

INSTRUCTIONS: Complete the following chart indicating frequency of occurrence in a 24 hour period.

Date (week ending): _____ Week #: _____

Day:		1	2	3	4	5	6	7
Bladder	Continent							
	Incontinent							
Bowel	Continent							
	Incontinent							
Patterns (Hours) of Wetness								
Frequency of Request for Bathroom								

Caregiver Assessment: _____

Resident Comments: _____

Recommendations (Plan of Care): _____

Enter one of the following codes to determine the continued Plan of Care:

- A. Stay on One Hour Schedule**
- B. Advance to Two Hour Schedule**
- C. Advance to Three Hour Schedule**
- D. Advance to Four Hour Schedule**
- E. Independent Control**
- F. Other (Please Specify)**

Nurse Signature

Date

Name: _____ Room Number: _____ Date: _____

BOWEL AND BLADDER MONTHLY EVALUATION

Covers Weekly Evaluations from _____ to _____

Reduced episodes of incontinence:

Bladder: Yes _____ No _____

Bowel: Yes _____ No _____

More frequent requests to be toileted:

Yes _____ No _____

Any infections/illnesses to impede progress?

Yes _____ No _____

If yes, explain _____

Recommendations (Plan of Care): _____

Most frequent goal maintained: _____

Resident's attitude and response toward program: _____

Training Program:

Continued _____ Discontinued _____

If discontinued, explain _____

Revised Plan of Care: _____

Comments: _____

Nurse Signature

Date

Name: _____ Room Number: _____ Date: _____

BOWEL AND BLADDER QUARTERLY EVALUATION

Covers Monthly Evaluations from _____ to _____

Continent of:

Bladder:	Yes _____	No _____
Bowel:	Yes _____	No _____

Requests to be toileted:	Increased _____	Decreased _____	No Change _____
Incontinence of bladder:	Increased _____	Decreased _____	No Change _____
Incontinence of bowel:	Increased _____	Decreased _____	No Change _____

How often in 24 hours does incontinence occur? _____

Any infections/illnesses to impede progress:

Yes _____ No _____

If yes, explain _____

Recommendations (Plan of Care): _____

Most frequent goal maintained: _____

Resident’s attitude and response toward program: _____

Date that Training Program was implemented: _____

Training Program:

Continued _____ Discontinued _____

If discontinued, explain: _____

Revised Plan of Care: _____

Comments: _____

Nurse Signature

Date

F315 COMPLIANCE CHECKLIST

F315 COMPLIANCE CHECKLIST

Review and analyze your performance to determine your compliance with F315.

There are three aspects to the urinary incontinence requirements of the F315 guideline as stated by the Center for Medicaid and State Operations/Survey and Certification Group.

1. The first aspect requires that a resident's clinical condition demonstrates the necessity for the insertion of an indwelling catheter if the resident does not already have one.
2. The second aspect requires that the facility work to prevent urinary tract infections by providing the necessary treatment and services.
3. The third aspect requires the facility to work with the patient to restore continence by providing assistance to restore as much normal bladder function as possible.

The goals of F315 are to ensure:

- ❖ If an indwelling catheter is used, there is valid medical justification for an indwelling catheter.
- ❖ An indwelling catheter for which continuing use is not medically justified is discontinued as soon as clinically warranted
- ❖ Services are provided to restore or improve normal bladder function to the extent possible, after the removal of the catheter;
- ❖ A resident, with or without a catheter, receives the appropriate care and services to prevent infections to the extent possible

The facility has met the F315 compliance criteria if the following conditions are met:

For a resident with an indwelling catheter:

- The facility has recognized and assessed factors affecting the resident's urinary function and has determined that there is sufficient medical justification for the use of an indwelling catheter.
- The appropriate precautions have been taken to minimize complications or infections from an indwelling catheter.
- An appropriate care plan has been defined and reviewed to allow for the removal of an indwelling catheter if clinically indicated, consistent with resident conditions, goals and recognized standards of practice.
- The resident's response to the care plan has been monitored and evaluated and necessary revisions to the care plan have been identified and addressed as appropriate.

F315 COMPLIANCE CHECKLIST (Continued)

For a resident who is incontinent of urine:

- The resident has been assessed to identify the risk of symptomatic urinary tract infections and impaired urinary function.
- Underlying causes of urinary incontinence have been defined and interventions implemented to address correctable causes of urinary incontinence.
- Interventions to minimize the occurrence of symptomatic urinary tract infections have been implemented in accordance with resident needs, goals and recognized standards of practice.
- An appropriate care plan has been defined and reviewed to evaluate the resident's response to preventive measures and treatments to minimize the occurrence of symptomatic urinary tract infections.
- The resident's response to the care plan has been monitored and evaluated and appropriate revisions to the care plan have been implemented as necessary.

For a resident who currently has or has had a symptomatic urinary tract infection:

- Underlying causes of urinary incontinence have been defined and interventions implemented to address correctable causes of urinary incontinence.
- The resident has been assessed to identify the risk of symptomatic urinary tract infections and impaired urinary function.
- Interventions to address correctable underlying causes and minimize the occurrence of symptomatic urinary tract infections have been implemented in accordance with resident needs, goals and recognized standards of practice.
- An appropriate care plan has been defined and reviewed to evaluate the resident's response to preventive measures and treatments to minimize the occurrence of symptomatic urinary tract infections.
- The resident's response to the care plan has been monitored and evaluated and appropriate revisions to the care plan have been implemented as necessary.

The facility is in compliance with F315 if:

- Care and treatment to prevent incontinence and/or improve urinary continence has been provided to restore as much normal bladder function as possible.

F315 COMPLIANCE CHECKLIST (Continued)

- There is medical justification for the use of a catheter, if in use.
- If a catheter is in use appropriate services have been provided to the resident.
- Appropriate steps have been taken to assess, prevent and treat a symptomatic urinary tract infection.
- A resident's continence status was assessed on admission and consistently thereafter in accordance with the care plan.
- Risk factors for the development of urinary incontinence have been identified and assessed.
- Interventions to improve, maintain or prevent the decline of urinary incontinence have been implemented consistent with the resident's assessed need and current standards of practice.
- Clinical justification has been provided for the development of urinary incontinence or the failure to improve existing urinary incontinence.
- Symptomatic urinary tract infections were identified and managed or there is adequate explanation why the facility could or should not do so.
- If an indwelling catheter is used, appropriate steps were implemented to manage the use of the catheter including infection control procedures.
- The facility identifies and applies policies and procedures to manage urinary incontinence, catheters and/or urinary tract infections.
- The resident's physician or representative has been notified of changes in the resident's continence status, condition, catheter usage or development of symptoms of a symptomatic urinary tract infection.
- Continence care and/or catheter care has been provided to the resident in a manner that respects the resident's dignity and strives to minimize feelings of embarrassment, humiliation and/or isolation.
- Continence and/or catheter care has been provided to the resident in a timely manner.
- The facility monitors and provides help to a resident who cannot request assistance.
- The staff has assessed and recognized those residents who are candidates for a toileting program.

ADDITIONAL MATERIALS

PATIENT TEACHING INSTRUCTIONS

Food Guide to Acidify Urine

Foods You Should Eat:

Soups & Juices: Bouillon, meat broths and soups made with foods allowed. Prune, plum or cranberry juice.

Meat, Fish & Poultry: At least two large servings of any kind, especially chicken, duck and lean beef.

Eggs: One or more in any form.

Dairy Products: Not more than one pint of milk and three ounces of cream. Cheese, especially cottage cheese, cream cheese, Gruyere, Gorgonzola, Cheddar and Swiss, not more than two or three ounces.

Vegetables: Three small servings of any vegetable except those not allowed. Corn, white beans and lentils may be used freely.

Potato Substitutes: Two or more servings of white or brown rice, noodles, macaroni, spaghetti or barley.

Fruits: Two allowed servings of any fruit except those not allowed. Prunes, plums and cranberries may be used freely.

Salads: Any fruit or vegetable salad made with the foods allowed, served with oil and vinegar dressing.

Cereals: One or more servings, dry or cooked, preferably whole grain or enriched.

Breads: Four or more slices, preferably whole grain or enriched. Crackers, if salt is not restricted.

Desserts: Cake (without fruit), plum tarts, prune whip, Jell-O, rice custard, bread pudding.

Concentrated Fats: Butter, oil, nut butter, olive oil, mayonnaise made with vinegar, cooking fats.

Miscellaneous: Peanuts, walnuts, filberts and Brazil nuts.

Foods You Should Avoid:

Juices: Citrus fruit juices such as orange, lemon, lime and tomato.

Dairy Products: Avoid excessive amounts of milk products including malted milk and milk shakes.

Vegetables: Potatoes, lima beans, soy beans, beet greens, parsnips, spinach, dried vegetables.

Fruits: Cantaloupe, raisins, dates, figs, dried fruits (except prunes), citrus fruit.

Beverages: Flavored sodas, fruit-ades.

Miscellaneous: Olives, molasses, almonds, chestnuts and coconut.

PATIENT TEACHING INSTRUCTIONS

Bladder Irritants

Foods To Avoid If You Have Mixed Or Urge Incontinence:

Alcohol: Liquor, wine, beer, wine coolers.

Caffeine: Coffee, tea, colas, Mountain Dew, herb teas (including decaffeinated), chocolate, cough medicines and over the counter medications (check labels). Substitute with low salt broth and white chocolate.

Acid Fruits or Fruit Juices: Citrus, orange, grapefruit, lemon, lime, mango and pineapple. Substitute with grapes, apples, pears and papayas.

Spicy Foods: Mexican, Thai, Indian, Cajun, Southwest cooking and Korean.

Milk Products: Milk, cheeses, cottage cheese, yogurt, ice cream.

Sugar: Corn sweeteners, honey, fructose, sucrose and lactose.

PATIENT TEACHING INSTRUCTIONS

Counting Caffeine

According to the International Coffee Organization, North Americans are the world's largest coffee consumers. Caffeine consumption is not limited to coffee but may include soft drinks and tea as well. Soft drink sales have risen dramatically within the past twenty years; and while caffeine-free choices are available, they represent only a fraction of sales.

Caffeine is also found in chocolate and some over-the-counter medications. It is also used as a flavoring agent in many baked good and processed foods (although you won't find it listed on the labels).

The amount of caffeine contained in a cup of coffee or tea can vary depending on the type of coffee/tea and the method of brewing. Because of this, it is difficult to identify the exact amount of caffeine consumed by an individual within a day. The following are the most common caffeine sources found in the American diet.

Source	Serving Size	Milligrams Of Caffeine
Coffee: Brewed	8 oz.	65 – 120
Instant	8 oz.	60 – 85
Decaffeinated	8 oz.	2 – 4
Tea	8 oz.	30 – 50
Iced Tea	8 oz.	9 – 50
Chocolate Milk	8 oz.	2 – 7
Hot Chocolate	8 oz.	3 – 32
Some Soft Drinks	8 oz.	20 – 60

PATIENT TEACHING INSTRUCTIONS

CLINICAL DO'S AND DON'TS

Teaching a Patient to Perform Kegel Exercises

Help *female* residents strengthen their pubococcygeal muscles and prevent stress incontinence.

DON'T

- Don't let the resident cross her legs or hold her breath while performing the exercises.
- Don't put restrictions on where she can perform them. Because these exercises can be done discreetly, she can perform them virtually anywhere.

DO

- Use a diagram to describe where the perineal muscles are located and to explain the exercises to the patient.
- Ask the patient to sit or stand with her legs apart to perform the exercises.
- Tell her to think of her perineal muscles as an elevator—an analogy that may help her learn the correct way to perform the exercises. Explain that when she's relaxed, the elevator is on the first floor.
- Teach her to contract her perineal muscles by squeezing upward through her pelvis, as if she were bringing the elevator to the second, third and fourth floor.
- Tell her to hold the contraction (to hold the elevator at the fourth floor) for 10 seconds, then to gradually relax the area.
- Advise her to repeat the contraction at least five times. As her muscles grow stronger, she should increase to 25 or more. Remind her that contraction and relaxation are critical for muscle retraining.
- Explain that she may also perform this exercise while urinating—especially if she isn't sure that she's performing it correctly. She can contract her perineal muscles to stop the flow of urine and relax them to start the flow.

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PATIENT TEACHING INSTRUCTIONS

The Kegel Exercise (For Women)

Reasons for doing this exercise: Kegel is a set of exercises intended to help women control the leakage of urine (called stress incontinence). Kegel exercises are quite effective in strengthening the muscles around the vaginal opening, thus increasing muscle tone and control of urine. They are now used by both women and men for increasing sexual awareness.

1. First locate the muscle you are trying to exercise, then learn to use it by contracting it (tightening it) when you urinate.

With a full bladder, sit on the toilet with your knees apart. Let the urine start to flow and then try to stop the flow. Let it flow once more and then try again to tighten the muscle and clamp down to stop the flow.

This stop-start action lets you know what it feels like to contract that particular muscle, as well as giving you an indication of how much control you presently have. Remember, doing this exercise while urinating is only a way to familiarize you with the method.

2. Next, exercise on a regular basis.
 - a. Lie down on your back on the floor or any other hard surface.
 - b. Bend your knees up so that the soles of your feet are flat on the floor, a foot or so away from your buttocks. Keep your knees a few inches apart.
 - c. Now, try to contract the muscles as you did when you were learning to find the muscle.
 - d. Tighten and relax. Do about 25 of these contractions a day.
 - e. Once you become comfortable with doing this exercise, we urge you to do it whenever and wherever possible (e.g., while sitting, driving, watching TV, etc.).
 - f. These exercises are to be done daily. Remember, Kegels each day will keep incontinence away!
 - g. There are Kegels for men too!

*Permission obtained from Health Screening & Education Services
Senior Health and Peer Counseling Center
2125 Arizona Avenue, Santa Monica, CA 90404
(301) 829-4715*

PATIENT TEACHING INSTRUCTIONS

The Kegel Exercise (For Men)

These exercises are designed to strengthen and give voluntary control of the pubococcygeus muscle. This muscle (called the P.C. muscle for short) is part of the sling of muscles along the pelvic floor that stretches from the pubic bone in front to the tailbone. It is directly involved in the muscle tension and flow of blood during sexual arousal.

Originally these exercises were designed by a physician named Arnold Kegel (Kay-gill) to help women develop bladder control. They are now used by both men and women for increasing sexual awareness and control.

Identifying the P.C. Muscle:

Try to stop the flow of urine during urination. The muscle you use to do this is the P.C. muscle. You may feel the tightening around the anus too. You can also push, as if to expel urine more quickly, using the same muscle.

The exercises:

1. **Slow Kegels**
Tighten the P.C. muscle as you did to stop the urine. Hold for a slow count of three. Then relax it.
2. **Quick Kegels**
Contract and relax the P.C. muscle as rapidly as you can.

At first, do 5 of each of the above exercises (one set) five times a day. Each week, increase the number of times you do each exercise of the set by 5 (i.e. to 10, 15, and 20, until you are doing 30 of each exercise). Continue to do five “sets” daily.

- ❖ You can do these exercises during most daily activities that do not require a lot of moving around, such as while driving, watching TV, sitting at a desk, etc.
- ❖ When you begin, you may notice some difficulty with keeping the P.C. muscle contracted during Slow Kegels, or that Quick Kegels are uneven or not too fast. This can be natural due to the lack of use or muscle tone, and your control will probably improve within one or two weeks.
- ❖ If you feel tiredness or soreness, take a short break and then start again. Breathe naturally and evenly while doing Kegels.

* Adapted for men by L. Alperstain
Human Sexuality Program, UCSF

PHARMACEUTICAL MANAGEMENT OF INCONTINENCE

Note: Pharmaceutical management in geriatric medicine is constantly being revised and updated as new drug information becomes available to the medical profession. It becomes very complex to ensure that the information found in this teaching program is current and up to date. Therefore, it is recommended that you review this portion of the "COMMITMENT TO CONTINENCE" Bladder and Bowel Training Program with your Medical Director and/or your Pharmacy Consultant to revise and update the information found herein based on the Standards and Formulary established within your facility.

There are few drugs that are specific for incontinence. Once the underlying cause has been identified, treatment can be instituted to restore bladder and bowel control. Although drugs may be used to treat incontinence, the undesirable side effects must first be considered, especially in the elderly. Many drugs are contraindicated in persons with moderate to severe cardiac disease, hyperthyroidism, asthma and peptic ulcers to name a few. Compatibility of the drugs must also be considered. While one drug may eliminate one form of incontinence, another form may develop as a side effect of the drug. Diuretics, e.g., Lasix, are necessary in some life threatening conditions, but can also lead to urgency and incontinence as they also increase the urine output. Alpha Blockers reduce muscle tone in the bladder neck but also increase the chance of stress incontinence. One should be aware that hypnotics and sedatives decrease a person's awareness level of the urge to void, especially at night, resulting in incontinence.

Alpha Blocker – Decreases muscle tone in the bladder neck but also increases the risk of stress incontinence. Prazosin Hydrochloride (minipress) is being tried. As of August 1989, the FDA has not approved any one drug for the specific use in incontinence.

Anticholinergics – Although this will inhibit bladder contractions, which may control urgency, urinary retention and overflow incontinence may result.

Antispasmodics – Help to relax smooth muscles without the anticholinergic effect.

Calcium Channel Blockers – For urge incontinence, have not been approved. These drugs, e.g., Calan (Verapamil Hydrochloride) can increase urination.

Cholinergics – Used to increase tone and motility in overflow incontinence, e.g., Urecholine.

Estrogen Therapy – Often used in stress incontinence, works by improving sphincter tone.

Tricyclic Antidepressants – Decreases bladder contractions and increases outlet resistance. Also useful to treat stress incontinence. However, one must be aware of the sedative effects, e.g., dizziness, drowsiness and confusion which are more prominent in the elderly. This drug classification also has anticholinergic effects which might worsen conditions in a person with glaucoma or urinary retention.

Although, over the counter drugs, e.g., antihistamines (Benadryl) can be used to treat stress incontinence, a complete assessment must be accomplished prior to using the drugs.

DRUGS AFFECTING INCONTINENCE

Drug Name	Classification	Side Effects & Adverse Reactions (Urinary)
Benadryl	Antihistamine	Dysuria
Bethanechol (Urecholine)	Cholinergic stimulant	Urinary urgency
Butorphanol (Stadol)	Analgesic	Dysuria, increased output
Captopril (Capoten)	Antihypertensive	Polyuria, oliguria, frequency
Carbamazepine (Tegretol)	Anticonvulsant	Urinary frequency, retention
Chloridazine (Mellaril)	Antipsychotic	Urinary frequency and retention
Chlorpheniramine (Chlor-Trimeton)	Antihistamine	Urinary frequency, dysuria, urinary retention
Chlorpromazine (Thorazine)	Antipsychotic	Urinary retention, urinary frequency, enuresis
Clonidine HCL (Catapres)	Antihypertensive	Urinary retention
Cyclosporine	Immunosuppressant	Retention, frequency, nephrotoxicity
Diazepam (Valium)	Antianxiety	Urinary retention, incontinence
Diltiazem	Calcium Channel Blocker	Nocturia, polyuria, renal failure
Dimenhydrinate (Dramamine)	Antihistamine	Urinary frequency, difficult urination, urinary retention
Diphenoxylate with Atropine (Lomotil)	Antidiarrheal	Urinary retention
Ephedrine	Bronchodilator, Adrenergic	Polyuria, dysuria, sphincter spasm
Furosemide (Lasix)	Diuretic	Urgency, fluid and electrolyte imbalance, hyponatremia, hypokalemia
Flurazepam (Dalmane)	Sedative, hypnotic	Urinary frequency
Haloperidol (Haldol)	Antipsychotic	Urinary retention, urinary frequency
Guanethidine (Ismelin)	Antihypertensive	Urinary incontinence
Indomethacin (Indocin)	Analgesic	Hematuria, frequency, renal failure
Levodopa (Dopar)	Parkinson Treatment Drug	Urinary incontinence, dark urine
Lithium	Antipsychotic	Polyuria, glycosuria, proteinuria
Meclizine (Antivert)	Antihistamine	Urinary frequency, difficult urination, urinary retention
Minocycline (Minocine)	Antibiotic	Polyuria
Mytelase	Cholinergic	Urinary retention, incontinence
Oxybutynin	Antispasmodic	Urinary hesitance or retention
Parsidol	Anticholinergic	Urinary retention, constipation

DRUGS AFFECTING INCONTINENCE (Continued)

Drug Name	Classification	Side Effects & Adverse Reactions (Urinary)
Prazosin (Minipress)	Alpha-adrenergic Blocker	Frequency, incontinence, impotence
Probenecid (Benemid)	Uricosuric	Urinary frequency
Prochlorperazine (Compazine)	Antiemetic	Urinary retention, urinary frequency
Robinul	Cholinergic Blocker	Hesitancy or retention
Trimethobenzamide (Tigan)	Antiemetic	Urinary frequency, difficulty, retention
Trifludperazine (Stelazine)	Antipsychotic	Urinary retention, frequency

GLOSSARY OF TERMS

GLOSSARY OF TERMS

1. Active Incontinence:
Involuntary discharge of feces and urine in the normal way at regulated intervals.
2. Anuresis:
Absence of urination.
3. Anuria:
Absence of urine formation.
4. Bacteremia:
The presence of bacteria in the bloodstream.
5. Bacteriuria:
The presence of bacteria in the urine.
6. Dysuria:
Difficult urination.
7. Genitourinary System:
Organs and parts concerned with the kidneys, urinary bladder and organs of generation and their accessories.
8. Incontinence:
Inability to retain urine or feces through loss of sphincter control.
9. Ischuria:
Retention of urine. Inability to urinate.
10. Kidneys:
Purplish brown in color, situated at the back (retro-peritoneal area) of the abdominal cavity, one on each side of the spinal column. Their function is to excrete urine and to help regulate the water, electrolyte and acid-base content of the blood.
11. Micturition, Urination or Voiding:
Periodically and voluntarily the bladder is emptied and discharges to the outside through the urethra.
12. Nocturia:
Urination during the night.
13. Nocturnal Enuresis:
Urinary incontinence during sleep at night.

GLOSSARY OF TERMS (Continued)

14. Normal Urine Color:
Yellow to amber.
15. Normal Urine Odor:
Faintly aromatic. Abnormality in odor may result from ingestion of certain foods.
16. Normal Urine Output:
Urine is 95% water and 5% solids.
17. Oliguria:
Diminished urination.
18. Overflow Incontinence:
Incontinence characterized by small, frequent voidings.
19. Passive Incontinence:
Urinary incontinence of a form in which there is a full bladder that doesn't empty normally but urine drips away upon pressure.
20. Polyuria:
Increased urination.
21. Residual Urine:
Urine remaining in the bladder after urination.
22. Specific Gravity of Urine:
1.15 to 1.025 sp. Gr. Normal urine is slightly acidic.
23. Strangury:
Painful and spasmodic urination.
24. Urethra:
A canal for the discharge of urine extending from the bladder to the outside.
25. Ureter:
The tube that carries urine from the kidney to the bladder.
26. Urge Incontinence:
Inability to delay urination long enough to reach a toilet.
27. Urinary Bladder:
Receptacle for urine before it is voided.

GLOSSARY OF TERMS (Continued)

28. Urinary Incontinence:
The inability to naturally control the storage of urine. Ranges from annoyance to disability.
29. Urinary Reflex:
Desire to void resulting from accumulation of urine in the bladder.
30. Urinary Retention:
The inability to completely empty the urinary bladder by voiding.
31. Urinary System:
Kidneys, ureters, bladder and urethra.
32. Urinary Tract Infection:
A clinically detectable condition associated with invasion by disease causing microorganisms of some part of the urinary tract.
33. Urination:
The act of voiding urine. Although this act is somewhat under voluntary control, it is accomplished by involuntary muscles.
34. Urine:
The fluid secreted from the blood by the kidneys, stored in the bladder and discharged usually voluntarily through the urethra.
35. Urine Composition:
Urine is 95% water and 5% solids.