

EVALUATE THE RESIDENT'S INCONTINENCE STATUS

| Resident Status | TYPE OF INCONTINENCE | | | | |
|------------------------------|----------------------|----------|-------------------|----------------|----------------|
| | Stress | Overflow | Mixed | Transient | Urge |
| Independent | Light | Light | Moderate | Heavy | Heavy To Super |
| Limited Need of Supervision | Light | Light | Moderate | Heavy | Heavy To Super |
| Extensive Need of Assistance | Light to Moderate | Moderate | Moderate to Heavy | Heavy to Super | Super |
| Total Dependence Upon Staff | Light to Moderate | Moderate | Moderate to Heavy | Heavy to Super | Super |

STRESS INCONTINENCE

Involuntary loss of uring that occurs during physical activity, such as coughing, sneezing, laughing or exercise. **Causes: Weakening of muscle in pelvic floor.**

OVERFLOW INCONTINENCE

Leakage of small amounts of urine from a bladder that is always full. Occurs due to excessive urine in the bladder. **Causes: Obstructed airflow, damage to Central Nervous System, prostate problems, back injuries.**

MIXED INCONTINENCE

Combination of stress and urge incontinence. Not only does the patient leak when they cough, laugh, or sneeze, but they also have the constant urge to urinate.

TRANSIENT INCONTINENCE

Causes of transient incontinence are: drugs, such as diuretics, antidepressants, urinary infection, acute confusion or delirium, restricted mobility, and severe constipation.

URGE INCONTINENCE

Involves a strong, sudden need to urinate followed by a bladder contraction, resulting in involuntary loss of urine. **Causes: Illness, or damage to Central Nervous System.**