



Nursing Home Care for Residents with Incontinence: Questions to Ask

Question	Background Information	Notes
How many of your residents have urinary or fecal incontinence (that is leak urine from the bladder or feces from the bowel?)	You may find that up to 40% to 50% of nursing home residents have incontinence.	
Do you use toileting programs for your residents? How often are residents taken to the toilet?	Scheduled or prompted toileting, habit training and bowel programs can help prevent or reduce the frequency of urinary and fecal incontinence. A typical schedule is every 2 to 4 hours, according to when the resident awakens, eats meals and sleeps. Toileting can occur more often but not less. At night, toileting schedules should maximize sleep by identifying when the resident normally awakens and having them use the toilet then.	
Are your residents on a defined skin-protection program? What does it involve?	A defined skin-protection program has been shown to prevent incontinence-related skin damage. It should include cleansing the skin with a pH-balanced cleanser (not soap and	

	<p>water), using a moisturizer (especially on dry skin), and applying a skin protectant. Most of these products require application each time a person is incontinent.</p> <p>Ways to prevent a pressure ulcer (i.e., bed sore) include repositioning every 2 to 4 hours when awake and relieving pressure on areas of the body at higher risk for damage (e.g., heels, low back). Heels can be raised off the bed on a small cushion. Turning residents to one side takes pressure off the back.</p>	
How many residents have skin damage due to incontinence or a pressure ulcer?	Ideally, no resident should have skin damage. About 3% to 7% of residents have been reported to have skin damage (i.e., redness or loss), and up to 10% may have a pressure ulcer.	
Do you have a certified skin- or wound-care nurse specialist to consult if a resident develops skin damage?	This expertise is beneficial. As many physicians do not have expertise in treatment of skin breakdown from incontinence, they team with nurses who specialize in this type of care.	
How does your staff	Some agencies may hire a	

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determine how to treat skin damage?	certified skin or wound-care nurse specialist to treat residents as needed. However, many agencies do not. If they do not have this resource, following a protocol developed by a skin- or wound-care specialist can also be effective.	
<p>Do you use reusable or disposable undergarments? (Ask to see one.)</p> <p>Do the products you use have a plastic outer liner?</p> <p>Do you use different types of absorbent products (e.g., pads, one-piece briefs, underpads)?</p>	<p>Residents with both urinary and fecal incontinence are often best managed with disposable products.</p> <p>A breathable outer material (instead of plastic) is recommended to reduce the risk of skin damage.</p> <p>Undergarments with tape closures allow staff to more easily check if the undergarments need to be changed. Facilities should have different sizes of products for the best fit. An underpad (pad placed on the bed under a person) used at night can decrease trapping of moisture against the skin.</p>	