

Continence Tools for Residential Aged Care: An Education Guide

**Developed by researchers
from the School of
Nursing, Deakin University
and funded under the
National Continence
Management Strategy**

Introduction

- This PowerPoint Presentation was developed to assist Division 1 Registered Nurses, Division 2 Registered Nurses/Enrolled Nurses, Personal Carers/Careworkers or Nursing Assistants/Aids to use the *Continence Tools for Residential Aged Care*.

Project team:

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Other resources:

- The 'Continence Tools for Residential Aged Care'
- A guide titled 'Continence Tools for Residential Aged Care: An Education Guide'

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Photography Courtesy of KMD Deakin University

Disclaimer: This PowerPoint Presentation should be used as an adjunct to sound clinical judgement and institutional guidelines and protocols for the assessment and management of incontinence in residential aged care settings.

Residents' continence care needs

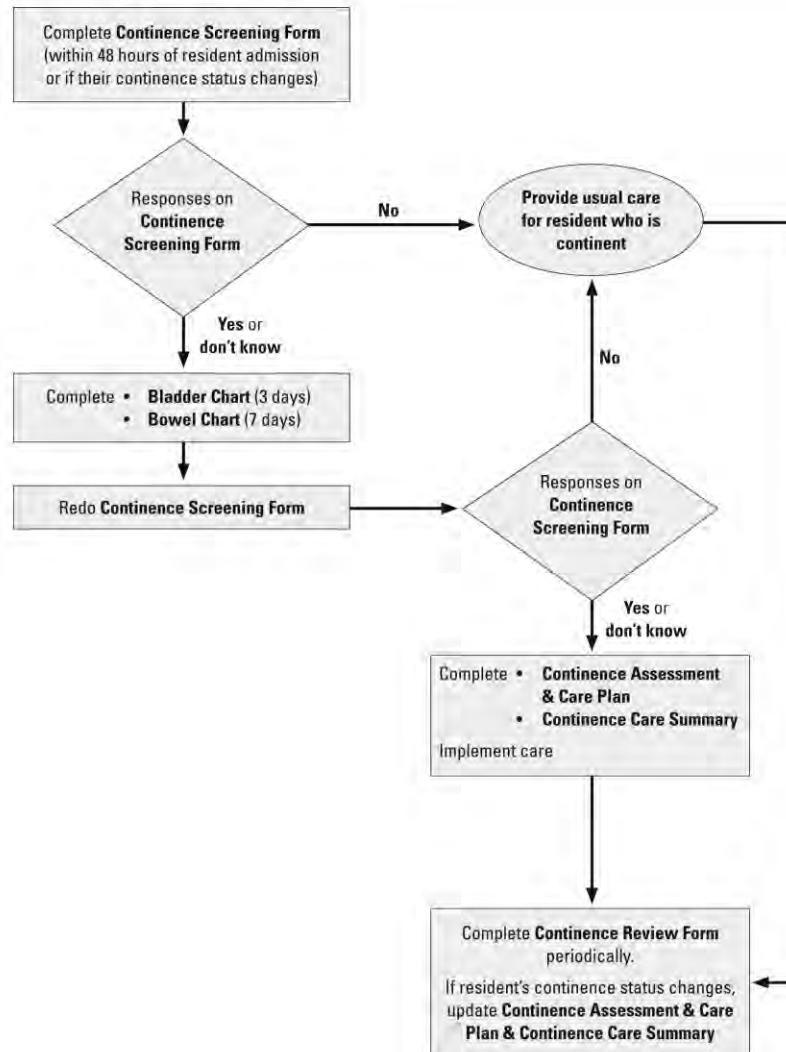
- % of residents with incontinence
- % of residents who require bladder/bowel support
- Other common bladder & bowel symptoms

Why do a continence assessment?

1. To identify and treat potentially reversible causes of incontinence
2. To develop an individualised continence management plan that meets the residents' needs
3. To enhance residents' dignity concerning bladder and bowel elimination

Continence Management Flow Chart

On Admission



Developed by Deakin University and funded under the National Continence Management Strategy.

Continence Screening Form

Document No: _____

To be completed within 48 hours of resident's admission or if there is a change in their continence status.

If the resident is unable to answer these questions, please complete using your observations or by asking a family member or other staff member.

ID LABEL

Date: ____/____/____

Bladder Health

- | | |
|--|--|
| 1. Does the resident go to the toilet more than 6 times in the day to pass urine? | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Don't know |
| 2. Does the resident get up more than once during the night to pass urine? | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Don't know |
| 3. Does the resident leak urine? | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Don't know |
| 4. Does the resident have any other bladder problems (ie. difficulties passing urine and/or pain)? | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Don't know |

Bowel Health

- | | |
|---|--|
| 5. Has the resident lost control of or leaked bowel motions? | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Don't know |
| 6. Does the resident have any other bowel difficulties (ie. constipation or diarrhoea)? | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Don't know |

Pad Usage

- | | |
|---|--|
| 7. Does the resident wear pads? | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Don't know |
| 8. Does the resident have to change his/her underclothes or wear protection because of bladder or bowel leakage or soiling? | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Don't know |

If you ticked YES or DON'T KNOW to any of these questions, please:

- Complete Bladder Chart and Bowel Chart

Three Day Bladder Chart

Document No: _____

Please complete details for each time the resident passes urine.

Complete each day for 3 complete days (identify which day)

ID LABEL

Day _____ Date _____

Time	Drinks (amt, type)	Continent Yes/No (ie. in toilet)	Incontinent Yes/No Degree of wetness: Pad only. Pad & underwear. Pad, underwear & outer clothing.	No. of pad and/or clothing changes	Comments (assoc. circumstances, effect on daily activity)
(Example)	0800 Cup of tea	No	Yes- pad only	1 change of pad	unable to get to toilet
Waking to morning tea					
Morning tea to lunch					
Lunch to afternoon tea					
Afternoon tea to dinner					
Dinner to bed					
Overnight					

Developed by Flinders University and funded under the National Continence Management Strategy

Seven Day Bowel Chart

Document No: _____

Please complete details for each time the resident has a bowel movement.

ID LABEL

Date	Shift	Time	Type of bowel movement (refer to Bristol Stool Form Scale)	Incontinent of stool Yes/No	Number of pad/clothing changes (identify pads or clothing or both)	Comments (associated circumstances/effects on daily activities/laxative use)
	am					
	pm					
	night					
	am					
	pm					
	night					
	am					
	pm					
	night					
	am					
	pm					
	night					
	am					
	pm					
	night					
	am					
	pm					
	night					
	am					
	pm					
	night					

The Bristol Stool Form Scale (Use this as a guide to the stool type)



Type 1
Separate hard lumps like nuts (hard to pass)



Type 2
Sausage-shaped but lumpy



Type 3
Like a sausage but with cracks on its surface



Type 4
Like a sausage or snake, smooth and soft



Type 5
Soft blobs with clear-cut edges (passed quickly)



Type 6
Fluffy pieces with ragged edges, a mushy stool



Type 7
Watery, no solid pieces
ENTIRELY LIQUID

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Why should the Bristol Stool Form Scale be used?

What is a normal stool?

The Bristol Stool Form Scale *(Use this as a guide to the stool type)*



Type 1

Separate hard lumps like nuts (hard to pass)



Type 2

Sausage-shaped but lumpy



Type 3

Like a sausage but with cracks on its surface



Type 4

Like a sausage or snake, smooth and soft



Type 5

Soft blobs with clear-cut edges (passed quickly)



Type 6

Fluffy pieces with ragged edges, a mushy stool



Type 7

Watery, no solid pieces
ENTIRELY LIQUID

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Monthly Bowel Chart

┌───────────┐ ┌───────────┐

ID LABEL

[illegible]

The Bristol Stool Form Scale (Use this as a guide to the stool type)



Type 1
Separate hard lumps like
nuts (hard to pass)



Type 2
Sausage-shaped but
lumpy



Type 3
Like a sausage but with
cracks on its surface



Type 4
Like a sausage or snake,
smooth and soft



Type 5
Soft blobs with clear-cut edges (passed quickly)



Type 6
Fluffy pieces with ragged edges, a mushy stool



Type 7
Watery, no solid pieces
ENTIRELY LIQUID

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Contenance Assessment Form and Care Plan

Date: ____/____/____

Refer to "Education Guide" for further information on assessment cues and care options

RESIDENT ID

SECTION A: Toileting ability, Cognitive skills & Mobility

Best practice recommendations

- Encourage residents to participate as much as possible in toileting activities to remain optimal mobility and independence
- Consider each residents personal preferences for continence care

Assessment Cues

(tick appropriate response)

1. Does the resident know when to go to the toilet?

- ☐ Yes
☐ Sometimes
☐ No

2. Can the resident tell you where the toilet is?

- ☐ Yes
☐ Sometimes
☐ No

3. Can the resident walk to the toilet independently?

- ☐ Yes, independently
☐ Sometimes
☐ No, requires supervision
☐ No, requires physical assistance
☐ No, requires lifting equipment
☐ N/A, unable to use toilet

4. Can the resident get on and get off the toilet independently?

- ☐ Yes, independently
☐ Sometimes
☐ No, requires supervision
☐ No, requires physical assistance
☐ No, requires lifting equipment
☐ N/A, unable to use toilet

5. Can the resident undress and dress themselves before and after toileting?

- ☐ Yes, independently
☐ Sometimes
☐ No, requires supervision
☐ No, requires physical assistance
☐ No, requires lifting equipment
☐ N/A, unable to use toilet

Care Options

(tick appropriate care option)

If sometimes or no:

- Identify behaviours showing that the resident may need to go to the toilet (eg restlessness)
(List possible cues) _____

☐ Supervise

☐ Prompt

☐ Physically assist the resident to go to the toilet at

☐ fixed times

☐ individualised times

If sometimes or no:

- Show/ remind the resident where the toilet is
- Ensure toilet is easy to identify
- Leave the toilet light on

If sometimes or no:

- Place the resident close to the toilets:

- Place the following ambulation aids close to the resident

- ☐ Wheely frame ☐ Pick up frame ☐ Gutter frame ☐ Walking stick ☐ Wheel chair

☐ Supervise

☐ Prompt

☐ Physically assist the resident to walk to the toilet

If physical assistance is required, provide:

☐ 1 staff member

☐ 2 staff members

☐ Lifting equipment ☐ Other _____

If sometimes or no:

- Encourage the resident to use the following assistive devices

- ☐ Handrails ☐ An over the toilet seat frame ☐ A donut ☐ Other _____

☐ Supervise

☐ Prompt

☐ Physically assist the resident to get on and off toilet

If physical assistance is required, provide:

☐ 1 staff member

☐ 2 staff members

☐ Lifting equipment ☐ Other _____

If sometimes or no:

- Ensure that the resident has clothing that is easy to manage (i.e. elastic waisted pants with no zips).

☐ Supervise

☐ Prompt

☐ Physically assist the resident to adjust their own clothing.

SECTION A: Toileting ability, Cognitive skills & Mobility (continued)

Assessment Cues

(tick appropriate response)

6. Can the resident use toilet paper and wipe themselves?

- ☐ Yes, independently
☐ Sometimes
☐ No, requires supervision
☐ No, requires physical assistance

7. Does the resident co-operate with staff when they assist with toileting or changing?

- ☐ Yes
☐ Sometimes
☐ No

8. Does the resident experience pain that restricts their toileting ability?

- ☐ Yes
☐ Sometimes
☐ No

Care Options

(tick appropriate care option)

If sometimes or no:

☐ Supervise ☐ Prompt

☐ Physically assist the resident to get toilet paper ready and to use it.

☐ Supervise ☐ Prompt

☐ Physically assist the resident to wash their hands at toilet completion.

If sometimes or no:

- ask the RN, Continence Nurse or GP about the care required and refer to resident's behavioural management plan.

If sometimes or yes:

- Check that the resident is getting their pain medication as ordered
- Limit the resident's movement until pain subsides
- Offer bedpans, urinals and/or pads

- If the resident is unable to verbally communicate, search for cues that indicate pain.
(List possible cues) _____

SECTION B: Bladder & Bowel pattern

Refer to 3 day bladder chart and 7 day bowel chart to complete questions

Best practice recommendations

- Aim for the resident to be continent and to void 4-6 times a day and no more than 2 times at night
- Aim for the resident to have a regular (at least 3 per week) continent, soft formed stool (i.e. Bristol)
- If the resident has incontinence, aim for them to feel clean and dry with changes of pads soon after
- Assess residents risk for falling if they need to go to the toilet at night.

Assessment Cues

(tick appropriate response)

Care Options

(tick appropriate care option)

9. During the day, how many times does the resident need to pass urine/go to the toilet on average (from 7am-7pm)?
- ☐ Less than 3 times
☐ 4 - 6 times (normal)
☐ More than 6 times

10. During the night, how many times does the resident need to pass urine/go to the toilet on average (from 7pm-7am)?
- ☐ None
☐ Once
☐ Two or more times

If once or more:

- Ensure call bell is within reach.
- Turn night light on.
- Ensure commode/pans/toilet is near the bed.
- Turn sensor/s on.
- If resident is awake, offer toileting assistance.
- If the resident passes urine two or more times during the night, ask the RN, Continence Nurse or GP about the care required.

SECTION B: Bladder & Bowel pattern (continued)

Assessment Cues

(tick appropriate response)

Care Options

(tick appropriate care option)

11. Does the resident experience urine leakage during the day?
- ☐ Yes
☐ No

If yes, how often?

- ☐ Once every few days
☐ Once a day
☐ Several times a day
☐ Most or every time

If yes to urine leakage during the day:

- ☐ Develop and put in place an individualised toileting program
☐ Develop and put in place a fixed time toileting program
☐ Develop and put in place a pad check and change program

12. Does the resident experience urine leakage during the night?
- ☐ Yes
☐ No

If yes, how often?

- ☐ Once every few nights
☐ Once a night
☐ Several times a night
☐ Most or every time

If yes to urine leakage during the night:

- ☐ Develop and put in place an individualised toileting program
☐ Develop and put in place a fixed time toileting program
☐ Develop and put in place a pad check and change program

13. Does the resident have a predictable pattern of passing urine (including urine leakage)?

a) During the day?

- ☐ Yes
☐ No

b) During the night?

- ☐ Yes
☐ No

If yes:

- ☐ Refer to the 3 day bladder chart and use the grid below to mark the toileting program based on the resident's pattern.

If no:

- ☐ Use the grid below to mark the times for a fixed time toileting program (i.e. at least every 4 - 6 hours during the day)
☐ Use the grid below to mark the times for a pad check and change program (i.e. at least every 4 - 6 hours during the day)

Toileting / pad check and change grid (please tick)

	mid- night	1 am	2 am	3 am	4 am	5 am	6 am	7 am	8 am	9 am	10 am	11 am	12 noon	1 pm	2 pm	3 pm	4 pm
Toileting times																	
Pad check & change times																	

Assessment Cues

(tick appropriate response)

Care Options

(tick appropriate care option)

14. Does the need to pass urine or incontinence at night make it difficult for the resident to go back to sleep?

- ☐ N/A
☐ No
☐ Sometimes
☐ Yes

If sometimes or yes:

- ☐ Place a commode beside the resident's bed.
☐ Offer the resident a bedpan or urinal.
☐ Identify and put in place individualised strategies to help the resident.

SECTION B: Bladder & Bowel pattern (continued)

Assessment Cues

(tick appropriate response)

Care Options

(tick appropriate care option)

15. Does the resident have a urinary catheter in place?
- ☐ Yes
☐ No

If yes, is the catheter

☐ Suprapubic?

☐ Urethral?

If yes, ask the RN, Continence Nurse or GP about the care required and refer to residents' care plan.

- ☐ No assistance required to empty catheter bag
☐ Supervise the resident to empty catheter bag
☐ Physically assist the resident to empty catheter bag

16. How often does the resident normally use their bowels?
- ☐ Daily to second daily
☐ Less than 3 times per week

17. In the past two weeks has the resident leaked, or had accidents or lost control with stool/bowel motion?
- ☐ Yes
☐ No

If less than 3 times per week, or if yes to question 17: discuss the following options with RN, Continence Nurse or GP

- ☐ Increase fluid to _____ a day.
☐ Increase fibre by _____ a day.
☐ Increase mobility (refer to mobility / activity care plan).
☐ Medication (as determined by RN, Continence Nurse or GP).
☐ Refer for further investigation (i.e. Abdominal X-Ray, GUT motility study).
☐ Monitor bowel elimination frequency and stool consistency.
☐ Prompt / supervise / assist resident to the toilet at _____ each day.
☐ Encourage the resident to respond to the urge to use their bowels.
☐ Supervise / prompt / assist the resident to sit on the toilet and rest their elbows on their knees with their feet flat on the floor or stool to facilitate bowel emptying.

If yes to any symptom, ask the RN, Continence Nurse or GP about the care required.

18. Has the resident got any of the following symptoms when they use their bowels?

- ☐ Pain and discomfort
☐ Straining
☐ Bleeding
☐ Hard, dry motions
☐ Very fluid bowel motions

19. Has the resident had a urine test (dipstick) done in the past 28 days?
- ☐ Yes
☐ No (this needs to be done)

pH _____ SG _____

- Blood ☐ Yes ☐ No
 Nitrites ☐ Yes ☐ No
 Leukocytes ☐ Yes ☐ No

If the resident's urine dip-stick shows blood or nitrites or leukocytes or has a pH equal to 8 or above, ask the RN, Continence Nurse or GP about the care required.

Further comments and/or observations:

SECTION C: Nutrition (fluid & diet)

Best practice recommendations

- Aim for the resident to have 5-10 cups of fluid per day unless otherwise indicated & limit known bladder irritants (i.e. coffee, alcohol)
- Aim for the resident to have 30gm of dietary fibre per day unless otherwise indicated

Assessment Cues (tick appropriate response)	Care Options (tick appropriate care option)
<p>20. Does the resident drink an adequate amount of fluid to maintain hydration and healthy bladder and bowel function? <i>(Refer to 3-day bladder chart and check colour of urine)</i></p> <p> <input type="checkbox"/> Yes <input type="checkbox"/> Sometimes <input type="checkbox"/> No </p>	<p>If sometimes or no:</p> <p> <input type="checkbox"/> Encourage resident to drink _____ cups of _____ per day. <input type="checkbox"/> Monitor and report underhydration (under 5 cups per day & dark coloured urine). <input type="checkbox"/> Monitor and report excessive drinking (over 10 cups per day). <input type="checkbox"/> Monitor urine colour (if concerned about dehydration). </p>
<p>21. Does the resident eat an adequate amount of food with fibrous content to maintain healthy bladder and bowel function? <i>(Refer to nutritional assessment)</i></p> <p> <input type="checkbox"/> Yes <input type="checkbox"/> Sometimes <input type="checkbox"/> No </p>	<p>If sometimes or no:</p> <p> <input type="checkbox"/> Refer to resident's nutritional care plan. <input type="checkbox"/> Encourage the resident to eat cereals, vegetables and fruit regularly. <input type="checkbox"/> Offer small snacks regularly. <input type="checkbox"/> Refer to nutritional/swallowing assessment and care plan. <input type="checkbox"/> Ensure dentures are in at meal times and that they fit. </p>

SECTION D: Skin care

Best practice recommendations

- Aim for the resident's skin to remain intact and free from rashes, excoriation and pressure ulcers

Assessment Cues (tick appropriate response)	Care Options (tick appropriate care option)															
<p>22. Does the resident's skin around their buttocks, groin and perineal area appear to:</p> <p><input type="checkbox"/> Be very thin or fragile</p> <p><input type="checkbox"/> Be reddened</p> <p><input type="checkbox"/> Be unusually pale</p> <p><input type="checkbox"/> Have a discharge</p> <p><input type="checkbox"/> Have a foul or bad smell</p> <p><input type="checkbox"/> Be broken, have a rash or have lumps and blotches</p> <p><input type="checkbox"/> Other (specify) _____</p>	<p>If yes to any skin abnormalities, consider the general care options below and ask the RN, Continence Nurse and/or GP about the care required.</p> <p><input type="checkbox"/> Change wet pads, linen and clothing soon after incontinent episodes.</p> <p><input type="checkbox"/> Use the wetness indicators on disposable continence pads as a guide to know when to change the pad.</p> <p><input type="checkbox"/> Use a non-irritating, pH neutral product for washing the skin after each incontinent episode.</p> <p><input type="checkbox"/> Use a soft toilet paper or 'wet ones' for wiping if skin is very sensitive.</p> <p><input type="checkbox"/> Apply a barrier cream for protection against exposure to urine and/or faeces</p>															
<p>23. Is the resident currently using a continence product to contain their incontinence?</p> <p><input type="checkbox"/> Yes – during day and night</p> <p><input type="checkbox"/> Yes – during day only</p> <p><input type="checkbox"/> Yes – during night only</p> <p><input type="checkbox"/> No</p>	<p>If yes, select a product that is able to absorb the volume of urine loss and/or contain the faecal matter and is comfortable for the resident.</p> <p>Select from the following options:</p> <table border="0"> <thead> <tr> <th></th> <th>Day</th> <th>Night</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Disposable pad</td> <td><input type="checkbox"/> (type) _____</td> <td><input type="checkbox"/> (type) _____</td> </tr> <tr> <td><input type="checkbox"/> Washable pad/pant</td> <td><input type="checkbox"/> (type) _____</td> <td><input type="checkbox"/> (type) _____</td> </tr> <tr> <td><input type="checkbox"/> Commode</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Condom drainage</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>		Day	Night	<input type="checkbox"/> Disposable pad	<input type="checkbox"/> (type) _____	<input type="checkbox"/> (type) _____	<input type="checkbox"/> Washable pad/pant	<input type="checkbox"/> (type) _____	<input type="checkbox"/> (type) _____	<input type="checkbox"/> Commode	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Condom drainage	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/> Commode	<input type="checkbox"/>	<input type="checkbox"/>														
<input type="checkbox"/> Condom drainage	<input type="checkbox"/>	<input type="checkbox"/>														

SECTION E: Medical

(This section may need to be completed by an RN, Continence Nurse or GP)

24. Please indicate whether or not the resident has any of the following potentially reversible causes of incontinence

- | | | | | |
|---|--|---------------------------------------|---|--|
| <input type="checkbox"/> Delirium | <input type="checkbox"/> Bladder infection | <input type="checkbox"/> Constipation | <input type="checkbox"/> Irritable bowel syndrome | <input type="checkbox"/> Medication |
| <input type="checkbox"/> Atrophic vaginitis | <input type="checkbox"/> Unstable diabetes | <input type="checkbox"/> Depression | <input type="checkbox"/> Enlarged prostate | <input type="checkbox"/> Restraint use |
-

25. If yes to any of the conditions, could this condition be causing the residents incontinence?

- ☐ No
- ☐ Yes *(please list)* _____
-

26. Is there any potential to treat or improve the residents' condition with any of the following options

- | | | | | | | |
|---------------------------------------|---|---|---|---------------------------------------|--|--|
| <input type="checkbox"/> Medication | <input type="checkbox"/> Bladder training | <input type="checkbox"/> Electrical stimulation | <input type="checkbox"/> Pelvic floor muscle training program | | | |
| <input type="checkbox"/> Referral to: | <input type="checkbox"/> GP | <input type="checkbox"/> Continence Nurse | <input type="checkbox"/> Urologist | <input type="checkbox"/> Geriatrician | <input type="checkbox"/> Gynaecologist | <input type="checkbox"/> Physiotherapist |
-

SECTION F: Resident Perspectives

(This section should be completed in conjunction with residents and/or their family members)

Best practice recommendations

- Ensure residents and families are given information about healthy bladder and bowel habits
- If the resident has a low affect and/or is bothered by their symptoms discuss this with an RN or the GP
- If a continence product is used, ensure that it fits the resident, absorbs any incontinence, and protects the resident's underwear and outer clothing

Bladder Function

27. If you are experiencing a bladder problem, what kind of assistance would you prefer? *(may tick more than one)*

- ☐ No assistance
- ☐ To be assisted to go to the toilet at _____
- ☐ To wear pads during the day
- ☐ To wear pads during the night
- ☐ To be seen by a specialist for further investigation
- ☐ Other _____

29. If you are experiencing a bladder problem, how much of a problem is this for you?

- ☐ No problem ☐ A bit of a problem
- ☐ Quite a problem ☐ Severe problem

31. If you are wearing a continence product, does it keep you dry and comfortable? ☐ N/A ☐ Yes ☐ No

If no, would you like to consider other options? ☐ Yes ☐ No

Bowel Function

28. If you are experiencing a bowel problem, what kind of assistance would you prefer? *(may tick more than one)*

- ☐ No assistance
- ☐ To be assisted to go to the toilet at _____
- ☐ To wear pads during the day
- ☐ To wear pads during the night
- ☐ To have a laxative
- ☐ To be seen by a specialist for further investigation
- ☐ Other _____

30. If you are experiencing a bowel problem, how much of a problem is this for you?

- ☐ No problem ☐ A bit of a problem
- ☐ Quite a problem ☐ Severe problem

Further comments and/or observations _____

Staff member completing assessment

Name _____

Signature _____

Designation _____ Date _____

Staff member endorsing this assessment

Name _____

Signature _____

Designation _____ Date _____

Care plan discussed with and agreed to by family

☐ Yes ☐ No ☐ N/A

Family/Other-Name _____

Signature _____

Relationship _____ Date _____

Continence Care Summary

1. Is the resident:

Incontinent of urine ☐ Yes ☐ No
Incontinent of faeces ☐ Yes ☐ No

3. Behaviours that indicate need to toilet

☐ Restless ☐ Wandering
☐ Pulls at clothes ☐ Other

2. What level of assistance is required to support toileting

☐ N/A, unable to use toilet
☐ No assistance required (is independent)
☐ Requires supervision (i.e. prompting, reminding and directional support)
☐ Requires physical assistance ☐ One person assist ☐ Two person assist
☐ Lifting equipment ☐ Other

4. Resident's day time toileting / pad check & change program

	7am	8am	9am	10am	11am	noon	1pm	2pm	3pm	4pm	5pm	6pm	7pm
Toileting times													
Pad check & change times													

5. Resident's night time toileting / pad check & change program

	7pm	8pm	9pm	10pm	11pm	midnight	1am	2am	3am	4am	5am	6am	7am
Toileting times													
Pad check & change times													

6. Resident's preferences for continence care (if resident is able to indicate)

a) During the day

☐ No assistance
☐ Assistance to go to the toilet at _____ (specify times)
☐ To wear pads (specify type) _____
☐ Other _____

b) During the night

☐ No assistance
☐ Assistance to go to the toilet at _____ (specify times)
☐ To wear pads (specify type) _____
☐ Other _____

7. Individual requirements for regular bowel elimination

☐ No additional requirements
☐ Encourage resident to sit on toilet for bowel action after breakfast each day
☐ Encourage additional dietary fibre (specify type) _____
☐ Encourage additional fluid (specify amount & type) _____
☐ Ensure laxative administration (specify) _____

8. Individual requirements for skin care

☐ No additional requirements
☐ Apply _____ cream after each pad change

9. Other

Continence Review Form

Document No: _____

ID LABEL

Review Date ____/____/____

Has the resident's continence status been assessed in the last 12 months? ☐ Yes ☐ No

Have all sections of the Continence Assessment and Care Plan been completed? ☐ Yes ☐ No

Has there been any change in the resident's continence status since the last review? ☐ Yes ☐ No

Does the Summary Continence Care Plan need to be changed? ☐ Yes ☐ No

Review Date ____/____/____

Has the resident's continence status been assessed in the last 12 months? ☐ Yes ☐ No

Have all sections of the Continence Assessment and Care Plan been completed? ☐ Yes ☐ No

Has there been any change in the resident's continence status since the last review? ☐ Yes ☐ No

Does the Summary Continence Care Plan need to be changed? ☐ Yes ☐ No

Review Date ____/____/____

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Does the Summary Continence Care Plan need to be changed? ☐ Yes ☐ No

Review Date ____/____/____

Has the resident's continence status been assessed in the last 12 months? ☐ Yes ☐ No

Have all sections of the Continence Assessment and Care Plan been completed? ☐ Yes ☐ No

Has there been any change in the resident's continence status since the last review? ☐ Yes ☐ No

Does the Summary Continence Care Plan need to be changed? ☐ Yes ☐ No

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A healthcare worker with red hair, wearing a blue and white striped shirt and a red stethoscope, is leaning in and talking to an elderly woman with short, curly grey hair and glasses. They are positioned next to a large window that looks out onto a brick-paved area and some foliage. The scene is brightly lit by natural light from the window.

Respecting resident's rights during a continence assessment

Recommendations for Continence Care in Residential Aged Care

‘Residents’ continence should be managed effectively’

(Standard 2.12 of the Standards and Guidelines for Residential Aged Care Services Manual, DoHA, 2004).

Linking the Continence Tools to the Aged Care Funding Instrument

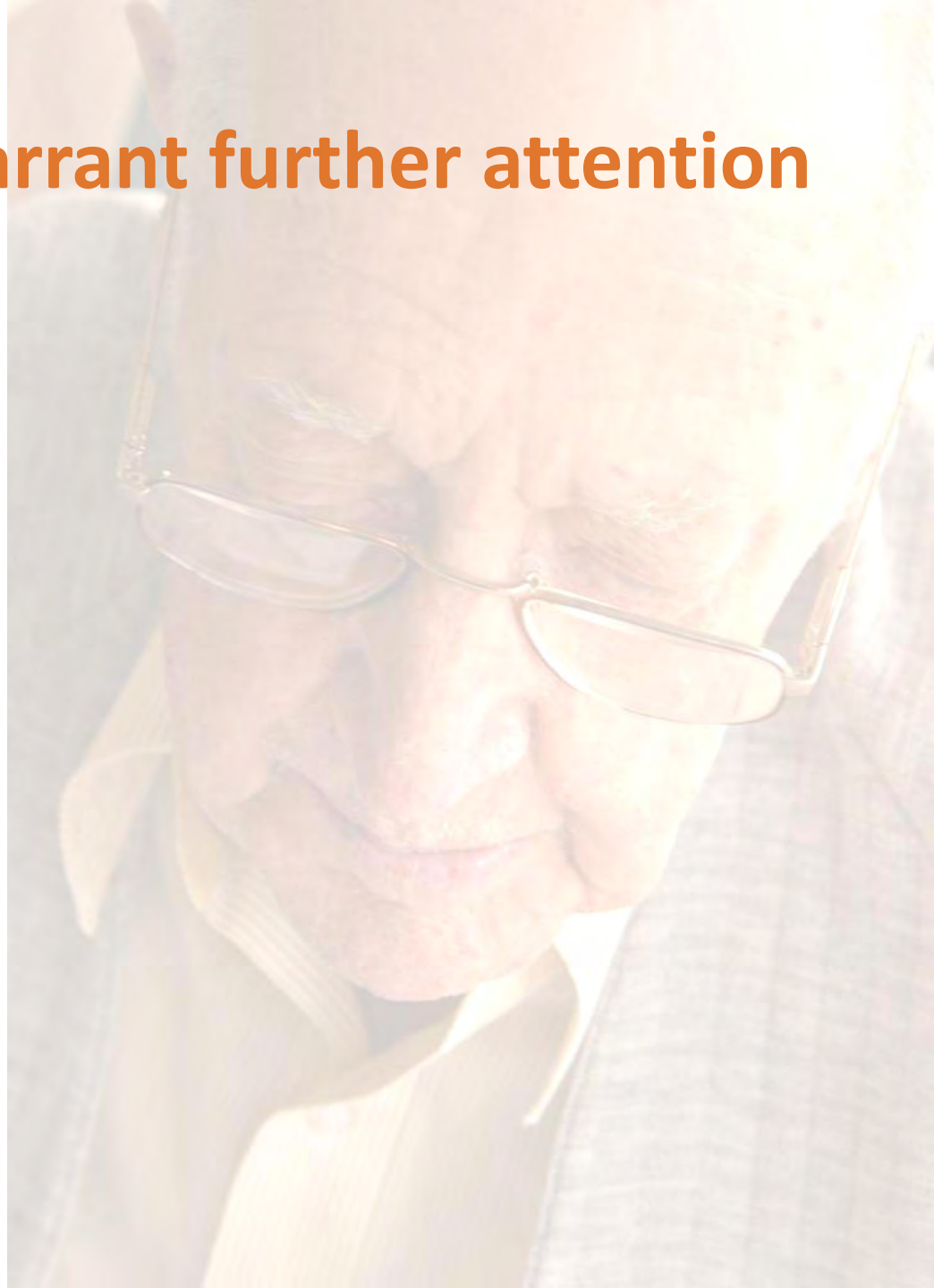
- Completing the Continence Tools for Residential Aged Care will also provide information to complete the Aged Care Funding Instrument (ACFI)
 - The ***Continence Assessment Form and Care Plan*** can be used to collect the relevant information to claim under ACFI 4: Toileting.
 - The ***Three Day Bladder Chart*** and ***Seven Day Bowel Chart*** can be used to collect the relevant information to claim under ACFI 5: Continence.

Bladder & bowel symptoms that warrant further attention

- Resident resistance to assistance with toileting or changing
- Voiding < 3 times during day
- Voiding > 6 times during the day
- Voiding > 2 times during the night
- The use of a urinary catheter
- Bowel motions < 3 times per week
- Pain and/or discomfort using bowels
- Straining to use bowels
- Bleeding when using bowels
- Hard, dry bowel motions
- Very fluid bowel motions
- Urine Ph ≤ 4.5 and ≥ 8
- Urine SG ≤ 1.020 and ≥ 1.030 g/ml
- Blood in urine
- Nitrates in urine
- Leukocytes in urine

Conditions that warrant further attention

- Impaired skin integrity
- Delirium
- Bladder infection
- Constipation
- Irritable bowel syndrome
- Atrophic vaginitis
- Unstable diabetes
- Depression
- Enlarged prostate



Medications that may affect continence

Medication type	Example/s	Affect on bladder and/or bowel function
Alpha-agonists	Pseudoephedrine	Found in many nasal decongestants. Can cause voiding difficulties in men
Anticholinesterase	Neostigmine	For the management of Myasthenia gravis and irritable bowel syndrome. Can contribute to urinary incontinence due to relaxation of the bladder sphincter
Anti-hypertensives •Alpha-adrenergic blockers •Calcium channel blockers	Minipress Nifedipine	Prescribed for the management of hypertension. Alpha-adrenergic blockers can cause increased urinary leakage. Calcium channel blockers can lead to urinary frequency and increased need to pass urine at night
Antimuscarinic medications, or anticholinergics	Hyoscine Propantheline	Used to dry salivary and respiratory secretions. An anti-spasmodic sometimes used to manage bladder hyperactivity. These medications can cause voiding difficulties and may contribute to constipation
Antimuscarinic side effects •Antihistamines •Tricyclic antidepressants	Phenergan Avomine Amitriptyline	Used to treat allergies, motion sickness. For management of depression. Both of these can decrease awareness of the need to pass urine. Tricyclic antidepressants can also cause voiding difficulties
Antipsychotics	Haloperidol Clozapine Lithium	For the management of psychotic illnesses such as schizophrenia. Can decrease awareness of the need to pass urine and voiding difficulties
Barbiturates	Phenobarbital	Anti convulsant medication used in epilepsy. Can decrease awareness of the need to pass urine

Medications that may affect continence (cont'd)

Medication type	Example/s	Affect on bladder and/or bowel function
Benzodiazepines	Temazepam Diazepam	Used for sedation, i.e. management of insomnia. Can decrease awareness of the need to pass urine.
Cytotoxics	Cyclophosphamide	For the treatment of cancers. Can result in a condition called Haemorrhagic cystitis- inflammation of the bladder leading to haemorrhage
Diuretics	Lasix Spironolactone	Encourages urine excretion. Some residents may experience urinary urgency, frequency and/or incontinence and dehydration
Homeopathic medication	St John's Wort	Treatment of depression. Has been associated with voiding difficulties
Laxatives	Coloxyl with Senna Lactulose Movicol	There are many types of laxatives to soften the stool and make it easier to pass. If overused, they can result in loose stools, faecal urgency and frequency
Muscle relaxants	Baclofen	Used to manage conditions such as Multiple Sclerosis. It causes relaxation that can often affect the pelvic floor muscles, therefore contributing to incontinence
Opiate, Opioid and Narcotic analgesia	Morphine Panadeine Forte Oxycontin	Used to treat moderate to severe pain. Can cause sedation, voiding difficulties and contribute to constipation
Xanthines	Theophylline Caffeine- tea and coffee	Theophylline is used to treat asthma. Can cause urinary urgency and dehydration.

Other resources

- Alzheimer's Australia <http://www.alzheimers.org.au/>
- Australian Government Department of Health & Ageing. (2004). Standards & Guidelines for Residential Aged Care Services Manual.
- <http://www.health.gov.au/internet/main/Publishing.nsf/Content/ageing-manuals-sgr-sgrindex.htm>
- Australian Department of Health and Ageing Bladder and Bowel website <http://www.bladderbowel.gov.au/>
- Getliffe, K & Dolman, M. (2007). *Promoting Continence: A Clinical and Research Resource*. (3rd Edition) Elsevier Ltd, USA
- Nikoletti, S., Young, J., Levitt, M., King, M., Chidlow, C., Hollingsworth, S. (2006). *Healthy Bowel Management: An education resource for nurses*. Sir Charles Gardiner Hospital & Edith Cowan University
- The Continence Foundation of Australia <http://www.continence.org.au/>
- The National Continence Helpline <http://www.continence.org.au/helpline.html> Ph 1800 33 00 66
- Watt, E., Powell, G., Morris, J., Nay, R. (2003). *Promoting continence: A learning program for residential and community aged care workers - CD ROM* [electronic resource]. Melbourne: Division of Nursing and Midwifery, La Trobe University (National Continence Management Strategy, Commonwealth Government of Australia).

References

- Australian Government Department of Health and Ageing (2003). Resident Classification Scale Statistics. Canberra, Aged & Community Care Branch, Commonwealth Department of Health & Ageing
- Australian Government Department of Health & Ageing. (2004). Standards & Guidelines for Residential Aged Care Services Manual. Retrieved 6th Jan 2009 from <http://www.health.gov.au/internet/main/Publishing.nsf/Content/ageing-manuals-sgr-sgrindex.htm>
- Pearson, J., P. Finucane, et al. (2002). Incidence of incontinence as a factor in admission to aged care homes. Report prepared for the Australian Government Department of Health and Ageing.