

The background of the cover features a close-up photograph of several hands of different ages and skin tones being held together in a supportive grip. The image is slightly blurred and has a soft, warm tone. A dark blue vertical bar is on the left, and an orange vertical bar is on the right.

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.



Exercise: Invite participants to estimate the percentage of residents in their facility who may have a) urinary incontinence, and b) faecal incontinence

Answers:

- over 50% have urinary incontinence
- 10-30% have faecal incontinence (Pearson, Finucane et al. 2002)

Exercise: Invite participants to estimate the percentage of residents in their facility who requires support with bladder management, b) bowel management and c) toileting assistance

Answers:

- 86% require support with bladder management
- 77% require support with bowel management
- 78% require assistance in toileting (Australian Government Department of Health and Ageing, 2003).

Exercise: Invite participants to identify other common bladder and bowel symptoms that residents' may experience.

Answers:

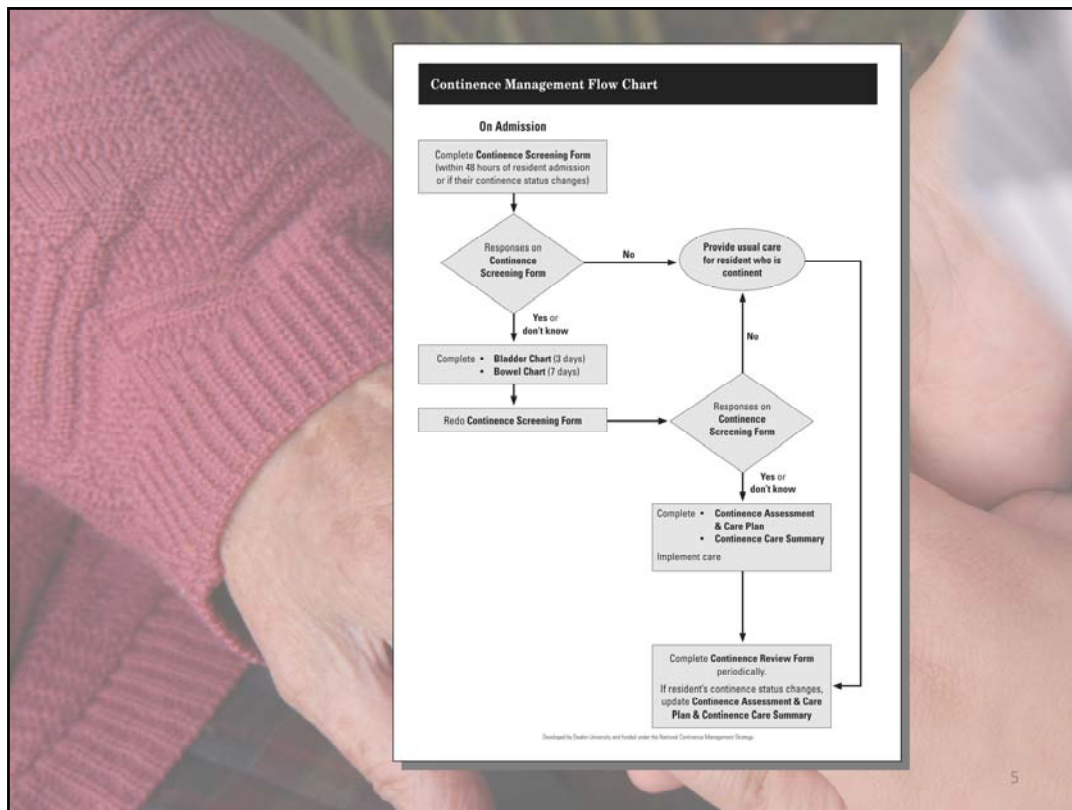
- Nocturia
- Constipation
- Urgency
- Frequency

A background image showing a close-up of hands, likely belonging to an elderly person, holding a pen. The image is slightly blurred and has a warm, orange-toned overlay.

Why do a continence assessment?

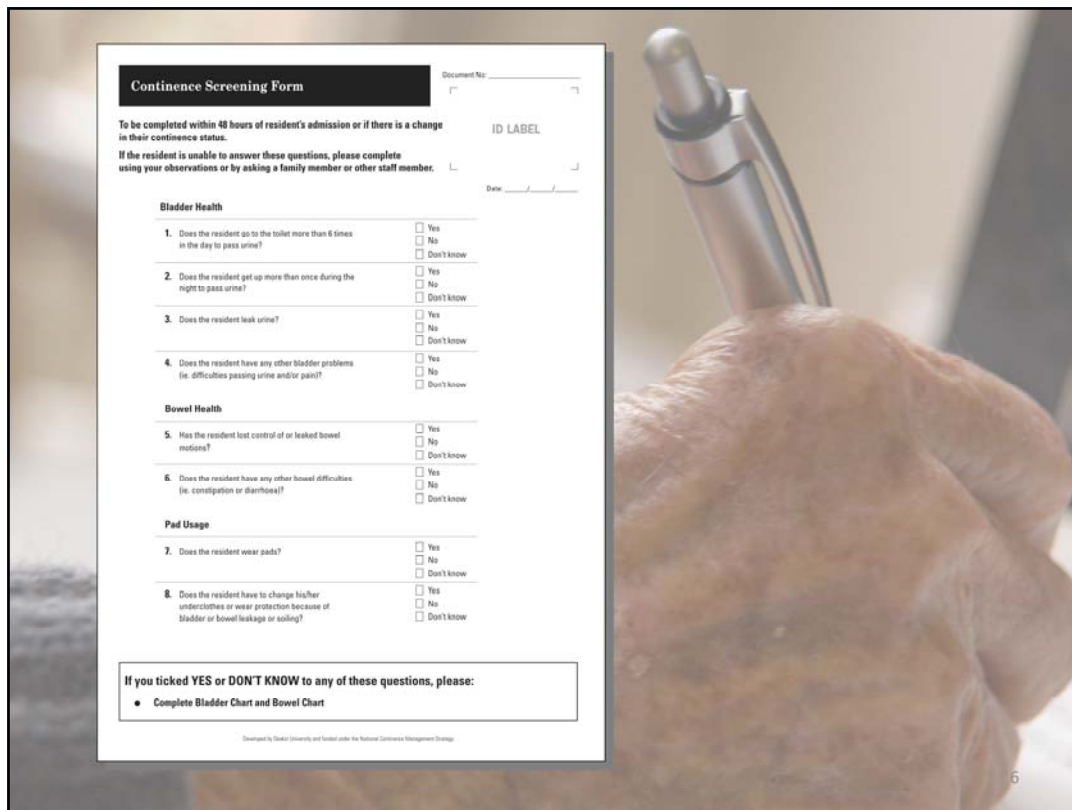
1. To identify and treat potentially reversible causes of incontinence
2. To develop an individualised continence management plan that meets the residents' needs
3. To enhance residents' dignity concerning bladder and bowel elimination

Exercise: Invite participants to discuss how a continence assessment can help them to develop an individualised continence management plan that meets the residents' needs.



The ***Continence Management Flow Chart*** indicates which forms should be completed and when.

Exercise: Review the ***Continence Management Flow Chart*** with participants.

A close-up photograph of a hand holding a silver pen, poised to write on a 'Continence Screening Form'. The form is white with black text and checkboxes. It includes sections for 'Bladder Health', 'Bowel Health', and 'Pad Usage'. The background is a blurred indoor setting.

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.

ID LABEL _____

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

Date: ____/____/____

Bladder Health

1. Does the resident go to the toilet more than 6 times in the day to pass urine? ☐ Yes ☐ No ☐ Don't know

2. Does the resident get up more than once during the night to pass urine? ☐ Yes ☐ No ☐ Don't know

3. Does the resident leak urine? ☐ Yes ☐ No ☐ Don't know

4. Does the resident have any other bladder problems (ie. difficulties passing urine and/or pain)? ☐ Yes ☐ No ☐ Don't know

Bowel Health

5. Has the resident lost control of or leaked bowel motions? ☐ Yes ☐ No ☐ Don't know

6. Does the resident have any other bowel difficulties (ie. constipation or diarrhoea)? ☐ Yes ☐ No ☐ Don't know

Pad Usage

7. Does the resident wear pads? ☐ Yes ☐ No ☐ Don't know

8. Does the resident have to change his/her underclothes or wear protection because of bladder or bowel leakage or soiling? ☐ Yes ☐ No ☐ Don't know

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

- Complete Bladder Chart and Bowel Chart

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

Not all residents require a comprehensive continence assessment. The **Continence Screening Form** assists staff to identify which residents require a comprehensive continence assessment.

Exercise:

Invite participants to review the questions on the **Continence Screening Form** and comment on the best methods to obtain the information.

Three Day Bladder Chart

Please complete details for each time the resident passes urine.
Complete each day for 2 complete days (identify which day)

Day _____ Date _____ Document No. _____ ID LABEL _____

Time	Drinks (amt, type)	Continent Yes/No (in to toilet)	Incontinent Yes/No (Degree of wetness: Pad only Pad & undergarment Pad, undergarment & outer clothing)	No. of pad and/or clothing changes	Comments (reason, circumstances, effect on daily activity)
(Example)	0803 Cup of tea	No	No- 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 Deakin University and funded under the National Continence Management Strategy

The ***Three Day Bladder Chart*** assists staff to assess residents' bladder function.

Exercise: Invite participants to review the ***Three Day Bladder Chart*** and to comment on the best methods to obtain the information.

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)	Frequency of stool Yes/No	Number of post-clustering changes (stooling pads or clothing or bed)	Comments (associated circumstances/effects on daily activities/medication used)
	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 the 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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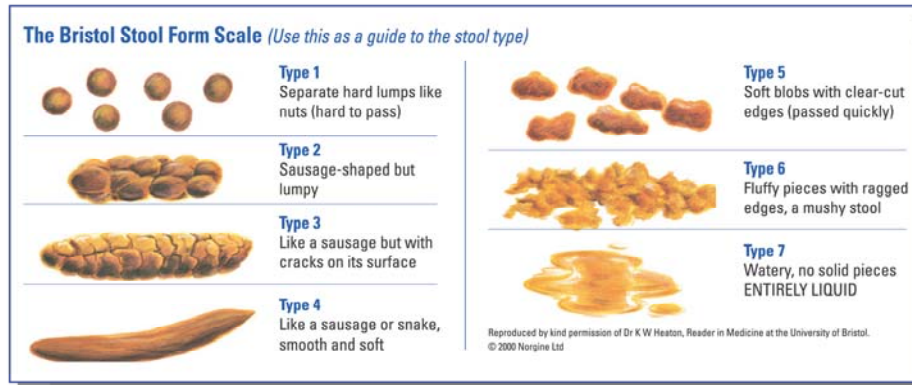
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The ***Seven Day Bowel Chart*** assists staff to assess residents' bowel function.

Exercise: Invite participants to review the ***Seven Day Bowel Chart*** and to comment on the best methods to obtain the information.

Why should the Bristol Stool Form Scale be used?

What is a normal stool?



The Bristol Stool Form Scale is a visual aid designed to help staff to classify the consistency or form of the stool. There are seven types of stool. The scale is widely used in practice and has a strong research base.

Exercise: Invite participants to indicate if they have used the Bristol Stool Form Scale in their practice.

Exercise: Invite participants to comment on why the Bristol Stool Form Scale should be used

Answer: Stool consistency (i.e. stool form) is an important factor to consider in assessing bowel function. By referring to the Bristol Stool Form Scale, you will obtain more accurate assessment information than through other methods of evaluation.

Exercise: Invite participants to indicate what is a normal stool

Answer: If the resident has types 1 and 2 stool, this indicates constipation. Types 3 & 4 are considered 'normal stools' and types 5-7 denote looser stools or diarrhoea. The most ideal stool type is type 4 as this is the easiest to pass.

Continence 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 resident's 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)
- ☐ 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 closer to the toilet
- ☐ Place the following ambulation aids close to the resident: ☐ Wheeled frame ☐ Pick up frame ☐ Gutter frame ☐ Walking stick ☐ Wheel chair
- ☐ Other
- ☐ 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 device: ☐ Handrails ☐ An over the toilet seat frame ☐ A domet ☐ 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 (ie, elastic waisted pants with no pins)
- ☐ 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:**
- ☐ With 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 (if not possible event)

The **Continence Assessment Form and Care Plan** assists staff to conduct a comprehensive assessment and to identify potentially reversible causes of incontinence and to develop an individualised continence care plan for each resident. It contains a number of assessment cues that are linked to care options.

Exercise: Invite participants to review each section of the Continence Assessment Form and Care Plan and to comment on the assessment cues and care options.

Exercise: Invite participants to discuss ways of making the toilet easy to identify for residents.

SECTION B: Bladder & Bowel pattern
Refer to 2 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 up more than 2 times at night
- Aim for the resident to have a regular (at least 3 per week) continence, with formal stool (i.e. Bristol)
- If the resident has incontinence, aim for them to feel clean and dry with changes of pads, nappies or
- Assess residents risk for falling if they need to go to the toilet at night

Assessment Cases
(tick appropriate response)

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
☐ Several times a week
☐ Several times a month

Care Options
(tick appropriate care option)

11. If more than 2 times, ask the RN, Continence Nurse or GP about the care required and refer to resident.

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
☐ Several times a week
☐ Several times a month

Care Options
(tick appropriate care option)

12. If more than 2 times, ask the RN, Continence Nurse or GP about the care required and refer to resident.

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

☐ Yes
☐ No

If yes, during the day?

☐ Yes
☐ No

If yes, during the night?

☐ Yes
☐ No

14. Does the resident need to pass urine or have a bowel movement at night more than 2 times during the night?

☐ Yes
☐ No

Care Options
(tick appropriate care option)

14. If more than 2 times, ask the RN, Continence Nurse or GP about the care required and refer to resident.

2 day bladder chart and 7 day bowel chart

15. During the day, how many times does the resident need to pass urine to the toilet on average (from 7am-7pm)?

☐ Less than 3 times
☐ 4-6 times (normal)
☐ More than 6 times

Care Options
(tick appropriate care option)

15. If more than 6 times, ask the RN, Continence Nurse or GP about the care required and refer to resident.

16. During the night, how many times does the resident need to pass urine to the toilet on average (from 7pm-7am)?

☐ None
☐ Once
☐ Two or more times

Care Options
(tick appropriate care option)

16. If more than 2 times, ask the RN, Continence Nurse or GP about the care required and refer to resident.

7 day bowel chart

17. During the day, how many times does the resident need to pass stool to the toilet on average (from 7am-7pm)?

☐ Less than 3 times
☐ 4-6 times (normal)
☐ More than 6 times

Care Options
(tick appropriate care option)

17. If more than 6 times, ask the RN, Continence Nurse or GP about the care required and refer to resident.

SECTION B: Bladder & Bowel pattern (continued)

Assessment Cases
(tick appropriate response)

18. Does the resident have a urinary catheter in place?

☐ Yes
☐ No

If yes, is the catheter?

☐ Indwelling
☐ Suprapubic
☐ External

Care Options
(tick appropriate care option)

18. If more than 2 times per week, or if you to question 17, discuss the following options with RN, Continence Nurse or GP

19. How often does the resident normally use their bowels?

☐ Daily or almost daily
☐ Less than 3 times per week

20. In the past two weeks has the resident leaked, or had accidents or loss of control with abdominal muscles?

☐ Yes
☐ No

Care Options
(tick appropriate care option)

20. If more than 2 times per week, or if you to question 17, discuss the following options with RN, Continence Nurse or GP

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

☐ Pain and discomfort
☐ Bleeding
☐ Hard, lumpy stools
☐ Very hard stool (constipation)

22. Has the resident had a urinary tract infection (UTI) in the past 28 days?

☐ Yes
☐ No (this needs to be done)

Care Options
(tick appropriate care option)

22. If more than 2 times per week, or if you to question 17, discuss the following options with RN, Continence Nurse or GP

23. Does the resident have a urinary catheter in place?

☐ Yes
☐ No

If yes, is the catheter?

☐ Indwelling
☐ Suprapubic
☐ External

Care Options
(tick appropriate care option)

23. If more than 2 times per week, or if you to question 17, discuss the following options with RN, Continence Nurse or GP

24. Does the resident need to pass urine or have a bowel movement at night more than 2 times during the night?

☐ Yes
☐ No

Care Options
(tick appropriate care option)

24. If more than 2 times, ask the RN, Continence Nurse or GP about the care required and refer to resident.

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? (Refer to 3-day bladder chart and check colour of urine)</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? (Refer to nutritional assessment)</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>

Exercise: Invite participants to identify what foods contain fibre in the resident's diet and how much is required to meet nutritional guidelines for 30gms fibre daily and to maintain health bowel elimination.

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"/> 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

Further comments and/or observations _____

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

31. If you are wearing a continence product, does it keep you dry and comfortable?

- ☐ N/A
☐ Yes
☐ No

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. To the resident:
 Incontinent of urine ☐ Yes ☐ No
 Incontinent of faeces ☐ Yes ☐ No

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

3. Behaviours that indicate need to toilet
☐ Restless ☐ Wandering
☐ Pulls at clothes ☐ Other

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

	7am	9am	11am	1pm	3pm	5pm	7pm	9pm	11pm
Toileting times									
Pad check & change times									

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

	7pm	9pm	11pm	1am	3am	5am	7am	9am	11am
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 time)
☐ To wear pads (specify type) _____
☐ Other _____

b) During the night
☐ No assistance
☐ Assistance to go to the toilet at _____ (specify time)
☐ 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

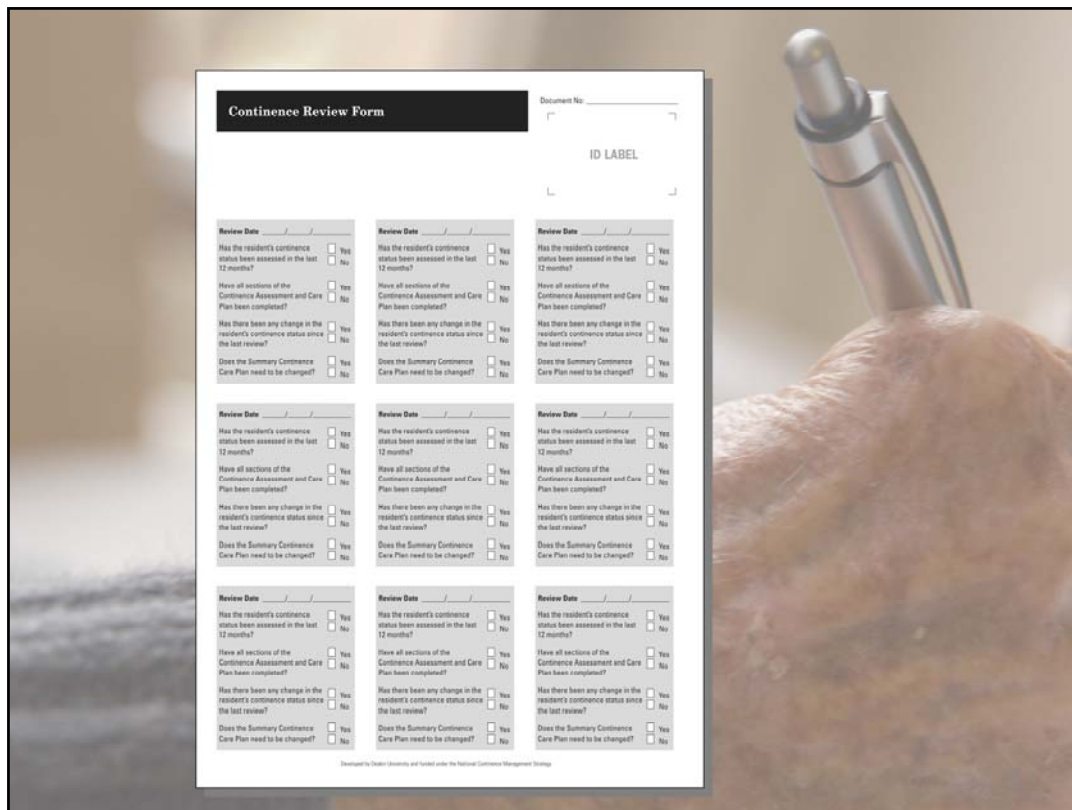
9. Other _____

The Continence Assessment Form and Care Plan also includes a **Continence Care Summary** for staff to summarise the key continence care requirements for the resident.

Exercise: Pending time, present the following case scenario and invite participants to complete a) the Continence Assessment Form and Care Plan and b) the Continence Care Summary and to identify further information they need to collect to complete the assessment.

Case Scenario

Keith is an 86 year old man who has advanced dementia and does not communicate his needs verbally. He is mobile and requires supervision to go to the toilet. Staff try to prompt him to go to the toilet every 4 hours during the day and sometimes this is successful and at other times it is not. Keith doesn't like wearing a pad and sometime tries to remove it. The pads are occasionally discarded and found in different areas throughout his room. At times his clothing is damp and smell offensive. Staff find it difficult to record his fluid intake as they are unable to encourage him to remain seated at mealtimes. They are unsure of whether or not he uses his bowels regularly but he is not found to be faecally soiled.



The image shows a hand holding a silver pen, poised to write on a 'Continence Review Form'. The form is a structured document with a header section and a grid of assessment questions. The header includes a title, a document number field, and an ID label area. The grid consists of nine identical assessment blocks arranged in a 3x3 layout. Each block contains a 'Review Date' field and four questions with 'Yes' and 'No' checkboxes. The questions are: 'Has the resident's continence status been assessed in the last 12 months?', 'Have all sections of the Continence Assessment and Care Plan been completed?', 'Has there been any change in the resident's continence status since the last review?', and 'Does the Summary Continence Care Plan need to be changed?'. At the bottom of the form, there is a small line of text: 'Developed by Oxford University and funded under the National Continence Management Strategy'.

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: ____/____/____

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

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

Although the resident's continence status may remain the stable, it may also change – particularly if their health deteriorates. The **Continence Review Form** assists staff to identify changes in a resident's continence status that may require a change in their continence care plan.



Exercise: Invite participants to comment on some of the challenges involved in obtaining information about residents' bladder and bowel health in a way that also respects their right to privacy. Encourage participants to discuss strategies they use to meet this challenge.

Discussion points: As with any other aspect of conducting a continence assessment, it is important to be sensitive to the private nature of resident's bladder and bowel elimination habits. For this reason, the way in which information is obtained about a resident's continence status, frequency of voiding, frequency of using their bowels or stool type needs to be done discreetly.

It may not always be possible to obtain information about a resident's bladder and bowel habits, however in the context of providing day-to-day personal care to residents, residential aged care staff are generally well placed to discreetly observe and identify signs and symptoms that will help to provide a comprehensive assessment.

Some residents may resist staff attempts to provide continence care: particularly residents who have dementia and who may misinterpret staff actions. For example, the activity of checking the resident's continence status may be interpreted as an act of violation. It is important to respect residents' right to decline care and to privacy. If this is a concern, options include conducting a case conference to determine the best approaches for the resident and/or to seek advice from health professionals with expertise in this area.

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).

20

The Department of Health and Ageing provides a set of standards and guidelines to assist residential aged care services to provide quality care and to meet their obligations under the Aged Care Act 1997.

Exercise: Invite participants to share their thoughts on how residents’ continence can be managed effectively.

The Department of Health and Ageing state that facilities should have policies and practices that:

- provide for the development of a resident care plan that includes individual assessment, documentation, management and regular evaluation;
- provide continence management that is consistent with contemporary practice and consideration of residents’ individual preferences; and that
- appropriate assistive devices are available to promote continence and manage incontinence (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

22

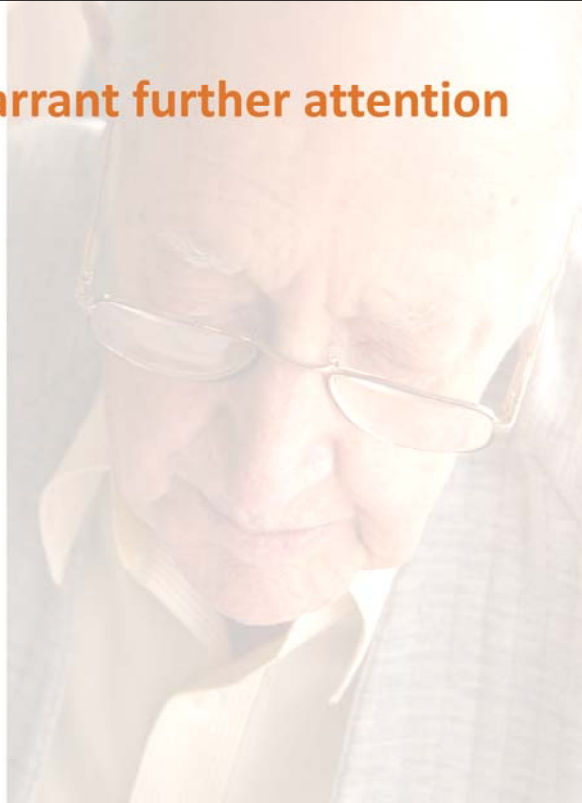
The ***Continence Tools for Residential Aged Care*** are designed to be completed by any level of staff. All staff should work together to conduct a continence assessment and identify bladder and bowel symptoms that warrant further attention. Incontinence or any of the listed symptoms may indicate an underlying problem or health condition.

To assist staff to identify residents who require further assessment, the ***Continence Tools for Residential Aged Care*** include a number of alerts for staff to notify a Registered Nurse or Enrolled Nurse, Continence Nurse Advisor or the resident's General Practitioner. The education guide that accompanies this PowerPoint Presentation provides information on why these bladder and bowel symptoms warrant further attention.

Exercise: Prior to showing this slide, invite participants to identify bladder and bowel symptoms that they think require further attention.

Conditions that warrant further attention

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



There are also a number of health conditions that may contribute to the altered bladder and bowel function. The education guide that accompanies this PowerPoint Presentation contains information on how these conditions may contribute to the resident having altered bladder and bowel function and why they warrant further attention.

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

There are a large number of medications that may affect bladder and bowel function. If the resident is on any of these medications and also has altered bladder and/or bowel function, it is important that they are medically reviewed.

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
- Nikolett, 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.