

## Continence Assessment Form



Mr/Mrs/Miss Ms/Child	Clients Name:	DoB:
Address:		CHI Number:
Post Code:		Telephone No.
Previous Address: <i>(Transferred From)</i>		G.P. Address:
Post Code:		Post Code: Tel No.
Referred by:		Referral Date:
Assessed by:		Assessment date:
Base:	Telephone No.	Review Date:
Type(s) of Continence Problem Identified:		
When did problem start?    Urinary .....    Faecal .....		
Mobility: Good / Poor	Manual Dexterity: Good / Poor	Suitable Toilet Equip: Yes / No
Urinalysis:		
Medication:		
Effect on Client's Quality of Life:		
<i>Increased Laundry, Reduced Social Activities, Employment, Intimacy, Menopausal Status</i>		
Effect on Carer's Quality of Life:		
Fluid Intake mls:    Type of Fluids:		
Incontinent episodes (day) use bladder chart:		
Incontinent episodes (night) use bladder chart:		
Diet - Normal / Special (details)		
Skin Condition:		

Mental Health:
<i>Depression, anxiety, confusion, awareness of problem, behavioural difficulties</i>

INVESTIGATIONS (if reqd) (carried out by competent person)	RESULTS	DATE
Rectal examination		
Penile examination		
Vaginal examination		
Urodynamic results		
Post void ultrasound		
Weight		
Blood chemistry		
Other <i>(please state)</i>		

### Bowel Activity Problems

Previous Bowel investigations:					
Stool Consistency <i>(Bristol Stool Scale)</i>	Scale	Passing <i>(please circle)</i> <i>Mucus Gas Solid Liquid</i>	Set Time <i>Yes / No</i>	Regular <i>Yes / No</i>	Frequency
Constipation <i>Yes / No</i>	Diarrhoea <i>(please circle)</i> <i>Intermittent Continuous</i>	Faecal Incontinence <i>(please circle)</i> <i>Staining Soiling Formed Loose</i>			
Digital Stimulation <i>Yes / No</i>	Manual Removal <i>Yes / No</i>	Pain / Discomfort / Straining <i>(describe)</i>			
Rectal Bleeding <i>(describe)</i>					

## Likely Type of Incontinence

### Stress Urinary Incontinence

<b>Symptoms</b>	Small spurt of urinary leakage with exertion generally leading to small damp patch in pants.	
<b>Trigger questions:</b> (positive response indicative of stress incontinence)	Do you leak when you cough / sneeze / lift? Do you leak if you run e.g. for a bus? Do you leak if you walk downhill? Do you leak when you rise from a chair? Do you leak without feeling the need to empty your bladder? When you leak do you wet your underwear only?	Yes / No Yes / No Yes / No Yes / No Yes / No Yes / No
<b>Check for</b>	Appropriate fluid intake, voiding pattern, constipation, vaginal prolapse, atrophic changes	
<b>Nursing Management</b>	Normalise fluid intake / toilet pattern, advise re weight loss / smoking cessation	
<b>Team Discussion</b>	Treat constipation, treat cough, pelvic floor exercises	
<b>Onward Referral</b>	Specialist physiotherapy assessment and advice re Pelvic Floor education. Urological / gynaecological opinion	
Client's Expectations of Outcome Scale (circle as appropriate - 1 being dry, 10 no change / worse) (Dry) 1 2 3 4 5 6 7 8 9 10 (No change / Worse)		
Carer's Expectations of Outcome Scale (circle as appropriate - 1 being dry, 10 no change / worse) (Dry) 1 2 3 4 5 6 7 8 9 10 (No change / Worse)		

### Urge Incontinence

<b>Symptoms</b>	Uncontrollable urgent desire to void, often results in wet clothing	
<b>Trigger questions:</b> (positive response indicative of urge incontinence)	Do you feel that you are suddenly desperate for the toilet and unable to hold on? Does your bladder start to empty when you put the key in the door / reach the toilet? Do you feel your bladder emptying? When you leak are your clothes wet?	Yes / No Yes / No Yes / No Yes / No
<b>Check for</b>	Urinary tract infection, constipation, neurological disease, post void residual urine, diabetes mellitus	
<b>Nursing Management</b>	Normalise fluid intake, treat urinary tract infection, resolve constipation, individualised toileting programme, bladder retraining	
<b>Team discussion</b>	Anti-cholinergic therapy - unless large post-void residual (>150mls) Topical vaginal oestrogen if appropriate, pelvic floor exercises	
<b>Onward Referral</b>	Specialist physiotherapy assessment and advice, urodynamic assessment	
Client's Expectation of Outcome Scale (circle as appropriate - 1 being dry, 10 no change / worse) (Dry) 1 2 3 4 5 6 7 8 9 10 (No change / Worse)		
Carer's Expectation of Outcome Scale (circle as appropriate - 1 being dry, 10 no change / worse) (Dry) 1 2 3 4 5 6 7 8 9 10 (No change / Worse)		

### Mixed Incontinence

<b>Symptoms</b>	Combination of small spurt urinary leakage on exertion and whole bladder emptying associated with urgency	
<b>Trigger questions</b> (positive response indicative of mixed incontinence)	Mixture of stress and urge positive responses Do you leak when you cough / sneeze / lift? Do you feel that you are suddenly desperate for the toilet and unable to hold on?	Yes / No
<b>Check for</b>	Urinary tract infection, neurological disease, diabetes mellitus, appropriate fluid intake, voiding pattern, constipation, vaginal prolapse, atrophic changes	
<b>Nursing Management</b>	Normalise fluid intake, treat UTI, individualised toileting programme bladder retraining, advise re weight loss / smoking cessation, resolve constipation	
<b>Team discussion</b>	Anti-cholinergic therapy - unless large post-void residual (>150mls) topical vaginal oestrogen if appropriate	
<b>Onward referral</b>	Urodynamic assessment where: • first line measures have not resolved the problem • surgical intervention is being considered	
Client's Expectations of Outcome Scale (circle as appropriate - 1 being dry, 10 no change / worse) (Dry) 1 2 3 4 5 6 7 8 9 10 (No change / Worse)		
Carer's Expectations of Outcome Scale (circle as appropriate - 1 being dry, 10 no change / worse) (Dry) 1 2 3 4 5 6 7 8 9 10 (No change / Worse)		

### Overflow Incontinence / Incomplete Bladder Emptying

<b>Symptoms</b>	Hesitancy, poor stream, passive dribble, frequency, urgency, nocturia, nocturnal enuresis, feeling of incomplete emptying. Recurrent UTI	
<b>Trigger questions</b> <i>(positive response indicative of overflow incontinence)</i>	When you have passed urine do you feel there is still more to pass? Do you have difficulty starting to pass urine? Do you have to strain to pass urine? Do you have to return to the toilet minutes after having passed urine?	Yes / No Yes / No Yes / No Yes / No
<b>Check for</b>	Post-void residual urine (significant >150mls), neurological disease, prostatic enlargement, faecal impaction / constipation, vaginal prolapse, UTI	
<b>Nursing management</b>	Treat UTI, Clear faecal impaction, avoid constipation, allow peace and privacy to void, educate re. correct voiding position, male - manual urethral emptying post-void, intermittent self-catheterisation	
<b>Team discussion</b>	Prostate assessment, medication, neurological assessment, urological assessment	
<b>Onward referral</b>	Urological / neurological assessment	
<b>Client's Expectations of Outcome Scale</b> <i>(circle as appropriate - 1 being dry, 10 no change / worse)</i>	(Dry) 1 2 3 4 5 6 7 8 9 10 (No change / Worse)	
<b>Carer's Expectations of Outcome Scale</b> <i>(circle as appropriate - 1 being dry, 10 no change / worse)</i>	(Dry) 1 2 3 4 5 6 7 8 9 10 (No change / Worse)	

### Functional Incontinence

<b>Symptoms</b>	Unable / unwilling to use toilet	
<b>Trigger Questions</b> <b>Observation of patient essential</b>	Do you have difficulty getting to the toilet? Do you know how to call for help (if required) to take you to the toilet? <i>Observe patient accessing toilet, ensure they can undress, sit on toilet, and redress. Essential on home visits / prior to discharge.</i>	Yes / No Yes / No
<b>Check for</b>	Faecal impaction, constipation, ability to use toilet, dehydration	
<b>Nursing Management</b>	Optimise environment, implement individualised toileting regime, bladder retraining programme, motivate both patient and carers, resolve faecal impaction / constipation, rehydrate	
<b>Team discussion</b>	Staff attitudes, review medication, occupational therapy, physiotherapy support	
<b>Onward Referral</b>	Psychiatric assessment as appropriate	
<b>Client's Expectations of Outcome Scale</b> <i>(circle as appropriate - 1 being dry, 10 no change / worse)</i>	(Dry) 1 2 3 4 5 6 7 8 9 10 (No change / Worse)	
<b>Carer's Expectations of Outcome Scale</b> <i>(circle as appropriate - 1 being dry, 10 no change / worse)</i>	(Dry) 1 2 3 4 5 6 7 8 9 10 (No change / Worse)	

### Nocturnal Enuresis

<b>Symptoms</b>	Unknowingly passes urine while sleeping	
<b>Trigger questions</b> <i>(negative response indicative of nocturnal enuresis)</i>	Are you aware of the need to pass urine before you wet the bed? Do you wake before you wet the bed?	Yes / No Yes / No
<b>Check for</b>	UTI, has night time continence ever been achieved? Medication (possible effects on bladder function)	
<b>Nursing Management</b>	Treat UTI, normalise fluid intake, look at underlying cause	
<b>Team Discussion</b>	Review patients case history, behavioural therapy, enuresis alarm / medication	
<b>Onward Referral</b>	Urological assessment, enuresis clinic	
<b>Client's Expectations of Outcome Scale</b> <i>(circle as appropriate - 1 being dry, 10 no change / worse)</i>	(Dry) 1 2 3 4 5 6 7 8 9 10 (No change / Worse)	
<b>Carer's Expectations of Outcome Scale</b> <i>(circle as appropriate - 1 being dry, 10 no change / worse)</i>	(Dry) 1 2 3 4 5 6 7 8 9 10 (No change / Worse)	

