

Continence Care and Bowel Management Program

Policy, Procedures and Training Package

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TABLE OF CONTENTS

ABOUT THIS DOCUMENT	4
CONTINENCE CARE AND BOWEL MANAGEMENT PROGRAM	5
Policy	5
Procedure	6
APPENDIX A: BLADDER AND BOWEL CONTINENCE ASSESSMENT	12
APPENDIX B: BLADDER MONITORING RECORD	14
APPENDIX C: BOWEL MONITORING RECORD	15
APPENDIX D: CONTINENCE CARE PRODUCT EVALUATION FORMS	16
APPENDIX E: CONTINENCE CARE AND BOWEL MANAGEMENT PROGRAM TRAINING PRESENTATION FOR REGISTERED STAFF	18
APPENDIX F: CONTINENCE CARE AND BOWEL MANAGEMENT PROGRAM TRAINING PRESENTATION FOR FRONT-LINE STAFF	19
APPENDIX G: CONTINENCE PROMOTION AND MANAGEMENT	20
APPENDIX H: PREVENTION OF CONSTIPATION.....	21

ABOUT THIS DOCUMENT

The development and implementation of an interdisciplinary program for Continence Care and Bowel Management is a requirement of Regulation 51 of the *Long-Term Care Homes Act, 2007* (LTCHA). This document contains sample program objectives, policy, procedures and staff training materials and tools that meet the minimum requirements of the LTCHA and regulation.

This package is intended to be used as a resource for OANHSS member homes to modify and customize, as appropriate. This material can also be used by homes to review their current policies and procedures and compare content. Please note: The project team have compiled these materials during the fall of 2010, and as a result, the information is based on the guidance available at this time. Members will need to regularly review the Ministry of Health and Long-Term Care (MOHLTC) Quality Inspection Program Mandatory and Triggered Protocols to ensure that internal policies and procedures align to these compliance expectations.

Program Evaluation: As described in the regulation, core clinical programs must be evaluated and updated at least annually by Long Term Care Homes, in accordance with evidence-based practices and if there are none, in accordance with prevailing practices. **Note: a program evaluation approach is not included in this document.** However, OANHSS is planning to develop resource materials on the topic of integrative program evaluation approaches for its members in the near future.

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CONTINENCE CARE AND BOWEL MANAGEMENT PROGRAM

Purpose

The purpose of the Continence Care and Bowel Management Program is to maintain an interdisciplinary team approach to continence care and bowel management, to facilitate improvement in bladder and bowel function in those who can improve, and to prevent deterioration of bladder/bowel function.

The interdisciplinary team plays a significant role in bladder and bowel management promoting open communication and monitoring the outcome of the program. Continence management includes assessment for incontinence, the promotion of continence, the proper use of continence-care products, appropriate toileting routines, and the evaluation of each resident's care plan to ensure the continence program is being managed effectively.

Objectives

- Address individual needs and preferences with respect to continence of the bladder and bowel and bowel management.
- Initiate best practice, appropriate strategies and interventions.
- Promote learning about best practice continence care.
- Monitor and evaluate resident outcomes and product effectiveness.

Policy

An interdisciplinary, individualized continence care plan based on resident preferences and assessed needs will be developed for each resident to maximize independence, comfort and dignity and reviewed quarterly or after any change in condition which affects continence.

An annual evaluation of the residents' satisfaction with continence care products will be conducted and the results will guide the home when making purchasing decisions.

Definitions

Constipation: The difficulty in passing stools or incomplete or infrequent passage of hard stools.

Continence: The ability to control bladder or bowel function. In RAI-MDS 2.0, continent is defined as complete control. This includes the use of an indwelling catheter or ostomy device that does not leak urine or stool.

Incontinence: The inability to control urination or defecation. In RAI-MDS 2.0, incontinent is defined as inadequate control of bowel or almost all of the time and for bladder, multiple daily episodes of incontinence.

Toileting: The process of encouraging the resident to use some type of containment device in which to void or defecate. The containment device may be the toilet, commode, urinal, bedpan or some other type of receptacle but does not include briefs. Toileting is for the purpose of voiding and not for just changing briefs.

Level of Continence	Bladder	Bowel
Continent	Complete control (including prompted voiding)	Complete control
Usually Continent	Episodes occur once a week or less	Episode occur less than once a week
Occasionally Incontinent	Episode occur 2 or more times a week but not daily	Episodes occur once a week
Frequently Incontinent	Episodes occur daily, but some control	Episodes occur 2 or 3 times a week
Incontinent	Episodes occur multiple times daily	Episodes occur all or almost all of the time

RAI-MDS 2.0 Canadian Version pg. 4-101

Types of Urinary Incontinence

Stress Incontinence

- Loss of urine with a sudden increase in intra-abdominal pressure (e.g. coughing, sneezing, exercise).
- Most common in women
- Sometimes occurs in men following prostate surgery.

Urge Incontinence

- Overactive bladder
- Loss of urine with a strong unstoppable urge to urinate usually associated with frequent urination during the day and night.
- Common in women and men sometimes referred to as an overactive bladder.

Overflow Incontinence

- Bladder is full at all times and leaks at any time, day or night.
- Usually associated with symptoms of slow stream and difficulty urinating.
- More common in men as a result of enlarged prostate gland.

Functional Incontinence

- Resident either has experienced a decreased mental ability (e.g. Alzheimer's disease) or decreased physical ability (e.g. arthritis), and is unable to make it to the bathroom on time.

Procedure

The following section outlines the interdisciplinary team's approach to roles and activities for continence care and bowel management. Roles and functions assigned may vary across homes due to availability of these resources. These steps are samples that homes may use as a guide for their specific program procedures.

Assessment

Registered Nursing Staff:

1. Collaborate with resident/Substitute Decision Maker (SDM) and family and interdisciplinary team to conduct a bowel and bladder continence assessment utilizing a clinically appropriate instrument (Appendix A: Bladder and Bowel Continence Assessment).
 - on admission
 - quarterly (according to the RAI-MDS 2.0 schedule)
 - after any change in condition that may affect bladder or bowel continence.
2. The assessment must include identification of causal factors (e.g. recurrent urinary tract infections), patterns (e.g. daytime/night time urinary incontinence, constipation), type of incontinence (e.g. urinary-stress, urge, overflow or functional), medications (e.g. diuretics) and potential to restore function (e.g. prompted voiding, bedside commode, incontinent product) and identify type and frequency of physical assistance necessary to facilitate toileting.
3. Initiate a voiding monitoring record that includes fluid intake, urine voided, incontinence episodes. Complete for a 7 day period to establish the resident's individual voiding pattern and monitor trends (Appendix B: Bladder Monitoring Record).
4. Initiate a bowel monitoring record that includes consistency, size and incontinence episodes. Complete for a 7 day period to establish the resident's individual bowel pattern and monitor trends (Appendix C: Bowel Monitoring Record).
5. Initiate a written plan of care within 24 hours of admission based on resident's assessed voiding/elimination patterns and considering:
 - Quantifiable, measurable objectives with reassessment timeframes.
 - Resident choices and preferences.
 - Outcomes of resident assessment (e.g. resident continent/incontinent, resident requires assistance to toilet).
 - Interventions with clear instructions to guide the provision of care, services and treatment (e.g. the times the resident is to be toileted, what equipment to use (bedpan, commode, etc.), what incontinent product to use).
 - Number of staff required to safely toilet resident.
6. Complete the care plan within 21 days after admission in collaboration with the interdisciplinary team and continue to update and adjust the care plan based on the RAI-MDS 2.0 assessment (cognitive patterns B1-B6, physical functioning and structure problems G1b (transfer), G1i (toilet use), G6 (modes of transfer), continence in last 14 days (H1a-H4), urinary tract infection (12k), insufficient fluid (J1d), diuretic (O4e) and abnormal lab values (P9). The care plan must include a scheduled toileting plan. This is a documented care plan intervention, with scheduled times each day, whereby staff take

the resident to the toilet, give the resident a urinal or bed pan, or remind the resident to go to the toilet. It includes habit training and/or prompted voiding.

7. Obtain informed consent for treatment when establishing the initial care plan and making changes to the care plan from the resident / SDM.
8. Implement strategies to effectively manage incontinence and constipation (prompted voiding, Kegal exercises, fluid intake changes, caffeine reduction, intermittent catheterization, incontinent product, medication review, stool softeners, bowel routines, etc.).
9. Ensure that residents are provided with a range of continence care products that:
 - are based on their individual assessed needs.
 - properly fit the residents.
 - promote resident comfort, ease of use, dignity and good skin integrity.
 - promote continued independence wherever possible.
 - are appropriate for the time of day, and for the individual resident's type of incontinence.
10. Document the effectiveness of the interventions.
11. Monitor and evaluate the care plan at least quarterly and more frequently as required based on the resident's condition in collaboration with the interdisciplinary team. If the interventions have not been effective, initiate alternative approaches and update the care plan as necessary.
12. Implement restorative activities (e.g. transfers, mobility) in relation to continence care as appropriate. The ability of residents with a cognitive impairment to be continent may be impacted by:
 - ability to follow and understand prompts or cues.
 - ability to interact with others.
 - ability to complete self-care tasks.
 - social awareness.
13. Communicate to the team and the resident/SDM whenever there is a significant change to the care plan regarding continence care and bowel management on an ongoing basis and annually at the care conference.

Health Care Aide/Personal Support Worker:

1. Follow the care plan for continence care interventions. (Note: continence care products are not used as an alternative to providing assistance to the toilet).
2. Complete the bowel and voiding monitoring record for 7 days.

3. Encourage fluid intake (make sure water is easily accessible and is offered frequently), document resident fluid intake and notify the registered staff if intake is less than < 1500 cc in 24 hours.
4. When toileting the resident, ensure wiping from front to back.
5. Do not use soap when providing person hygiene.
6. Offer trips to the washroom for residents who are unable to toilet independently.
7. Report any changes in the resident's bowel or bladder routines to the registered staff.
8. Document bladder and bowel functioning and report to the registered staff.

Activation/Recreation:

1. Encourage exercise.
2. Encourage fluid intake and ensure that it is recorded.

Dietician:

1. Assess each resident with reported incontinence for nutritional and hydration needs in relation to their level of incontinence.
2. Recommend adequate fluid and diet intake to reduce the possibility of constipation (e.g. bran/ground flax, oatmeal, whole wheat, green leafy vegetables, prunes/prune juice).

Physician/Pharmacist:

1. Review all medications in relation to voiding, diarrhea, constipation, or any other gastro intestinal side effects.
2. Ensure that medications are selected considering resident's continence status.
3. Consider development of a bowel routine to manage constipation.

Physiotherapist/Occupational Therapist:

1. Assess all residents with reported incontinence for inclusion in an exercise program to promote increased strength and balance, and to promote independent ambulation.
2. Assess all equipment and adaptive devices used by the resident, and provide or offer suggestions for adaptive equipment or devices, to promote independence of mobility.
3. Develop, implement and carry out therapeutic interventions for the assessed conditions (e.g. Kegal exercises).

Resident/SDM:

1. Attend the interdisciplinary care conference.
2. Work with staff for input into, support and evaluation of the plan of care and the effectiveness of the incontinence product.

Interdisciplinary Team:

1. Follow the interventions as outlined on the care plan.
2. Recognize and report resident verbalizations and behaviors indicative of constipation.
3. Report any changes in voiding or bowel patterns.
4. Share with team members resident interventions that are most effective for the resident.
5. Encourage maintenance/restorative/supportive care measures as supported through transfer, mobility approaches.
6. Support resident comfort and interests.

Monitor and Evaluate

Registered Nursing Staff:

Individual Resident

1. Monitor according to the care plan.
2. Continually monitor resident intake and bowel and bladder functioning.
3. Evaluate to determine if continence care strategies are effective. Consider whether changes to the care plan are required.

Evaluate Annually

Annually evaluate the program and the effectiveness of the continence care and bowel management products (Appendix D: Continence Care Product Evaluation Forms). A written record will be kept of the program review and will include the name and relevant discipline of the individuals participating in the review, a summary of any changes arising from the review and an action plan outlining the timelines for the implementation of the changes.

Documentation and Parties Responsible

The following table describes the various forms of documentation required and the parties responsible.

Documentation	Parties Responsible
Informed consent	Physician, others to be determined
Written order(s)	Physician
Bladder and Bowel Continence Assessment	Registered Staff in collaboration with interdisciplinary team
Bowel Monitoring Record	Direct Care Staff (HCA/PSW, Activation/Recreation)
Bladder Monitoring Record	Direct Care Staff (HCA/PSW, Activation/Recreation)
MDS-RAI 2.0	Registered Nursing Staff for measureable objectives and outcomes
Care plan	Registered Nursing Staff, Interdisciplinary Team
Quarterly reassessment	Physician, Registered Nursing Staff in collaboration with Interdisciplinary Team
Annual evaluation of the effectiveness of the policy and products and improvement introduced resulting from the evaluation	Multidisciplinary Team
Annual evaluation of the effectiveness of the produce	Resident, Family Members/SDM

Staff Orientation and Training

Orientation and training may include the following:

1. Continence Promotion and Management (Appendix E: Continence Care and Bowel Management Program Training Presentation for Registered Staff, Appendix F: Continence Care and Bowel Management Program Training Presentation for Front-line Staff, and Appendix G: Continence Promotion and Management).
2. Prevention of Constipation (Appendix H: Prevention of Constipation).
3. Other as deemed necessary by the home.

Staff Orientation

Prior to assuming their job responsibilities, direct care staff must receive training on continence care and bowel management.

Training

Direct care staff must receive annual retraining on continence care and bowel management.

APPENDIX A: BLADDER AND BOWEL CONTINENCE ASSESSMENT

Date Assessment Initiated: _____
 Information Source (please circle) – Resident, Family _____
 Chart RN, RPN, PSW, other. _____

Resident Name: _____
 Room Number: _____
 Weight: _____ Height: _____

A. RELEVANT MEDICAL &/OR SURGICAL CONDITIONS

(From Resident, Family, Chart)

- | | |
|--|---|
| <input type="checkbox"/> Immobility Issues | <input type="checkbox"/> Cognitive Problems |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Dementia |
| <input type="checkbox"/> Neurological Conditions | <input type="checkbox"/> Genito-Urinary (GU) problems |
| <input type="checkbox"/> Stroke/CVA | <input type="checkbox"/> Recurrent Urinary Tract Infections |
| <input type="checkbox"/> Parkinson's Disease | <input type="checkbox"/> Previous G/U Surgery or Injury |
| <input type="checkbox"/> Multiple Sclerosis | <input type="checkbox"/> Prostate Problems |
| <input type="checkbox"/> Spinal Cord Injury | <input type="checkbox"/> # of pregnancies ___ complications |
| <input type="checkbox"/> organ prolapse | <input type="checkbox"/> Gastro-Intestinal (GI) problems |
| <input type="checkbox"/> Medical Conditions | <input type="checkbox"/> Chronic constipation |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Diverticular disease |
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Hemorrhoids/fissures |
| <input type="checkbox"/> Hypothyroidism | <input type="checkbox"/> Previous colon surgery |
| <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Irritable bowel syndrome |

B. MEDICATIONS

See over	Y	Comments
Antacids with aluminum		
Analgesics/NSAIDS		
Anticholinergic/Antispasmodic/Anti-emetics		
Antidepressants		
Antihistamines		
Anti-hypertensives		
Anti-Parkinson agents		
Anti-psychotics		
Calcium Channel Blockers		
Cholinergic		
Diuretic		
Histamine-2 blockers		
Iron supplements		
Laxatives/fibre supplement		
Narcotic analgesic		
Sedative/hypnotic		
Other		

C. URINARY CONTINENCE HISTORY

Urinary Incontinence	Urinary Incontinence Frequency and Timing	<input type="checkbox"/> No daytime UI <input type="checkbox"/> Once a day or less <input type="checkbox"/> 1-2 times a day <input type="checkbox"/> 3 times a day <input type="checkbox"/> Nighttime only <input type="checkbox"/> Both day and night UI
	Urinary Incontinence (UI) Volume	<input type="checkbox"/> Entire Bladder Contents: <input type="checkbox"/> Small volume leaks, leaks, drips, spurts <input type="checkbox"/> Continuous bladder leakage <input type="checkbox"/> Unable to determine
Urinary Incontinence History	Onset	<input type="checkbox"/> Sudden <input type="checkbox"/> Gradual
	Duration	<input type="checkbox"/> <6 months
		<input type="checkbox"/> 6 months – 1 year
		<input type="checkbox"/> > 1 year
		<input type="checkbox"/> Unknown
Symptoms over the past 6 months	<input type="checkbox"/> Worsening	
	<input type="checkbox"/> Stable	
	<input type="checkbox"/> Improving	
	<input type="checkbox"/> Fluctuating	
		<input type="checkbox"/> Unknown
Has a physician been consulted with above urinary problems? <input type="checkbox"/> Yes <input type="checkbox"/> N		

D. SYMPTOMS ASSOCIATED WITH URINARY INCONTINENCE

Type of Urinary Incontinence	Symptoms	Y	N	N/A	Total number of "yes" answers
Stress UI	Leakage with cough, sneeze, physical activity				
	UI in small amounts(drops, spurts)				
	UI during daytime only				
	Fecal incontinence may be present				
Urge UI	Strong uncontrolled urge prior to UI				
	UI moderate/large volume (gush)				
	Frequency of urination				
	Nocturnal > 2 times				
Overflow UI	Nocturnal enuresis – bedwetting				
	Difficulty starting urine stream or straining to void				
	Weak or stop/go stream				
	Post-void dribbling				
	Prolonged voiding				
	Fullness after voiding				
Functional UI	Suprapubic pressure and pain				
	Spurt of urine with movement				
	Limited mobility				
	Requires assistance with toileting				
	Assistive aids/devices required (e.g., mechanical lift, 1-2 staff to assist, high seat, commode, support bars, hand rail, etc.)				
	Unable to get to the toilet on time/toilet too far				
	Can't hold urinal or sit on toilet				
	Can't reach /use call bell				
	Restraints or gerichair				
	Poor vision				
Altered mental status					
Pain poorly managed					
Can't manage clothing					

*Follow interventions for the type of urinary incontinence that has the most "yes" answers. Take note that mixed incontinence (feature of both stress and urge incontinence) may be possible and interventions should focus on both types of incontinence.

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 Contenance Care and Bowel Management Program: Policy, Procedures and Training Package

E. BOWEL CONTINENCE HISTORY

Bowel Pattern	Comments
<input type="checkbox"/> Normal <input type="checkbox"/> Constipation <input type="checkbox"/> Diarrhea <input type="checkbox"/> Fecal incontinence <input type="checkbox"/> Irritable bowel pattern <input type="checkbox"/> Impaction <input type="checkbox"/> Laxative use/ suppositories/enemas – type and frequency: <input type="checkbox"/> Other remedies used to help with bowel movement	Frequency: Usual time of day: Triggering meal: Nature & consistency: Other factors that have caused loss of bowel control
Has a physician been consulted with above bowel problems? <input type="checkbox"/> Yes <input type="checkbox"/> No	

F. MISCELLANEOUS RISK FACTORS

Caffeine use (coffee/tea/colas) <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount:
	Frequency:
	Time of day:
Alcohol use <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount:
	Frequency:
	Time of day:
Fibre intake <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount:
	Frequency:
	Time of day:
Exercise <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount:
	Frequency:
	Time of day:

G. TOILETING PATTERN AND PRODUCT USE

	Day	Evening	Night
Toileting pattern	<input type="checkbox"/> Toilet <input type="checkbox"/> Commode <input type="checkbox"/> Urinal <input type="checkbox"/> Bed pan	<input type="checkbox"/> Toilet <input type="checkbox"/> Commode <input type="checkbox"/> Urinal <input type="checkbox"/> Bed pan	<input type="checkbox"/> Toilet <input type="checkbox"/> Commode <input type="checkbox"/> Urinal <input type="checkbox"/> Bed pan
Frequency of Toileting			
Identify type of pads, briefs or other incontinent products worn including size			

H. ABILITIES

Cognitive	Y	N	Comments
Aware of urge to void			
Aware of the urge to defecate			
Socially aware of appropriate place to pass urine/stool			
Able to find the toilet			
Able to understand reminders or prompts			
Aware of when wet and/or urine is being passed			
Motivated to be continent			
Preferences about toileting			
Aware of the risk factors related to not emptying bladder and bowel completely and regularly and the importance of doing so			

I. PHYSICAL ASSESSMENT

Voided Volume		Residual Urine	
Send for C & S	<input type="checkbox"/> Yes <input type="checkbox"/> No	Voiding Record Initiated	<input type="checkbox"/> Yes <input type="checkbox"/> No
Perineum/Penis	<input type="checkbox"/> Intact <input type="checkbox"/> Redness <input type="checkbox"/> Excoriation <input type="checkbox"/> Other	Bowel Record Initiated	<input type="checkbox"/> Yes <input type="checkbox"/> No
Unusual Urine Odour	<input type="checkbox"/> Yes <input type="checkbox"/> No	Discharge Post Voiding	<input type="checkbox"/> Yes <input type="checkbox"/> No
Unusual Stool Odour	<input type="checkbox"/> Yes <input type="checkbox"/> No	Discharge Post BM	<input type="checkbox"/> Yes <input type="checkbox"/> No

J. FLUID & FOOD INTAKE Obtain from initial bladder bowel record

Fluid/food Intake in 24 hours	Type of fluid	Quantity (1 cup=250 mls)	Type of food	Quantity
Breakfast				
Mid am				
Lunch				
Mid pm				
Supper				
Evening				
Night				
Total				

K. SUMMARY – CONTINENCE STATUS

Bladder
<input type="checkbox"/> Continent <input type="checkbox"/> Incontinent: <input type="checkbox"/> Stress UI <input type="checkbox"/> Urge UI <input type="checkbox"/> Overflow UI <input type="checkbox"/> Functional UI <input type="checkbox"/> Care Plan Initiated/Updated <input type="checkbox"/> Voiding Record Initiated <input type="checkbox"/> Referral required: <input type="checkbox"/> Dietitian <input type="checkbox"/> Physician <input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> Treatment Options: <input type="checkbox"/> Prompted Voiding <input type="checkbox"/> Fluid Intake Changes <input type="checkbox"/> Caffeine Reduction <input type="checkbox"/> Intermittent Catheterization <input type="checkbox"/> Bedside Commode <input type="checkbox"/> Personal Hygiene <input type="checkbox"/> Incontinent Product <input type="checkbox"/> Other
Bowel
<input type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input type="checkbox"/> Care Plan Initiated/Updated <input type="checkbox"/> Bowel Record Initiated <input type="checkbox"/> Referral required: <input type="checkbox"/> Dietitian <input type="checkbox"/> Physician <input type="checkbox"/> OT <input type="checkbox"/> PT
Contributing Factors
<input type="checkbox"/> Urinary Tract Infection <input type="checkbox"/> Constipation <input type="checkbox"/> Weight <input type="checkbox"/> Cognitive – Mini Mental Status Examination (MMSE) Score: <input type="checkbox"/> Fluid Intake <input type="checkbox"/> Medications <input type="checkbox"/> Environmental Factors <input type="checkbox"/> Caffeine Intake <input type="checkbox"/> Alcohol Intake <input type="checkbox"/> Mobility <input type="checkbox"/> Other

L. CONTINENCE PLAN

Problems Identified	Interventions

Date of Assessment: _____

Assessor: _____

APPENDIX B: BLADDER MONITORING RECORD

For Appendix B: Bladder Monitoring Record, see attached spreadsheet (Microsoft Excel file) included in this package.

APPENDIX C: BOWEL MONITORING RECORD

For Appendix C: Bowel Monitoring Record, see attached spreadsheet (Microsoft Excel file) included in this package.

APPENDIX D: CONTINENCE CARE PRODUCT EVALUATION FORMS

Product Evaluation Form for Staff

Home: _____

Unit: _____

Date: _____

Product Benefit	Yes	No	Comments
1. Does the incontinent product keep your residents skin dry?			
2. Does the product promote a better sleep at night?			
3. Is the resident being assisted with toileting while wearing incontinent product			
4. Do you feel that the product used improves residents dignity?			
5. Does the product help to promote safety by reducing falls related to incontinence episodes in the daytime?			
6. Does the product help to promote safety by reducing falls related to incontinence episodes in the nighttime?			
7. Does the product help maintain healthy skin (reduced irritation or redness)?			
8. Does this product help reduce incontinence related odour?			
9. Does the incontinence product help eliminate leakage on to clothing and soilage on to linen?			
10. Is the product easy to apply and remove?			
11. Have you received education on the application and use of the product?			
12. Does the product preserve the residents dignity by being quiet, discrete and non bulky under clothing?			
13. Does the comfortable snug fit of the product help the resident to be more mobile and active in their daily activities?			
14. Does the incontinence product work well with your toileting routines?			
15. Does the sizing and fit of the product promote comfort?			
16. Name the person you would go to with questions or concerns.			

Thank you for your feedback.

Product Evaluation Form for Residents and Families

Product Benefit	Yes	No	N/A	Comments
1. Does the incontinent product keep your/their skin dry?				
2. Does the product promote a better sleep at night?				
3. Are you/your family member being assisted with toileting while wearing incontinent product?				
4. Do you feel that the product used improves your/your family members' dignity?				
5. Does the product help to promote safety by reducing falls related to incontinence episodes in the day time?				
6. Does the product help to promote safety by reducing falls related to incontinence episodes in the night time?				
7. Does the product help maintain healthy skin (reduced irritation or redness)?				
8. Does this product help reduce incontinence related odour?				
9. Does the incontinence product help eliminate leakage onto your/your family members clothing and soilage onto linen?				
10. Does the product preserve your/your family members' dignity by being quiet, discrete and non-bulky under clothing?				

Thank you for your feedback.

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APPENDIX E: CONTINENCE CARE AND BOWEL MANAGEMENT PROGRAM TRAINING PRESENTATION FOR REGISTERED STAFF

For Appendix E: Continence Care and Bowel Management Program Training Presentation for Registered Staff, see attached presentation (Microsoft PowerPoint file) included in this package.

APPENDIX F: CONTINENCE CARE AND BOWEL MANAGEMENT PROGRAM TRAINING PRESENTATION FOR FRONT-LINE STAFF

For Appendix F: Continence Care and Bowel Management Program Training Presentation for Front-line Staff, see attached presentation (Microsoft PowerPoint file) included in this package.

APPENDIX G: CONTINENCE PROMOTION AND MANAGEMENT

For Appendix G: Continence Promotion and Management, see attached presentation (Microsoft PowerPoint file) included in this package.

APPENDIX H: PREVENTION OF CONSTIPATION

For Appendix H: Prevention of Constipation, see attached presentation (Microsoft PowerPoint file) included in this package.