**Continence Guidelines for Assessment and Provision of Containment Products for Community Nursing**

**Reference Number:**

NHSCT/11/460

**Target audience:**

These guidelines are directed to Adult Community Nursing Staff.

**Sources of advice in relation to this document:**

Debbie Wylie - Continence Service Co-ordinator  
Alison Blair – Senior Practitioner for Nursing  
Katriona Dolan – Senior Nurse  
Sharon Evans - Senior Nurse  
Diane Taylor – Senior Practitioner for Nursing  
Wendy Hamilton – Senior Nurse  
Roy Hamill – Assistant Director

**Replaces (if appropriate):**

NHSCT Guidelines on assessment for patients with continence issues and provision of containment products (NHSCT/09/195)

**Type of Document:**

Directorate Specific

**Approved by:**

Policy, Standards and Guidelines Committee

**Date Approved:**

16 August 2011

**Date Issued by Policy Unit:**

20 December 2011

---

**NHSCT Mission Statement**

To provide for all the quality of services we would expect for our families and ourselves
Continence Guidelines for Assessment and Provision of Containment Products for Community Nursing

August 2011
<table>
<thead>
<tr>
<th>Contents</th>
<th>Page Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Introduction</td>
<td>2</td>
</tr>
<tr>
<td>2. Aim</td>
<td>2</td>
</tr>
<tr>
<td>3. Objectives</td>
<td>3</td>
</tr>
<tr>
<td>4. Care Pathways</td>
<td>4</td>
</tr>
<tr>
<td>5. Issue of Containment Products</td>
<td>4</td>
</tr>
<tr>
<td>6. Containment products for Mild Urinary Incontinence</td>
<td>5</td>
</tr>
<tr>
<td>7. Containment products for Moderate Urinary Incontinence</td>
<td>6</td>
</tr>
<tr>
<td>8. Containment products for Heavy Urinary Incontinence</td>
<td>6</td>
</tr>
<tr>
<td>9. Containment products for Faecal Incontinence</td>
<td>7</td>
</tr>
<tr>
<td>10. Procedures sheets</td>
<td>7</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Appendices</th>
<th>Page Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Flowchart for processing continence referrals to District Nursing</td>
<td>8</td>
</tr>
<tr>
<td>2. Screening Tool</td>
<td>9</td>
</tr>
<tr>
<td>3. Self Assessment Pack</td>
<td>10-14</td>
</tr>
<tr>
<td>4. Continence assessment Form</td>
<td>15-19</td>
</tr>
<tr>
<td>5. Care Pathway 1 Mainly Stress Urinary Incontinence</td>
<td>20-21</td>
</tr>
<tr>
<td>6. Care Pathway 2 Mainly Urge Urinary Incontinence</td>
<td>22-23</td>
</tr>
<tr>
<td>7. Care Pathway 3 Overflow Incontinence</td>
<td>24-25</td>
</tr>
<tr>
<td>8. Referral fro Delivery of Incontinence Aids</td>
<td>26</td>
</tr>
<tr>
<td>9. Review of Urinary Incontinence Form</td>
<td>27-28</td>
</tr>
<tr>
<td>10. Specialist Continence Service Referral Pathway</td>
<td>29-30</td>
</tr>
</tbody>
</table>
Continence Guidelines for Assessment
And Provision of Containment Products for Community Nursing

Introduction
High quality professional assessment is the cornerstone to high quality continence care.

Bladder and bowel issues / problems can range from minor to very severe. Many people with bladder and bowel control problems can, with treatment, be cured and this is the desired outcome for all patients. However, if cure is not an achievable goal, then a robust management plan can improve the quality of life for most patients.

The Northern Health and Social Care Trust aims to support all patients with bladder and bowel continence issues and to advise on the management of the individual condition. Patients with bladder or bowel continence issues must be offered a full Continence assessment, carried out by an appropriately trained health professional, in a suitable environment ensuring privacy and dignity and with the informed consent of the patient. This will identify the nature and extent of the continence problem. The health professional will then follow the appropriate Care Pathway in consultation with the patient. Care planning will be based on individual assessment of need.

Aim
These guidelines are written to support best practice for adults with continence issues/problems. The aim of these guidelines is to clarify the quantity and type of products that can be supplied either to support toileting programmes or to assist in the ongoing management of incontinence.

Target Audience
These guidelines are directed to Adult Community Nursing Staff.

Responsibilities
Responsibility is delegated to the Assistant Director for Primary and Community Care for Older Peoples’ Services who has specific responsibilities to satisfy his/her self that these guidelines are implemented within his/her area of responsibility. Compliance with these guidelines will be monitored by Community General Managers /Assistant Community General Managers and day to day responsibility will be delegated to Integrated Team Managers.

Other related policies, procedures and guidance
- NHSCT Infection Prevention and Control Strategy. September 2010 NHSCT/11/379
- Consent for Examination, Treatment or Care NHSCT/10/332
Equality, Human Rights and DDA
These guidelines are purely clinical/technical in nature and will have no bearing in terms of likely impact on equality of opportunity or good relations for people within the equality and good relations categories.

Alternative formats
This document can be made available on request on disc, larger font, Braille, audio-cassette and in other minority languages to meet the needs of those who are not fluent in English.

Sources of Advice in relation to this document
The Policy Author, responsible Assistant Director or Director as detailed on the policy title page should be contacted with regard to any queries on the content of this policy.

The objectives of the Continence Assessment Process:-

- To establish the cause / contributing factors of the bladder or bowel problem
- To initiate an agreed care pathway with the patient, appropriate to his / her individual need.
- To enable the patient to achieve and maintain his / her optimum level of continence and quality of life.
- To review the patient’s continence status on a regular basis, according to patient need but at least monthly for the first three months for those on a Care Pathway.
- Where appropriate to direct towards onward referral to the Specialist Continence Service.
- To arrange supply of containment products as clinical need dictates

On receipt of a referral for continence assessment the Community Nurse will follow the Flow chart for Processing Continence referrals in District Nursing (Appendix 1)

If the use of the Self Assessment Pack is deemed appropriate by the Senior Nurse the patient will be visited by a Health Care Assistant (HCA) who will complete the Screening Tool (Appendix 2) and obtain a sample of urine. If appropriate the HCA will leave the Self Assessment pack (Appendix 3) with the patient.

Full Continence Assessment using the Trust Continence assessment form (Appendix 4) will be triggered by the return of the completed Self Assessment pack. For patients who, following completion of the Screening Tool, are considered unable to complete the Self Assessment Pack, the HCA will discuss the reasons with the Senior Nurse who, if appropriate, will arrange for a Continence assessment by a Nurse.
Care Pathways:-
Care Pathways are care plans aimed at addressing specific continence problem and guide the nurse and patient through an active treatment programme. On completion of the Care Pathway the evaluation will indicate whether ongoing management / containment products are required.

The following Care Pathways have been developed and are reviewed on a yearly basis
- Care Pathway 1 Mainly Stress Urinary Incontinence (Appendix 5)
- Care Pathway 2 Mainly Urge Urinary Incontinence (Appendix 6)
- Care Pathway 3 Overflow Urinary Incontinence (Appendix 7)

If a patient is unable to participate in the use of a Care Pathway, the reason for this must be identified and recorded clearly on the Continence Assessment form.

| Issue of Containment Products |

Pads are not considered to be a cure but may be used as part of treatment to manage leakage thus improving the patient’s quality of life. There is a wide range of products including pads, urinals, sheaths and anal plugs. Decisions on what is most appropriate take account of the patient’s condition and his/her lifestyle. Containment products must not be considered as the first line management option for incontinence.

Pads can only be provided for a patient following the completion of a comprehensive continence assessment (Appendix 4) and approval by the Senior Nurse/Senior Practitioner Nurse. Provision of products must be based on individual assessment of need according to severity of symptoms. Containment products should be ordered using the Referral for delivery of Continence Aids form (Appendix 8). In general, patients should not require more than 4 pads per 24 hours. (Regional benchmark)

Where patients request a supply of products in excess of professional recommendation, they may personally supplement their prescription through alternative means of their own choice. Similarly patients who prefer brands other than those contracted by the Trust may also personally supplement their prescription through alternative means of their own choice.

Product trial packs are recommended.

Review process
Reviews of containment product prescriptions must be carried out at least annually or more often if clinically indicated using the Review of Urinary Incontinence Tool (Appendix 9) by an appropriately trained health care professional and signed off by the Senior Nurse/Senior Practitioner Nurse. In circumstances where a reassessment indicates that an increase in pad
absorbency is required, this should reflect the natural chain of absorbency available in the contracted product range.

In compliance with Health and Safety and Infection Control Guidelines, containment products must not be taken from one client for use by another client.

**Containment products for Mild Urinary Incontinence**

Pads will not generally be offered to patients for the first 12 weeks following assessment where the level of incontinence is deemed to be mild. It is expected that a Care Pathway will be commenced and monitored with these patients.

Following the 12 week Care Pathway Process, if no improvement has been experienced, consideration should be given to the benefit of referral to the Specialist Continence service. The Continence Service Referral Pathway should be followed. (Appendix 10)

Where onward referral is not requested, and provision of pads/washable pants is deemed necessary, the order must be approved and signed by the Senior Nurse/Senior Practitioner Nurse. Assessment of daily fluid intake will indicate the appropriate level of product absorbency required. In general these patients would normally be prescribed washable pants or disposable products of 400-450mls absorbency

**Washable pants**

Washable pants can be more comfortable and in the long term can also be a more cost effective option for mild urinary incontinence.

Washable pants will be issued on completion of the 12 week care pathway if deemed appropriate. The assessing nurse must establish suitability of these products. Up to 6 pairs of washable pants may be supplied per year. Washable pants take time to wash and dry so consideration should be given to this when placing the order to ensure adequate supply.

Patients should be advised that it is better to wash the pants in a washing machine if possible. Fabric softener is not recommended.

**Exemptions to the above include:**

- Patients unable to follow a care pathway i.e. terminally ill / Moderate-severe cognitive impairment.
- Patients awaiting surgery if washables not suitable: the assessment for these patients must include type of surgery proposed and when the expected surgery will be performed. Pads may then be issued for an agreed term only.
- Patients post surgery; where the use of pads may help in the recovery phase. These are generally issued for a short period of time only.
Containment products for Moderate Urinary Incontinence

Pads will not generally be offered to patients for the first 12 weeks following assessment where the level of incontinence is deemed to be moderate. It is expected that a Care Pathway will be commenced and monitored with these patients.

Following the 12 week Care Pathway Process, if no improvement has been experienced, consideration should be given to the benefit of referral to the Specialist Continence service. The Continence Service Referral Pathway should be followed. (Appendix 10)

Where onward referral is not requested, and provision of pads is deemed necessary, the order must be approved and signed by the Senior Nurse/Senior Practitioner Nurse. Shaped and All-In-One pads are available in a variety of absorbencies. Assessment of daily fluid intake will indicate the appropriate level of product absorbency required. Staff should also take into consideration different periods of the day / night where incontinence level varies. In general these patients would normally be prescribed products of 450-800mls absorbency

An appropriately trained Health Care Professional must provide instruction on the correct fitting and use of these products.

Shaped pads should be used with close-fitting net pants. Net pants are available to order alongside shaped pads. Close fitting pants can be used if more appropriate

Clients who require net pants should be measured to ensure correct size. A maximum of 5 pairs of net pants will be supplied every 6 months. Net pants are reusable and are guaranteed to wash up to 25-30 times. Net pants should not be washed at higher than 70° and should not be tumble dried or dried on radiators

Containment Products for Heavy Urinary Incontinence

Pads will not generally be offered to patients for the first 12 weeks following assessment where the level of incontinence is deemed to be heavy. It is expected that a Care Pathway will be commenced and monitored with these patients.

Following the 12 week Care Pathway Process, if no improvement has been experienced, consideration should be given to the benefit of referral to the Specialist Continence service. The Continence Service Referral Pathway should be followed. (Appendix 10)
Where onward referral is not requested, and provision of pads is deemed necessary, the order for pads must be approved and signed by the Senior Nurse/Senior Practitioner Nurse. Assessment of daily fluid intake will indicate the appropriate level of product absorbency required. In general these patients would normally be prescribed products of 450mls – 1600mls absorbency

**All-in-one taped pads** e.g. Tena Slip / Tena Flex Pads. The use of these pads in any absorbency range should be restricted to patients presenting with urinary / faecal incontinence who are dependant on carers or are bed bound. The product absorbency range should be utilised to reflect the nocturnal/diurnal alterations in urinary output.

**It is the responsibility of the Registrant undertaking assessment to ensure that all carers involved in the provision of personal care to their patient are aware of the correct method of applying the pads, and the daily prescription of pads on order.**

### Containment Products for Faecal Incontinence

Pads do not absorb faecal matter therefore a smaller pad should be considered for patients with faecal incontinence such as Tena Comfort Normal

### Disposable Procedure Sheets

Disposable procedure sheets are only recommended when undertaking procedures such as bowel management or when caring for terminally ill patients. They must not be supplied for use as a continence product as the risk of skin breakdown is high. The emphasis should be placed upon prescribing a product suitable to the individual needs of the client.
Appendix 1

Flow Chart for Processing Continence Referrals to District Nursing

Referral for Continence Assessment accepted by District Nursing Service
Triaged by District Nurse

If deemed appropriate, HCA visits with self assessment pack
• HCA completes Screening tool
• HCA explains how to complete self assessment pack
• HCA collects urine sample
• HCA returns Screening tool for discussion and sign off by District Nurse

Patient/family/carer returns completed self-assessment pack

Self-assessment information triaged by District Nurse and date arranged for assessment

Full Continence assessment undertaken by District Nurse and appropriate Care Pathway initiated

4 weekly reviews for 12 weeks

Specialist referral if appropriate

Yearly review or more frequently if clinically indicated
Screening tool

Completed by HCA ________________________ (PRINT NAME)

Client Name ____________________________

Address ________________________________

DOB ___________________________ GP ___________________________

**Intervention undertaken**

Having discussed the content of the self assessment pack does the client feel he/she can complete (may be assisted by a relative or carer)  Yes □  No □

If no please state reason:

________________________________________

Has client / carer raised any concern / issue other than continence, that would require further visit / assessment? (Please give details)

________________________________________

________________________________________

What support does the client have? (Both formal and informal, attendance at day centre etc.)

________________________________________

________________________________________

Urinalysis result

________________________________________

Signature (HCA) __________________________ Signature (Nurse) __________________________

Date ___________________________ Date ___________________________
Self Assessment Pack

Patient information

You have been referred to the District Nursing Service for assessment of your Continence Issues. As part of your assessment you are required to complete the attached Self Assessment Pack.

Please read and complete the forms carefully as this information is important in forming part of your assessment. A member of the District Nursing Team will explain how to complete these forms.

When you have completed all the forms including the frequency volume chart please return to ________________.
When this is received the District Nurse will arrange to visit with you to complete the assessment of your needs and to commence a treatment programme to help improve your symptoms.

Thank-you for your assistance in the completion of these forms.
District Nursing Services

Name: __________________________ Date of Birth: ____________

Address: __________________________________________________________________________
________________________________________________________ Post Code: ______________

Tel No: ______________ Mobile No: ______________

Work No: ______________

Who is your GP? _______________________________________
What is your GP’s Address?: ____________________________________________

Please list any medical conditions that you have.
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Please make a list of all your current medication including those that you may buy at the chemist without a prescription
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Now please complete the symptom profile sheet and the fluid intake and output sheet

Have you ever been assessed for a bladder or bowel problem before?

If yes, how long ago, and who did you see?

___________________________________________________________________________
We would be grateful if you could answer the following questions, thinking how you have been, on average, over the past four weeks. This will help us assess your bladder problem.

1. How often do you leak urine? (Tick one box)

- Never
- About once a day
- About once a week or less often
- Two to three times a week
- Several times a day
- All the time

2. We would like to know how much urine you think leaks? (Tick one box)

- None
- A moderate amount
- A small amount
- A large amount

3. Do you wear protection? YES NO

If yes what are you using?____________________________________________

4. Overall, how much does leaking urine interfere with your everyday life? (Please ring a number between 0 (Not at all) and 10 (a great deal)

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>A great deal</td>
</tr>
</tbody>
</table>

5. When does the urine leak? (Please tick all that apply to you)

- Never – urine does not leak
- Leaks before you can get to the toilet
- Leaks when you cough or sneeze
- Leaks when you are asleep
- Leaks when you are physically active / exercising
- Leaks when you have finished urinating and are dressed
- Leaks for no obvious reason
- Leaks all the time
Frequency Volume Chart

Please take some time to complete the frequency volume chart.

We would like to review your intake and output over four days. If it is more convenient for you the days do not need to be consecutive.

As a guide: one small cup = 150 mls
one large cup = 200 mls

Record the type of fluid you drink – tea / coffee / water / juice / fizzy drink

Record the times when you pass urine and the times you are incontinent / wet.

It would be helpful if you could measure the amount of urine passed.

The attached chart should help.

Thank You
<table>
<thead>
<tr>
<th></th>
<th>Day 1</th>
<th></th>
<th>Day 2</th>
<th></th>
<th>Day 3</th>
<th></th>
<th>Day 4</th>
<th></th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Input</td>
<td>Output</td>
<td>Wet/Dry</td>
<td>Input</td>
<td>Output</td>
<td>Wet/Dry</td>
<td>Input</td>
<td>Output</td>
<td>Wet/Dry</td>
</tr>
<tr>
<td>6am</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7am</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8am</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9am</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10am</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11am</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12md</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1pm</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2pm</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3pm</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4pm</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5pm</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6pm</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7pm</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8pm</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9pm</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10pm</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11pm</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12mn</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1am</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2am</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3am</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4am</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5am</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix 4
CONTINENCE ASSESSMENT FORM

Date of Referral:  
Referred by:  
Date of First Assessment:  
Date of Discharge:  
Outcome:  

Name:  
DOB:  
Address:  
Post Code:  
Telephone:  
Work / Mobile:  
Assessed by:  
Caseload Holder:  
GP:  
CHI Number:  

Outline of Problems Affecting Patient (Physically, Socially and Psychologically)

<table>
<thead>
<tr>
<th>Medical History</th>
<th>Surgical History</th>
<th>Obstetric History</th>
</tr>
</thead>
</table>
| Partly:  
Difficult Delivery: Yes / No  
Baby Weight:  
Cesarean: Yes / No |
| Medication:  
Family History of Diabetes?  
Known Allergies? |
| Smoker / Non Smoker:  
Weight:  
Recent Weight Loss: |
| Duration of Problems: |

COMMUNICATION DIFFICULTIES

L.e. Memory/eyesight/hearing/psychological: Yes / No
Comments:

Normal sleep pattern:

MOBILITY / DEXTERITY

Full:  
Assisted:  
Use of Aid:  
Immobile:  
Type of Aid:  

ENVIRONMENTAL DIFFICULTIES

Are all facilities accessible:  
Are all care requirements available:  
If not, action taken:  

16
# Assessment of Bladder Symptoms

## Symptoms of Urge Incontinence

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>When you feel the need to pass urine, how long can you wait?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does anything trigger the need to pass urine? e.g., running water?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you sometimes leak before you reach the toilet?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you visit the toilet frequently?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you need to pass urine during the night?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If yes, how often?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you ever wet the bed?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you feel the urgent need to void when you put the key in the front door?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you feel the urgent need to void when you go out in cold weather?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Symptoms of Stress Incontinence

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you leak when you cough, laugh, sneeze or exercise?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are you able to stop midstream?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you leak when you get out of bed?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Symptoms of Overflow Incontinence

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you have to strain to empty your bladder?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you noticed any change in your stream of urine?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have a problem initiating the flow?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>After passing urine, does your bladder still feel full?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are you wet/damp most of the time?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are you aware of urine leaking?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you ever leak immediately after passing urine?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Symptoms of Reflex Incontinence

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you aware of the need to pass urine?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does your bladder ever empty without warning?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Voiding Symptoms

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Frequency / Volume Chart</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dysuria</td>
<td>Average daily intake of fluids mls</td>
</tr>
<tr>
<td>Haematuria</td>
<td>Average output mls</td>
</tr>
<tr>
<td>Does your urine smell?</td>
<td>Day frequency no:</td>
</tr>
<tr>
<td>INVESTIGATIONS:</td>
<td>Night frequency no:</td>
</tr>
<tr>
<td>Urinalysis:</td>
<td>Are fluids restricted?</td>
</tr>
<tr>
<td>MSSU sent:</td>
<td>Date:</td>
</tr>
<tr>
<td>Results:</td>
<td>Type of fluids:</td>
</tr>
</tbody>
</table>

## Relevant Investigations:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# Bowel History and Associated Problems

**Length of time of problems:**

**Consistency of Motion:**

**Normal Habit:**

**Associated Smell:**

**Recent changes in bowel habit:**

**H/O Soiling:**

**H/O Urgency:**

**Problems affecting bowel control:**

**H/O Constipation:**

**H/O Self help:**

**Laxative use:**

**Constant or intermittent problem:**

**Bowel awareness & need to void/sensation intact:**

**DISC**:

**Associated Pain/Discomfort/bleeding:**

**Would anxiety affect bowel control:**

**Is desire to have motion accompanied by sweating / palpitations?**

**Diet:**

**Flatus incontinence?**

**Dietary advice given?**

---

## Clinical Examination:

<table>
<thead>
<tr>
<th>Leakage on cough at examination:</th>
<th>Sphincter:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Lax / Descending / Strong</td>
</tr>
</tbody>
</table>

**Prolapse:**

Cystocele / Uterine / Rectocele

**Consistipated / Impacted / Haemorrhoids**

**Vaginal Discharge:**

**Pelvic Floor Assessment:**

<table>
<thead>
<tr>
<th>Perineal skin healthy if no specify:</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Movement (0) Flicker – Weak – Moderate – Good – Strong –</td>
</tr>
</tbody>
</table>

**Residual Urine:**

<table>
<thead>
<tr>
<th>Date</th>
<th>Power</th>
<th>Endurance</th>
<th>Repetition</th>
<th>Fast Squeezes</th>
</tr>
</thead>
</table>

---

## Results of Assessment:

**Types of Incontinence:**

<table>
<thead>
<tr>
<th>Faecal</th>
<th>Stress</th>
<th>Urge</th>
<th>Mixed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Functional**

<table>
<thead>
<tr>
<th>Reflex</th>
<th>Overflow</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Problems identified:**

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>MANAGEMENT AND TREATMENT OPTIONS (One or more options may be chosen)</td>
</tr>
<tr>
<td>---------------------------------------------------------------</td>
</tr>
<tr>
<td>Pelvic Floor Exercises</td>
</tr>
<tr>
<td>Medication</td>
</tr>
<tr>
<td>PADS</td>
</tr>
</tbody>
</table>

SPECIFY CARE PATHWAY USED:
If pathway not used state reason why:

IF PADS REQUIRED, SPECIFY TYPE
DAILY REQUIREMENT AS PRESCRIBED BY ASSESSOR
THREE MONTHLY ORDER
AMOUNT

<table>
<thead>
<tr>
<th>REFERRAL TO OTHER DISCIPLINE</th>
</tr>
</thead>
<tbody>
<tr>
<td>GP</td>
</tr>
<tr>
<td>District Nurse</td>
</tr>
</tbody>
</table>

Yearly review to identify any change medical history, symptoms, intake / output, steps taken to improve quality of life and outcome.

<table>
<thead>
<tr>
<th>CONTINUATION SHEET</th>
<th>Date</th>
<th>Signed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix 5

Care Pathway 1 Mainly Stress Urinary Incontinence

Fully Complete Continence Assessment

- Pelvic Floor Muscle Exercises
- "Overcoming Bladder Problems" Booklet

- Fluid Intake advice
- Bowel care
- Dietary Advice
- Regulate toileting 3-4 hourly

- Weight loss Advice
- Lifestyle changes-smoking cessation, toileting patterns

Also Consider

Conservative Management

Medication

Secondary Care Referral via GP

Containment Products after initial 12 weeks

Review monthly

Visit 1:

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

Date:                     Sign:____________________

Visit 2:

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

Date:                     Sign:____________________

Visit 3:

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

Date:                     Sign:____________________
For Information

NICE Guidelines for onward referral of female clients to Consultant

- Microscopic haematuria > 50 years
- Visible haematuria
- Recurrent or persisting UTI with haematuria > 40 years
- Suspected pelvic floor mass arising from the urinary tract
- Symptomatic prolapse visible at or below vaginal introitus
- Palpable bladder on bimanual or physical examination after voiding
- Persisting bladder or urethral pain
- Clinically benign pelvic masses
- Associated faecal incontinence
- Suspected neurological disease
- Voiding difficulty
- Suspected urogenital fistulae
- Previous continence surgery
- Previous pelvic cancer surgery
- Previous pelvic radiation therapy

NICE Guidelines for onward referral of male clients to Consultant

Incontinence Associated:-

- Pain
- Haematuria
- Recurrent Infection
- Voiding Disorder
- Prostrate Indication
- Radical pelvic surgery
- Unresolved Post Micturition dribble
Appendix 6

Care Pathway 2 Mainly Urge Urinary Incontinence

Consider
Conservative Management
Medication
Secondary Care Referral via GP
Containment Products after initial 12 weeks

Review monthly

Visit 1:
______________________________________________
______________________________________________
______________________________________________
Date:              Sign:____________________

Visit 2
______________________________________________
______________________________________________
______________________________________________
Date:              Sign:____________________

Visit 3:
______________________________________________
______________________________________________
______________________________________________
Date:              Sign:____________________
For Information
NICE Guidelines
for onward referral of female clients to Consultant

- Microscopic haematuria > 50 years
- Visible haematuria
- Recurrent or persisting UTI with haematuria > 40 years
- Suspected pelvic floor mass arising from the urinary tract
- Symptomatic prolapse visible at or below vaginal introitus
- Palpable bladder on bimanual or physical examination after voiding
- Persisting bladder or urethral pain
- Clinically benign pelvic masses
- Associated faecal incontinence
- Suspected neurological disease
- Voiding difficulty
- Suspected urogenital fistulae
- Previous continence surgery
- Previous pelvic cancer surgery
- Previous pelvic radiation therapy

NICE Guidelines for onward referral of male clients to Consultant

Incontinence Associated:-

- Pain
- Haematuria
- Recurrent Infection
- Voiding Disorder
- Prostrate Indication
- Radical pelvic surgery
- Unresolved Post Micturition dribble
Appendix 7

Care Pathway 3 Overflow Incontinence

Fully Complete Continence Assessment

- Fluid intake advice
- Avoid Caffeine and fizzy drinks
- Drink approx 1½ -2 litres daily

- Teach Bladder Emptying Techniques
- Treat any Constipation

- Consider bladder scan or in/out catheter to identify residual urine
- Lifestyle changes
- Consider need for ISC

Consider
Conservative Management
Medication
Secondary Care Referral via GP
Containment Products after initial 12 weeks

Review Monthly

Visit 1:

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Date:                    Sign:____________________

Visit 2:

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Date:                     Sign:____________________

Visit 3:

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Date:                         Sign:____________________
### NICE Guidelines for onward referral to Consultant of female clients

- Microscopic haematuria > 50 years
- Visible haematuria
- Recurrent or persisting UTI with haematuria > 40 years
- Suspected pelvic floor mass arising from the urinary tract
- Symptomatic prolapse visible at or below vaginal introitus
- Palpable bladder on bimanual or physical examination after voiding
- Persisting bladder or urethral pain
- Clinically benign pelvic masses
- Associated faecal incontinence
- Suspected neurological disease
- Voiding difficulty
- Suspected urogenital fistulae
- Previous continence surgery
- Previous pelvic cancer surgery
  - Previous pelvic radiation therapy

### NICE Guidelines for onward referral of male clients to Consultant

- Incontinence Associated
- Pain
- Haematuria
- Recurrent Infection
- Voiding Disorder
- Prostrate Indication
- Radical pelvic surgery
- Unresolved Post Micturition dribble
Referral for delivery of incontinence aids

To be completed for new and amended orders only

<table>
<thead>
<tr>
<th>Name:</th>
<th></th>
<th>Urgent order</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td></td>
<td>Order suspended</td>
</tr>
<tr>
<td></td>
<td>Post Code:</td>
<td>Normal delivery</td>
</tr>
<tr>
<td>Telephone Number:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alternative Delivery Point:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Where can the pads be left if no one available to take them in)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caseload Holder:</td>
<td>Base:</td>
<td></td>
</tr>
<tr>
<td>Contact Number:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>When should this change take effect?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Pads requested
Note: if washable pants are ordered, use washable pant order form.

<table>
<thead>
<tr>
<th>Type of pad:</th>
<th>Daily amount</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Day time:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Night time:</td>
<td>Night amount</td>
<td></td>
</tr>
<tr>
<td>Net pants</td>
<td>(generally 5 pairs first delivery</td>
<td>Size</td>
</tr>
<tr>
<td>2 pairs subsequent deliveries</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Signature of Caseload Holder | Date requested |

To be completed by Transport Department

Date of delivery following receipt of this request. | Date |

To be sent to the Continence Department, Spruce House, Braid Valley Hospital, Ballymena BT43 6HL
NOT TO BE FAXED
## REVIEW OF URINARY INCONTINENCE

<table>
<thead>
<tr>
<th>Name:</th>
<th>D.O.B:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>G.P:</td>
</tr>
<tr>
<td>Tel Number:</td>
<td>GP Base:</td>
</tr>
<tr>
<td>Post Code:</td>
<td>Practice Code:</td>
</tr>
<tr>
<td>GP Contact Number:</td>
<td>Date of last assessment:</td>
</tr>
<tr>
<td>Review carried out by:</td>
<td>Date of this assessment:</td>
</tr>
<tr>
<td>Designation:</td>
<td></td>
</tr>
<tr>
<td>Caseload Holder:</td>
<td>Base:</td>
</tr>
<tr>
<td>Contact Number:</td>
<td></td>
</tr>
</tbody>
</table>

### Update of known Medical Conditions

(If the Health Care assistant is carrying out this review, the nurse should complete update of known conditions)

- Are there any new conditions since last review? 
- Are there any changes of medical condition since last review? 
- Any changes in medication since last review? 
- Urinalysis results? (either note results or add print out from urinalysis machine) 
- Was an M.S.S.U. sent for lab analysis? 
- Fluid intake per day (cups/per day) 
- Fluid output per day (visits to toilet/day) 
- Type of fluids (tea/coffee etc) 
- Is patient independent / or dependent on carers.
PROVISION OF PADS

How many pads per 24 hours are currently ordered for this patient? 

How many pads are used each day/night? 

Are there any problems with the pads? 

If yes specify 

When was the last order received? 

How many unopened packs of pads are left at present? 

Does the pad order need to be amended? 

Give contact number of continence department in case of pad queries. 028 25 635278

Details of any Aids Provided

<table>
<thead>
<tr>
<th>From District Nurse</th>
<th>From O.T.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commode</td>
<td>Raised toilet seat</td>
</tr>
<tr>
<td>Urinal</td>
<td>Hand rails</td>
</tr>
<tr>
<td>Sheath System</td>
<td>Other</td>
</tr>
<tr>
<td>Washable Pants</td>
<td></td>
</tr>
<tr>
<td>Beam bridge funnel</td>
<td></td>
</tr>
<tr>
<td>Catheters?</td>
<td></td>
</tr>
<tr>
<td>Type</td>
<td></td>
</tr>
<tr>
<td>Bags</td>
<td></td>
</tr>
</tbody>
</table>

Result of Assessment

Has a Care Pathway been followed? 

If so which pathway? 

Has continence problem improved? 

Has continence problem deteriorated? 

Pads provided? 

Amount? 

If any problems are highlighted during this review that you are unable to deal with, refer to District Nursing Sister. Referred to District Nursing Sister: Yes / No Date 

Signed: Date: 

Not to be sent to Transport or Stores as it contains confidential information.
Specialist Continence Service Referral Pathway

People with incontinence require an integrated multidisciplinary approach to ensure the most appropriate care is offered.

The identification of clients with bladder or bowel incontinence should initiate an assessment by an appropriately trained health professional who can identify the nature and extent of the problem. The health professional should be able to advise and initiate an appropriate Care Pathway.

A professional assessment is the basis for appropriate continence advice. A holistic approach will ensure that other factors which influence the individual are taken into account such as emotional physical psychological environmental and social factors. Assessment may require input from other professionals in order to ensure appropriate services are offered.

The aim of the Continence Assessment is to:

1. Establish the cause of the problem
2. Enable the patient to achieve, regain or maintain continence
3. Enable the client to achieve or maintain their optimum quality of life

It is expected that a treatment programme is initiated following assessment and that evaluation and review is a standard requirement. Formal review must be completed every twelve months and documentation sent to the Continence Service.

Some clients are unable to commence a care pathway and this should be indicated on the Care Pathway documentation. However these patient must be reviewed twelve monthly to ensure appropriate provision of care.

Where referral to the Specialist Continence clinic is required the completed continence assessment and appropriate completed referral care pathway should be forwarded to the continence service (please see attached).

The Continence Service
Spruce House
Braid Valley Site
Cushendall Road
Ballymena
BT43 6HL Tel: 02825 635278/5280
**Specialist Continence Clinic Referral Care Pathway**

<table>
<thead>
<tr>
<th>Name:</th>
<th>DOB:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address:</th>
<th>Tel:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Postcode:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GP:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Base</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Assessed by:</th>
<th>Base:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For the following statements sign and date in the box when the activity is completed. If you are unable to complete an activity please the variance column stating why. Then date and sign.

<table>
<thead>
<tr>
<th>Standard Statement</th>
<th>Variance and reason. Action taken</th>
<th>Date and sign</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment completed by Community Nurse <em>(Enclose completed assessment)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identify treatment care pathway commenced <em>(Enclose completed care pathway)</em></td>
<td>If unable to complete care pathway may not be suitable candidate for referral</td>
<td></td>
</tr>
<tr>
<td>Some Improvement in continence status has been shown since starting on the Care Pathway</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient wishes to be referred to the continence service, is able to attend the clinic and has no cognitive impairment</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date referral sent:</th>
<th>Sign Designation</th>
</tr>
</thead>
</table>