CONTINENCE ASSESSMENT AND PROMOTION

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Introduction

All staff should have a positive approach to the maintenance and promotion of continence, which must be planned to meet the individual's personal needs. Incontinence should not be seen as an inevitable consequence of old age, since many elderly people are continent and should be encouraged to remain so. The overall aims are to:

- *Ensure that all care involves the individual and is directed towards maintaining dignity*
- *Achieve and maintain a pattern of elimination that maximises the individual's needs*
- *Offer education and support to prevent future problems arising*
- *Provide appropriate resources to meet the individual's needs*
- *Encourage individual choice*
- *Recognise management of urinary incontinence depends on the type of incontinence and predisposing factors.*

1. Types of Urinary Incontinence

a) **Stress incontinence:** This is caused by a weak urethral sphincter mechanism that results in urine leakage simultaneous with a rise in intra-abdominal pressure. Contributing factors include childbirth, menopause, obesity, a chronic cough and constipation. It mainly affects women, though it can occur in men after a prostatectomy.

b) **Urge incontinence:** This is caused by an overactive bladder. Urine leakage is associated with a strong desire (urgency) to void; incontinence may be sudden and large in volume. Contributing factors include urinary tract infection, type and quantity of fluid intake, medication, menopause and anxiety.

c) **Poor bladder emptying:** Overflow incontinence is caused by an outflow obstruction such as benign prostatic hyperplasia (BPH) or faecal impaction, or an atonic or hypotonic bladder. Contributing factors include the side effects of some medication, constipation and sudden immobility.

d) **Functional incontinence:** This occurs as a result of severe mobility and dexterity restrictions, which impede the individual's ability to reach the toilet unaided. It may affect those with dementia or confusion when an inappropriate response to bladder signals occurs.

2. **Predisposing Factors:** A variety of physical, psychological, social and environmental factors may cause or contribute towards incontinence, which include:

- impaired mobility and manual dexterity
- urinary infection
- medication
- orientation problems
- constipation
- obesity
- physical conditions
- psychological disorders

3. Procedure

a) Assessing, Planning and Delivering Care: On admission, a continence assessment must be completed for each individual and a care plan formulated accordingly. The continence assessment should be carried out by a continence nurse/advisor and a plan of action

drawn up in collaboration with that person and the individual. The following should be performed using an appropriate assessment tool:

- Identify the individual's normal voiding pattern, associated problems and a method of management
- Determine changes in elimination through observation and communication
- Liaise with the multi-disciplinary team to identify possible causes of incontinence.
- To identify the individual's continence needs the staff member should record
- The quantity and type of drinks taken
- The volume of urine passed at each void
- Any incontinence episodes.

b) If the urine is obviously infected or blood stained then a specimen should be sent for culture and sensitivity testing with the appropriate completed request form. If clear in appearance then test with reagent strip. If results are positive to either blood, protein, nitrates or leucocytes then obtain a specimen and send for culture and sensitivity testing, documenting as much information as possible on the request form. The care or support plan must:

- Be reflective of the assessment and identify realistic goals
- Be formulated following consultation with the individual and, where appropriate, the multi-disciplinary team
- Take into account physical, psychological, social and environmental factors
- Maintain skin cleanliness and integrity
- Include pelvic floor exercises as required.

c) According to the individual's personal needs and choice, the following should be considered:

- accessibility of a toilet or commode
- assistance, as necessary
- appropriate cleaning
- raised toilet
- effective lighting
- adequate dietary intake
- adequate fluid intake
- review of medication
- necessity of pelvic floor exercises.

d) When assessed as requiring appropriate incontinence aids, the following will be available:

- Collecting devices: penile and scrotal devices
- Absorbent appliances: the correct size, shape and performance rating should be selected
- Pants: either disposable or reusable.

4. Faecal Incontinence

- This requires to be treated sympathetically and sensitively; individuals with this problem should not feel apprehensive.
- Observation by nursing or care staff should be highlighted as an area of importance, since an individual with this problem often exhibits behavioural changes when bowel evacuation is imminent.
- The approach to care should be the same as for urinary incontinence insofar as the overall aims are equivalent.
- The care should be assessed, planned and delivered according to the personal needs of the individual. There should be realistic goals and outcomes, formulated in the care plan, that aim to involve the individual as much as is feasible.

5. Practicalities

- Privacy, dignity and independence must be encouraged.
- All rooms are within a distance of five metres of a toilet facility to allow quick access when required.
- Each room should be provided with a chair commode if required which should be available

for use by the individual; this is cleaned as necessary.

- In bathrooms and toilets the floor covering is of a heavy duty, non-slip cushion flooring material; this is warm to the touch and sealed at its edges so that seepage under the material will not occur; the covering is easily cleanable and does not retain odours.
- Most bathrooms and toilet floors are covered by a non-slip, sealed vinyl material; others are carpeted, these areas being cleaned daily or as required.
- Cleaning materials are constantly evaluated as to their effectiveness and efficiency and are changed accordingly and should be used in accordance with the appropriate COSHH regulations.
- Furniture is cleaned regularly to ensure cleanliness and an odour-free environment. Lounge furniture is cleaned at night when individuals are sleeping.

Further Guidance

NICE CG171: Urinary incontinence issued September 13 Modified January 15