

Continence Assessment

Patient Label:

Presenting Problem:

- Double incontinence
- Faecal Incontinence
- Urinary Incontinence
- Daytime wetting
- Enuresis

Primary diagnosis as related to continence problems:

Relevant medical history:

- MSQ MMSE N/A SNL

Has client ever undergone bladder / toilet training?

Previous methods of management tried: Prompted voiding Regular toileting

Medications

Specify

Continence products used:

Specify:

Comments:

General Information:

- Communication difficultier: Verbal Non verbal

level of mobility : Specify

Able to Self - Toilet

Comments :

Functional Profile :

- Good toilet access
- Internal stairs
- Urinal/ Hand held
- Hand rails
- Commode

Comment:

Bowels Habits:

How often do you move your bowels?

How would you describe your stool? (See 'The Bristol Stool form Scale')

Type 1 <input type="checkbox"/>	Type 2 <input type="checkbox"/>	Type 3 <input type="checkbox"/>	Type 4 <input type="checkbox"/>
Type 5 <input type="checkbox"/>	Type 6 <input type="checkbox"/>	Type 7 <input type="checkbox"/>	Blood <input type="checkbox"/>
Colour _____	Staining _____	Laxatives _____	

Comments:

Faecal Incontinence Gastro Colic reflex

Comments:

Nutritional:

Caffeine based fluids _____ Non caffeine based fluids _____

Alcohol _____ Total _____

Adequate intake: _____

Weight: _____ kgs Dietary fibre adequate _____

Comments:

Nursing Diagnosis:

- Urinary Incontinence related to cognitive/ physical disability
- Faecal Incontinence related to cognitive / physical disability
- Double Incontinence related to cognitive / physical disability

Intervention	Yes	N/A	Comments
MSU/Urinalysis			
Post void residual scan			
Bowel assessment			
Increase fluid			
Toilet training			
Prompted voiding			
Skin problems			
Bed protection			
IDC/SPC			
ISC			
Sheath			
Provision of postal supplies			
Products info given			
Educational Material			
Comments:			
Interdisciplinary Referrals:			
Date for revisit / review: Comments:			
<input type="checkbox"/> Trial of pads Comments:			

