8154 8/11

Patient Label

BAY OF PLENTY DISTRICT HEALTH BOARD HAUORA A TOI

MULTIDISCIPLINARY CONTINENCE ASSESSMENT

Referred by:	**Ethnicity:**

Auckland questionnaire of urinary assessment completed YES ☐ NO ☐

Initial score: Score at 3 months:

INFECTION CONTROL *... refer to Policy No. 4.1.0 Infection Control Management*

Infection Control screen taken? YES ☐ NO ☐ *State date and time* _____

MEDICAL HISTORY

☐ Respiratory conditions	☐ Cardiac conditions	Comments: _____
☐ Neurological conditions	☐ Mental health history	
☐ Musculo-skeletal conditions	☐ Renal disease	
☐ Diabetes —type:	☐ Cancer	
☐ Previous surgery	☐ Other	

MEDICATION

GYNAECOLOGICAL / OBSTETRIC

Number of...				Comments:
Pregnancies		Vaginal deliveries		
Caesarians		Assisted deliveries		
Forceps deliveries		Ventouse deliveries		
Babies over 9lb (4kg)		Length of labour		
☐ Episiotomy /Perineal tear		☐ Epidural used		

Menstrual history: r*elationship of menstruation to continence ... -urine -faecal*

Menopause

COMMUNICATION

☐ Speech impaired	☐ Cooperation	Comments _____
☐ Eyesight impaired	☐ Comprehension	
☐ Memory impaired	☐ Able to give accurate history	
☐ Hearing impaired	☐ Denies the problem	
☐ Motivation: ☐ High	☐ Moderate ☐ Low	

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SOCIAL HISTORY

☐ Occupation	☐ Effects on work life	Comments:
☐ Carer support	☐ Effects on social life	
☐ Smoker	☐ Allergies	

DIET AND FLUID INTAKE

Approximate daily intake:

☐ Water	☐ Tea / coffee	Comments:
☐ Alcohol	☐ Other	

MOBILITY / DEXTERITY

TOILET / ENVIRONMENT

UROLOGICAL HISTORY

☐ Presenting complaint	
☐ Onset of symptoms	
☐ Better / worse / same	☐ Frequency of toileting
☐ Wakes to go to toilet at night	☐ Wets the bed at night
☐ History of urinary tract infections	☐ Frequency of UTI
☐ Usual treatment of urinary tract infections	

☐ Dysuria ☐ Burning ☐ Stinging ☐ Pain ☐ Odour ☐ Haematuria

URINARY SYMPTOMS

Does the client lose urine when: ☐ Coughing ☐ Laughing ☐ Walking

☐ Exercise / activity ☐ Sneezing ☐ Standing ☐ Lifting

Does the amount of urine cause clothing to become ☐ damp ☐ wet ☐ soaked

☐ Recognise the feeling of bladder fullness? How long can client defer toileting: _____

☐ Is urine lost in association with urge? ☐ Any dribbling after urine is passed?

Starting flow: ☐ Strain ☐ Hesitancy ☐ Stop mid stream

Is the stream /flow ☐ slow ☐ moderate ☐ strong

☐ Is urine lost without warning or urge? ☐ Does the bladder feel empty post void?

Toileting position:

Comments:

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MULTIDISCIPLINARY CONTINENCE ASSESSMENT...pg.3

BOWEL HISTORY

Usual bowel pattern? ☐ Daily ☐ Alternate ☐ Twice weekly ☐ Weekly

☐ Constipation ☐ Straining ☐ Discomfort Toileting position: _____

Stool consistency (Bristol stool type): _____

Faecal leakage: ☐ Large ☐ Small ☐ Smearing ☐ Mucous

Awareness: ☐ Prior ☐ Post

Is there excess flatus? YES / NO Incontinence with flatus? YES / NO Bowel assessment required? YES / NO

Bowel Medications:

Previously:

Current:

PRESENT MANAGEMENT

Continence products:

LIFESTYLE IMPACT

Has the problem affected your relationship with family, friend and lifestyle? YES / NO

Has the problem affected your sexuality /intimacy? e.g. painful intercourse, body image, erectile dysfunction, leaking urine on intercourse etc. YES / NO

RECTAL EXAMINATION

☐ Rectal prolapse
☐ Enlarged prostate

Comments:

PHYSICAL EXAMINATION

Neurological tests/Abdominal exam:

☐ Patella reflex (L2, L3, L4)
☐ Achilles tendon reflex (S1, S2)
☐ Anal reflex (S2, S3, S4)

Comments:

VAGINAL EXAMINATION

Visible prolapse: ☐ Anterior ☐ Posterior ☐ Uterine

☐ Perineal descent Cough ☐ Obvious prolapse ☐ Loss of urine

☐ Contraction - obvious lift ☐ Straining ☐ Little or no obvious contraction

Palpation: ☐ Muscle bulk ☐ Sensation ☐ Pain /tenderness

☐ Prolapse ☐ Discharge ☐ Skin condition ☐ Atrophic vaginitis

Pelvic floor grading: Contraction - Oxford Grade

1 Nil 2 Flicker 3 Weak 4 Moderate 5 Good 6 Strong

PERFECT: ☐ Power ☐ Endurance ☐ Repetitions ☐ Fast

☐ Every ☐ Contraction ☐ Timed

Comments:

Patient Label

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BLADDER SCAN

Date: Pre void: Post void:

ANALYSIS OF SYMPTOMS

- ☐ Stress incontinence
- ☐ Overflow incontinence
- ☐ Constipation
- ☐ Functional incontinence
- ☐ Urgency with urge incontinence
- ☐ Faecal incontinence
- ☐ Over-active bladder
- ☐ Other

Comments:

POTENTIALLY REVERSIBLE SIGNS AND SYMPTOMS

- ☐ Delirium
- ☐ Atrophic vaginitis
- ☐ Psychiatric
- ☐ Restricted mobility
- ☐ Infection
- ☐ Pharmaceuticals
- ☐ Excess urine output
- ☐ Stool impaction

Comments:

PATIENT GOALS

TREATMENT PLAN

- ☐ Referral to:
- ☐ Supply products
- ☐ Bladder retraining
- ☐ Timed voiding
- ☐ Information /literature /supporting information
- ☐ Pelvic floor exercises
- ☐ Distraction technique (deferment)
- ☐ Post micturition exercises
- ☐ Bowel retraining

INDIVIDUAL PROGRAMME

Signature: **Date:**