151635 X8125 7/10

Patient Label

BAY OF PLENTY DISTRICT HEALTH BOARD HAUORA A TOI

CONTINENCE RE-ASSESSMENT - ANNUAL

DATE

ASSESSOR:

Bladder / Bowel chart completed YES ☐ NO ☐

CURRENT MEDICATION:

UPDATE MEDICAL / SURGICAL HISTORY:

SOCIAL SUPPORT:

BLADDER HABITS:

AMOUNT OF URINE LOSS?

Light (pad damp) ☐ Moderate (wet pad) ☐ Heavy (change clothes) ☐

WHEN DOES LEAKAGE OCCUR ON MOVEMENT?

Before reaching the toilet ☐ Without warning or feeling ☐ Constant dribble ☐ Only at night ☐

ABLE TO REACH THE TOILET IN TIME? Always ☐ Sometimes ☐ Rarely ☐ Never ☐

NUMBER OF VISITS TO TOILET IN DAY / NIGHT DAY ☐ NIGHT ☐

NUMBER OF PAD CHANGES IN DAY / NIGHT DAY ☐ NIGHT ☐

BOWEL HABITS:

Daily ☐ Alternate days ☐ Constipated ☐ Laxative use YES ☐ NO ☐

Other (please state):

FAECAL LEAKAGE: YES ☐ NO ☐ How often?

BOWEL MOTION TYPE:

(according to Bristol Scale)

Patient Label

BAY OF PLENTY DISTRICT HEALTH BOARD
HAUORA A TOI

CONTINENCE RE-ASSESSMENT - ANNUAL

FLUID INTAKE: Type Amount per day

MOBILITY: Fully mobile ☐ Needs help ☐ Chairbound ☐

Dressing: Independent ☐ Needs help ☐ Uses suitable underwear ☐

CATHETERS: IDC ☐ Supra-pubic ☐

How often changed?

Any recurring problems?

Any client concerns?

URINALYSIS: (if suspects urinary tract infection or change in symptoms since last assessment or no recent urine test)
Result:

CURRENT SUPPLIES TYPE /QUANTITY?

Order form complete YES` ☐ NO ☐

Date of next assessment: _____

Further referrals required: Physio ☐ OT ☐ Home Help ☐ GP ☐
Meals on Wheels ☐ Other ☐

Discuss any problems or issues with Continence Nurse YES ☐ NO ☐

MANAGEMENT / ADVICE:

Pelvic floor exercise

Bladder retraining

Fluids / diet

Catheter care

Constipation management

Post micturition dribble

Toilet regime

_____
SIGNATURE