

District Nursing Service CONTINENCE COMPLEXITY TOOL	Name: _____	Affix Patient Label Here	NHI: _____
	Address: _____		
	DOB: _____	Age: _____	Telephone Number: _____

ASSESSMENT SCORE: _____	REVIEW: _____	Low	1-5 (Non-Supply)
		Med	6-8
		High	13+

Complexity Factors	Criteria	Score	Complexity	Criteria	Score	
URINE LOSS (24 hours)			FAECAL INCONTINENCE			
	Mild	<250mls		1	Smearing	1
	Moderate	<500mls		2	Soiling	2
	Heavy	>500mls		3	Complete	3
INCONTINENCE TYPE (By Assessment)	Stress	1	CARER STRESS	Minimal	0	
	Faecal	2		Mild	1	
	Urge	3		Moderate	2	
	Overflow	4		High	3	
	Functional	5		Severe	4	
PHYSICAL DEPENDENCE	Independent	0	ABILITY TO RETRAIN	High	0	
	Mildly Dependent	1		Moderate	1	
	Moderately Dependent	2		Unable	2	
	Heavily Dependent	3		Refused	<input type="checkbox"/>	
				BRT	Y/N	
PRODUCTS PRESCRIBED			PRODUCTS NEEDED			
Code	Number per Month		Code	Number per Month		

Category Codes

CP = Cerebral Palsy, DC = Disabled Child, DE = Dementia, FI = Faecal Incontinence, HD - Heavily Dependent, IDC = Indwelling Catheter, ISC = Intermittent Self Catheterisation, LTD = Long Term Disability, SB = Spina Bifida, SCI - Spinal Cord Injury, UBRT = Unsuccessful Bladder Retraining, T = Terminal, POS = Post-op Surgical

NORTHLAND DISTRICT HEALTH BOARD

Te Pouari Hauora Ā Rohe O Te Tai Tokerau

