



Rural and Community Services

Patient Label

Name: _____

NHI: _____ DOB: _____

Address: _____

Adult continence assessment

General assessment

What are the patient's medical problems? How do they impact on continence?

What is the patient's surgical history? How does it impact on continence?

Females only

What is the gynaecological/obstetric history? Number of pregnancies? Type of delivery? Menopause stage?

What family of medications is the patient taking, including herbal and chemist preparations?

Allergies: medications, food, dermatological?

Environment: Access to toilet, manoeuvrability, acids used, rails, raised seat etc?

Name: _____
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Adult continence assessment-continued

Social factors: Living environment, cultural requirements, social groups, occupation, how has incontinence affected these?

Psychological factors: Sleep patterns, anxiety levels, mood and motivation, awareness levels, co-operation?

Mobility and dexterity: Any restrictions to ability to get to toilet, manoeuvre, manipulate clothing/aids?

Sexual history: Does incontinence interfere, cause pain, erectile dysfunction?

Urological assessment *(complete all sections of this assessment)*

Incontinence history

Is it a problem, how long has it been happening and is anything associated with the start of the problem? Is it worse day or night? Does patient wake to go to toilet? How often? Does it restrict usual activities?

Urinary infection:

Is there any discomfort/pain over bladder, lower back or on passing urine? Any odour or blood present? Has urine been tested within the last 4 weeks? result of MSU?

Stress incontinence:

Is there any leaking on coughing/laughing/sneezing? Does leak stop immediately and how much wetness is caused?

Urgency/urge incontinence:

Is there warning to go to the toilet? How long can the patient hold on? Do they wet on the way? How much?

Name: _____
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Adult continence assessment^{-continued} Clinical Treatment Pathway

Category	Date - dd/mm/yy signature
<p>Urinary infection:</p> <p>Arrange with patient/GP for current MSU to be done if indicated. Reassess continence status once treatment is complete.</p>	
<p>All incontinence types:</p> <p>Ensure any existing conditions are treated/stabilised eg. constipation, diabetes. Contributing environmental factors are stabilised/minimised. Medications are reviewed. Patient/caregivers understanding of contributing factors is clarified. Advice on diet/fluid is given and understood by patient/caregivers.</p>	
<p>Stress incontinence:</p> <p>Educate on and initiate pelvic floor exercises. Give patient written education material - Pelvic Floor Pamphlet. Arrange 6 week and 3 month follow-up <i>(refer to Physiotherapist or Continence Advisor for follow-up after discharge)</i></p>	
<p>Urgency/urge incontinence</p> <p>Complete 3 - 5 day bladder diary. Plan and initiate re-training programme based on diary results. Give patient written educational material - Bladder Re-training Pamphlet. <i>(refer to continence Advisor for follow-up after discharge if appropriate)</i></p>	
<p>Voiding difficulties</p> <p>Complete 3 - 5 day bladder diary. Arrange/do post void residual if appropriate. Refer back to GP or continence Advisor for further investigations/advice on management.</p>	
<p>Functional incontinence</p> <p>Educate caregivers on behaviour/environment strategies eg. signage/prompts. Complete 3 - 5 day bladder diary. Devise an individual toilet regime based on diary results.</p>	
<p>Incontinence maintenance</p> <p>Initiate trial of two product types based on largest volume of bladder diary. Complete referral for prescription when trial complete and fax to Ostomy Department. Product supply is based on recommended guidelines of 1 - 3 pads/24 hours. Tell patient products are provided for 1 year and then will be reassessed. Explain how the delivery system works and how to recover monthly.</p>	

Name: _____

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Adult continence assessment_{continued}

Voiding difficulties (obstruction/overflow)

Is there awareness of bladder/filling/leaking? Is there a wait for urine to start flowing? Dribbling after passing urine? Is the flow hesitant/strong/slow? Does the patient strain to empty bladder? Does the bladder feel empty when finished?

Functional incontinence:

Does the patient initiate toileting? Are there any behavioural signs of the need to void?

Bowel history:

How often do bowels move? Is there warning? What is the pattern - regular/loose/constipated? Laxatives?

Fluid intake:

How many cups/glasses are drunk in 24 hours? What ratio of fluids - coffee/tea/water/juice/other?

Physical factors:

Are there complaints of itching/burning in genital area? Does history indicate a bowel problem? Does history indicate a need for a post-void residual? Are there any congenital considerations?

(If yes then discuss/arrange physical examination with GP/Physician/Continence Advisors)

Coping strategies:

What is the patient currently doing to reduce the problem and what are the expectations of our service?

Summary of urological problems

Summary of related problems

Patient / caregiver name: _____ Signature: _____ Date: _____

Assessor's name: _____ Signature: _____ Date: _____



Community Equipment & Supply Ostomy/Continence Product Referral



NHI Number: _____ Date Requested: _____

Full Name: _____ DOB: _____

Postal Address: _____

Phone Number: _____ Alternative Contact: _____

Delivery Address (if different from above): _____

Please tick one of the following:

- New Patient
- Change of Details
- Add to Prescription
- Delete old Prescription

Please tick one of the following:

- Continence only
- Continence/Ileostomy
- Continence/Colostomy
- Urostomy/Ileostomy
- Urostomy/Colostomy
- Colostomy only
- Ileostomy
- Urostomy
- Vesicostomy


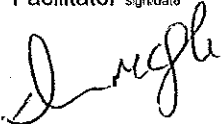
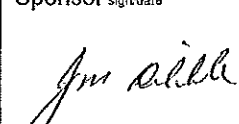
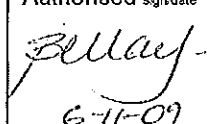
Prescription Details:

Oracle Code	Product Description	Monthly Quantity

Date Required: _____

Prescriber's Name: _____ Phone: _____

Designation: _____ Ward/Base: _____

		Type: Procedure	Document reference: 2337	Manual Classification: Service Specific Protocols, Procedures and Guidelines Manual	
Title: Provision of Continence Pad Products in the Community				Effective date: 01 November	
Facilitator <small>sign/date</small>  Dianne Ogle Clinical Nurse Specialist	Sponsor <small>sign/date</small>  Name Title Group Manager Rural + Community Services	Authorised <small>sign/date</small>  6-11-09 Name B. Macfie Title Clinical Nurse Director - Primary		Version: Version 2	Page: 1 of 3
				Document expiry date: 01 November 2012	

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1. Purpose of procedure

To provide containment products to patients when –

- They are a child 4 years of age or over and have a continence problem that is inconsistent with normal development and is represented by a urine/faecal loss that requires two products per 24 hours.
- They are an adult 18 years of age or over and have a urinary/faecal incontinence problem that requires two products per 24 hours
- Their individual assessment identifies and documents a valid clinical need to provide less than 2 products or more than 2 products in a 24 hour period and is based on volume measurement and/or faecal incontinence.
- They are unable to participate in, have failed, or attained limited success in any treatment regimes recommended for their incontinence problem.

To ensure the patient is able to access the prescribed products for their continence needs in a timely manner.

2. Definitions

Containment Products: products designed specifically to contain urinary/faecal incontinence – disposable pads, pull-ups, nappies, urodomes and collection bags.

3. Competency required


Clinical Nurse Specialists
Registered Nurses – Rural and Community Services

4. Equipment

Community Services Equipment and Supply Ostomy/Continence Product Referral (R1034CHF)

5. Procedure Exclusions



- Patients whose main domicile residence is outside the Waikato DHB boundaries with the exception of students boarding during term in educational institutions or persons resident in correctional facilities/prisons. (This will be dependant on Public Health Eligibility Criteria)
- Patients who refuse to participate in an assessment process.
- Private and Public hospital inpatients
- Residents in facilities where 24 hour care/supervision is given. This includes rest homes, ID Services, Trusts, Mental Health facilities, except where a contractual arrangement exists with the Waikato DHB.
- Patients who are eligible for direct funding under the ACC Insurance Act 1998.
- Non New Zealand residents – Refer to Guideline: Management of Clients in the Community that are not eligible for NZ Public Funded Healthcare.
- Children under 4 years of age.

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- Patients with a palliative/terminal illness expected to be of less than 6 months duration

6. Procedure

ACTION	RATIONALE
1. A full continence assessment is completed inclusive of: <ul style="list-style-type: none"> • Continence history • Urinalysis and physical findings from GP • Bladder diary • Bladder scan if appropriate 	To determine duration and type of incontinence To eliminate reversible causes e.g infection, constipation, prolapse. To document the amount of leakage to determine correct product capacity To identify hidden volumes requiring further referral/treatment.
2. Volume of loss is identified. Give the patient 5-6 appropriate capacity products to trial	To ensure the correct capacity product is identified to contain loss for the purpose of the 24 hour period, prior to arranging long term access to the products.
3. Educate the patient on the correct use of the product	Correct use of the product maximises its efficiency.
4. Arrange long term product access: <ul style="list-style-type: none"> • Complete and sign Ostomy/Continence product referral form (R1034CHF) • Fax it to Community Services Equipment and Supply Department 	To ensure correct patient identifiers and delivery instructions can be entered into supply database.
5. Educate the patient on long term access of supplies: <ul style="list-style-type: none"> • Inform the patient that product will take up to a week to arrive. • Inform the patient that the order is for a 28 day period. • Inform the patient they will receive an order card in the post a week after their product delivery. • Inform the patient the first order card will contain written instructions on how to re-order their product. 	To assist in efficient ordering and despatch of product To ensure the patient is aware of the criteria for supply To ensure the patient knows they will initiate the order – it is not an automatic delivery system. To ensure they understand the timeline and order process

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6. Educate the patient on change of status: inform the patient that if their continence status changes and they require more than their allocation of products – <ul style="list-style-type: none"> • They will need to be re-assessed before the allocation can be altered 	To ensure correct product for need is provided To identify whether further investigation/treatment is required
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6. Evidence

7. Associated documents

- Community Services Equipment and Supply Ostomy/Continence Product Referral form
- Guideline: Management of Clients in the Community who are not eligible for New Zealand Public funded health Care.
- Ministry of Health National Service Specification, Continence Services Dom 104.doc

8. References

Contracting Document (DOM 104)
Community Services Personal Health Handbook
District Nurse Handbook

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