

First Name: \_\_\_\_\_ Gender: \_\_\_\_\_  
Surname: \_\_\_\_\_  
**AFFIX PATIENT LABEL HERE**  
Date of Birth: \_\_\_\_\_ NHI#: \_\_\_\_\_  
Ward/Clinic: \_\_\_\_\_ Consultant: \_\_\_\_\_

HOAS Contenance Service

### Contenance Complexity Tool

Ratings	1	2	3	4
Co-morbidities				
Self care				
Type				
Total score				
Complexity rating				

Complexity Matrix	
Total score	Complexity rating
3 - 4	1
5 - 6	2
7 - 9	3
10 - 12	4

Co-morbidities	
0	Score a rating of 1
1	Score a rating of 2
2	Score a rating of 3
3+	Score a rating of 4

Self Care
1. Independent with all continence care.
2. Self caring but requires minimal assistance from a family member e.g. requires direction.
3. Requires some assistance from a family member with (e.g.) toileting and/or hygiene but the family unit remains independent.
4. Dependent for all care from family members and/or care givers.

Type & Severity of Incontinence				
Type	1	2	3	4
Stress	<250 mls/24 hrs	>250 mls/24 hrs	>500mls/24 hrs	>1000 mls/24 hrs
Urge	< 250 mls/24 hrs	>250 mls/24 hrs	>500mls/24 hrs	>1000 mls/24 hrs
S&U Mix	< 250 mls/24 hrs	>250 mls/24 hrs	>500mls/24 hrs	>1000 mls/24 hrs
Faecal	Smearing or incontinence of flatus			Involuntary loss stool
Urinary retention				Retention of urine with/out overflow
Nocturnal enuresis	Rarely			Every night

Signed by:

Signature:

Date: