



## Complete a thorough assessment to manage urinary incontinence.

- Educate staff in consistent implementation and intervention
- Raise resident's cognitive awareness
- Elimination patterns
- Symptoms affecting elimination
- Diagnosis and medications
- Mobility
- Environmental limitations
- 🔅 Pain
- 🔅 Labs
- Reversible causes
- Self/help toileting schedule
- Elimination diary
- Post void bladder scan
- Modification of resident's behavior
- Variations in resident's environment
- Train/schedule voiding

Discuss MDS 3.0 Section H coding guidelines and Quality Measures associated with urinary elimination.





# Rehabilitate Pelvic Floor Muscles to Return Confidence and Control

#### **Find the Muscles**

Strengthen the right muscles. Have the resident identify his/her pelvic floor muscles by stopping urination mid-stream. If the resident succeeds in stopping the urine floor, he/she has the right muscles.

### **Refine the Method**

Once the resident has identified the pelvic floor muscles, let him/her completely empty their bladder and then lie on their back. Have them tighten their pelvic floor muscles and hold for 5 seconds. See if they can do this 4 or 5 times in a row.

#### **Gradual Improvement**

Work up to keeping the pelvic floor muscles contracted for 10 seconds and relaxed for 10 seconds, four or five times in a row.

#### **Focus**

Have the resident focus on the right muscles, not the abdomen, thighs or buttocks, and avoid holding his/her breath during the exercises.

## **Success through Repetition**

Attempt to do these exercises three times each day.

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## **Bowel Bladder Elimination Patterns Diary**

Date	Time	Resident refused to use toilet	When placed on toilet, did resident void?		Resident unable to void while on toilet	was dry		Amount of urine on pad/brief		Resident requested toileting in time		Amount of time after meal/ beverage to toileting	Bowel movement (circle if only had BM)		Resident on med that contributes to incontinence		
			Y	Ν		D '	W	S	М	L	Y	Ν		Cont.	Inc.	Y	Ν
			Y	N			W	S	М	L	Y	Ν		Cont.	Inc.	Y	N
				N			W	S	М	L	Y	Ν		Cont.	Inc.	Y	Ν
				N			W	S	М	L	Y	Ν		Cont.	Inc.	Y	Ν
				N			W	S	М	L	Y	Ν		Cont.	Inc.	Y	Ν
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			Y	N		D	W	S	Μ	L	Y	Ν		Cont.	Inc.	Y	Ν

CHART #:

Comments:

NAME:





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## **Incontinence Risk Factors Assessment**

NAME:

CHART #:

Inter	t is known to ha nal Risk Fac ircle condition(s	ctors	Exter	t is known to nal Risk f	actors	External Contributors			
Atrophic Vaginitis	Bladder Prostate Cancer	Prolapsed Uterus	Call light within reach Y N	Restraint inhibiting access Y N	Obstructions in path of restroom Y N	Food & Drink Circle contributor(s) listed below.	Medications Circle contributor(s) listed below.	Other Contributors Circle contributor(s) listed below.	
Dementia	Neurological Disorders	Diabetes	Clothing not too tight and easily removed Y N	Adequate staff to readily help resident Y N	Regular toileting reminders Y N	Alcohol Caffeine Salt Acidic beverages	Anticholinergics Antihistamines Calcium channel blockers Narcotics	Anxiety Constipation Delirium Depression Inadequate urine output	
Parkinson's	CHF	Stroke	Assistive devices Y N	Adequate lighting Y N	Access to toilet Y N	Carbonated beverages Foods with caffeine	Diuretics	Dehydration Hyperglycemia Pain UTI Urethral obstruction Urinary retention	

Comments:





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