

URINARY CONTINENCE



Assessment and Implementation Form

Resident:				Rooi	m #:	Date:							
Assessed by:					_ D	ate of last MDS:							
Current Product	t Information Size:	Туре:	Fr	Frequency of Leakage: times/week									
Current Product Information Size: Type: Diagnosis: Medications: 1. Determine Type of Incontinence Questions Resident is continent													
Resident is continent N Y Proceed to section 2 Does resident leak when he/she coughs, sneezes, exercises, laughs? N Y Urge Does resident under to rush suddenly to the toilet? N Y Urge Does resident under than 7 times/day or 2 times/night? N Y Urge Does resident have than 8 times/day or 2 times/night? N Y Overflow Does resident have a weak stream of urine? N Y Overflow Does resident have frequent dribbling? N Y Overflow Does resident have burning or blood in urine? N Y Transient Chart Is the incontinence related to something other than urinary tract. such as inability to undo a zipper? N Y Functional Does the resident have a post-void residual greater than 200 cc? N Y Overflow Does the resident take stool softeners, antipsychotics, anticholinergic. narcotic analgesics or other drugs that may affect continence? N Y Further evaluation may be necessary Female Is there presence of pelvic prolapse or other abnormal finding? N Y Transient Is there abnormal discharge? N Y Transient Is there abnormal discharge? N Y Transient Is there drainage from the penis? N Y Transient Is there drainage from the penis? N Y Transient Is there drainage from the penis? N Y Transient Stepe drainage from the penis? N Y Transient Is there drainage from the penis? N Y Transient Steve drainage from the penis? N Y Transient Is there drainage from the penis? N Y Transient Weak stream, dribbling, incomplete Unable to get to timetwithout receptors, exercises.													
1. Determin	e Type of Inco	ntinence											
Resident is continent Does resident leak wh Does resident need to Does resident urinate Does resident have a Does resident have fr	nen he/she coughs, sneeze o rush suddenly to the toild more than 7 times/day or weak stream of urine? equent dribbling?	es, exercises, laughs? et? 2 times/night?		N N N N N	Y Y Y Y Y	Proceed to section 2 Stress Urge Urge Overflow Overflow							
Chart Is the incontinence re such as inability to un Does the resident hav Does the resident tak	lated to something other to do a zipper?	than urinary tract, ater than 200 cc?		N N	Y Y	Functional Overflow	ay be necessaı	ry					
Is there presence of p	ldened and/or thin?			Ν	Υ	Transient							
Is the foreskin abnorn	n the penis?			Ν	Υ	Transient							
Check the type of	incontinence that mos	t fits the resident ba	ased on ans	swers	above	:							
Sudden urge, large amounts, can't get	Leakage when	Combination of	Weak str	eam,		Unable to get to Temporary or toilet without recent onset,							

2. Determine Resident's Voiding Pattern

Every resident should have a completed voiding diary upon admission and with significant changes in condition.

Voiding diary scheduled (date):	Date completed:	Initials:
Did the resident have a pattern?:	(for pattern, see voiding diary)	

3. Evaluate for Behavioral Program

What is the MDS coding for item B0800 (ability to understand others)?

If 0.1

Consider MDS coding on G0110, 1-I (self-performing toileting).

If 0, 1, 2

Bladder rehabilitation or pelvic floor rehab.

If 3, 4

Prompted voiding.

If 2, 3

Scheduled voiding.

Residents with the following conditions could still benefit from participating in a prompted or scheduled voiding program:

- » Those who cannot feel "urge" to urinate.
- » Agitated or disoriented patients.
- » Bedridden residents or those with mobility limitations.

Resident is not a candidate for bladder program due to:

Use of appliances

No bowel or bladder pattern

Other:





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4. Determine Appropriate Absorbent Product

Minimum Data Set (MDS) Version 3.0 – Section H 0300& 0400, Bladder and Bowel

	Ambulatory	Non-ambulatory, Contracted, Ch Combative, Low Air Loss Mattre	Non-ambulatory, Contracted, Chronic Diarrhea, Combative, Low Air Loss Mattress								
O Always Continent H0300 & H0400			-								
1 Occasionally Incontinent Bladder – less than 7 episodes of incontinence Bowel – 1 episode of incontinence		DTECTIVE ERWEAR									
Frequently Incontinent Bladder – 7+ episodes, at least 1 episode of continence Bowel – 2+ episodes, at least 1 continent bowel movement	LINER	ADULT BRIEF	ULTRASORBS OR EXTRASORBS (USE ON A LOW AIR LOSS MATTRESS)								
3 Always Incontinent Bladder - No episodes of continent voiding Bowel - No episodes of continent voiding	HEAVY LINER	ADULT BRIEF HEAVY LIN	ER ULTRASORBS OR EXTRASORBS (USE ON A LOW AIR LOSS MATTRESS)								

Daytime selection: _____ Overnight protection: _____

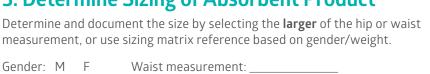




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5. Determine Sizing of Absorbent Product

measurement, or use sizing matrix reference based on gender/weight.





Weight: Hip measur	rement:
Disci si di	
Brief Size Selection	• LARGE = 48–58" (122–147 cm)
● SMALL = 20−32" (51−81 cm)	X-LARGE = 59–66" (150–168 cm) (beige)
○ MEDIUM = 32-42" (81-107 cm)	XX-LARGE = 60–69" (152–175 cm)
● REGULAR = 40–50" (102–127cm)	BARIATRIC = 69–90" (165–229 cm)

FI	NDU	JSER	'S H	EIGH	T & 1	NEIG	нт			WEIGHT IN POUNDS																									
HEIGHT	75	80	85	90	95	100	105	110	115	120	125	130	135	140	145	150	155	160	165	170	175	180	185	190	200	205	210	215	220	225	230	235	240	245	250
4'6"																																			
4'7"																																			
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6'2"																																			

Sizing chart above is a recommendation only. ALSO AVAILABLE: BARIATRIC SIZE XXXL (For patients weighing more than 250 lbs.; waist size from 70 to 90").

6. Catheterization

Catheter Type: _ Catheter Size: _

Medical Justifications

- ☐ Urinary retention that cannot be treated medically or surgically, related to:
 - » Post-void residual volume over 200 ml
 - » Inability to manage retention/incontinence with intermittent catheterization
- » Persistent overflow incontinence
- » Symptomatic infections
 - » Renal dysfunction
- ☐ Contamination of Stage III or IV pressure ulcers with urine which impeded healing.
- ☐ Terminal illness/severe impairments, which makes positioning/changing uncomfortable or associated with intractable pain.



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