Know How.
Product Selection and Application.
Documents and forms provided here are available through the online Continence Management Program. Enrolled members, please log on to print forms, access tools, and view additional educational courses and materials.

**Resident Data Form**

<table>
<thead>
<tr>
<th>Floor/Wing</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Room #, RI</th>
<th>Current Brief Size</th>
<th>Current Liner</th>
<th>Weight</th>
<th>Waist or Hip Size</th>
<th>Recommended Medline Product Size</th>
<th>Leak- age?</th>
<th>PU</th>
<th>Mats/Liner</th>
<th>Skin Condition</th>
<th>Level of Incontinence</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

**Totals**
Clinical Decision Tree for Disposable Incontinence Products

Considerations

0  ALWAYS CONTINENT
1  OCCASIONALLY INCONTINENT
   Less than 7 episodes of incontinence or 1 episode of bowel incontinence
2  FREQUENTLY INCONTINENT
   7 or more episodes of urinary incontinence or 2 or more episodes of bowel incontinence but at least 1 episode of continent voiding or bowel movement
3  ALWAYS INCONTINENT
   No episodes of continent voiding or continent bowel movements
4  NOT RATED
   Resident had a catheter (indwelling, condom), urinary ostomy, or no urine output or bowel movement for the entire 7 days

M0150—Is this resident at risk of developing pressure ulcers? No = 0

Ambulatory
N/A
Bladder Control Pads
Pull-Ups
Incontinent Liners
Incontinent Liners
Adult Briefs
Incontinent Liners
Adult Briefs
N/A

Limited Mobility
Incontinent Liners
Incontinent Liners
DryPads
Briefs
N/A

Diarrhea
Incontinent Liners
Incontinent Liners
Adult Briefs
N/A

Non-ambulatory/Constrictions

M0150—Is this resident at risk of developing pressure ulcers? Yes = 1

Ambulatory
N/A
Bladder Control Pads
Pull-Ups
Incontinent Liners
Incontinent Liners
DryPads
Briefs
N/A

Limited Mobility
Incontinent Liners
Incontinent Liners
DryPads
Briefs
N/A

Diarrhea
Incontinent Liners
Incontinent Liners
Briefs
N/A

Non-ambulatory/Constrictions

Medication Chart

<table>
<thead>
<tr>
<th>ACE inhibitors</th>
<th>Stress</th>
<th>Can cause cough and increase stress incontinence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acetylcholine-like agents</td>
<td>Urge</td>
<td>Urinary retention</td>
</tr>
<tr>
<td>Alcohol</td>
<td>Transient</td>
<td>Sedative, diuretic effects</td>
</tr>
<tr>
<td>Alpha adrenergic blockers</td>
<td>Stress</td>
<td>Produce relaxation of smooth muscle in the bladder neck and urethra</td>
</tr>
<tr>
<td>Alpha stimulants</td>
<td>Overflow (urinary retention)</td>
<td>Increase smooth muscle tone in proximal urethra and bladder neck</td>
</tr>
<tr>
<td>Anticholinergic drugs</td>
<td>Overflow (urinary retention)</td>
<td>Interferes with bladder contraction; may cause urinary retention</td>
</tr>
<tr>
<td>Antidepressants</td>
<td>Overflow (urinary retention)</td>
<td>Some have significant anticholinergic effect which can interfere with bladder contraction</td>
</tr>
<tr>
<td>Antidiarrheals</td>
<td>Transient</td>
<td>Anticholinergic effect which can interfere with bladder contraction</td>
</tr>
<tr>
<td>Antiemetics</td>
<td>Overflow (urinary retention)</td>
<td>Constipation, anticholinergic effect which can interfere with bladder contraction</td>
</tr>
<tr>
<td>Antihistamines (H-1 blockers)</td>
<td>Overflow (urinary retention)</td>
<td>Smooth muscle relaxation; incomplete bladder emptying</td>
</tr>
<tr>
<td>Antipsychotics</td>
<td>Urge, Overflow</td>
<td>Rigidity, immobility, sedation, urinary retention</td>
</tr>
<tr>
<td>Antispasmodics</td>
<td>Overflow (urinary retention)</td>
<td>Anticholinergic effect which can interfere with bladder contraction</td>
</tr>
<tr>
<td>Antivertigo</td>
<td>Overflow (urinary retention)</td>
<td>Sedation, anticholinergic effect which can interfere with bladder contraction</td>
</tr>
<tr>
<td>Caffeine</td>
<td>Transient</td>
<td>Diuresis—increases urine production</td>
</tr>
</tbody>
</table>

*Guidelines from the Centers for Medicare & Medicaid Services and CMS RAS F315
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<table>
<thead>
<tr>
<th>Calcium channel blockers</th>
<th>Overflow</th>
<th>Relaxes detrusor (bladder) muscle relaxation</th>
<th>Nifedipine, Nicardipine, Isradipine, Felodipine, Nimodipine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nocturia enuresis</td>
<td>Increases urine production at night</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urges</td>
<td>May cause constipation which may cause outflow obstruction or increased bladder contractility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiovascular</td>
<td>Overflow (urinary retention)</td>
<td>Anticholinergic effect which can interfere with bladder contraction</td>
<td>Furosemide, Digoxin, Nifedipine, Disopyramide</td>
</tr>
<tr>
<td>Diuretics</td>
<td>Urges, Nocturia enuresis</td>
<td>Increases urine production</td>
<td>Furosemide, Bumetanide</td>
</tr>
<tr>
<td>Muscle relaxants—central acting</td>
<td>Stress, Overflow</td>
<td>Sedation, decrease bladder contractility and sphincter resistance</td>
<td>Orphenadrine, Baclofen</td>
</tr>
<tr>
<td>Muscle relaxants—direct acting skeletal</td>
<td>Stress</td>
<td>Decrease sphincter control and resistance</td>
<td>Chlorzoxazone, Metaxalone, Methocarbamol</td>
</tr>
<tr>
<td>Narcotics</td>
<td>Nocturnal enuresis, Transient</td>
<td>Decrease ability to awaken to sensation of a “full bladder” (sedation)</td>
<td>Opiates, Morphine, Codine, Oxycodone</td>
</tr>
<tr>
<td>Overflows</td>
<td>Decrease mobility, constipation, urinary retention</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urges</td>
<td>Causes detrus or (bladder) instability</td>
<td>Cigarettes</td>
<td></td>
</tr>
<tr>
<td>Nicotine</td>
<td>Stress</td>
<td>Bladder instability related to “smoker’s cough”</td>
<td>Amantadine, Benztropine, Ripaipride, Trihexyphenidyl</td>
</tr>
<tr>
<td>Parkinson’s</td>
<td>Stress, Overflow</td>
<td>Urinary frequency, urinary retention, lax sphincter, confusion</td>
<td>Midezolam, Triazolam, Aprazolam, Lorazepam, Chloridazoponde, Diazepam</td>
</tr>
<tr>
<td>Sedatives/Tranquilizers</td>
<td>Nocturnal enuresis, Transient</td>
<td>Decrease ability to awaken to sensation of a “full bladder”, decreases mobility</td>
<td>Amtriptyline, Desipramine, Nortriptyline</td>
</tr>
<tr>
<td>Tricyclic antidepressants</td>
<td>Overflow (urinary retention)</td>
<td>Anticholinergic effect which can interfere with bladder contraction</td>
<td>Amtriptyline, Desipramine, Nortriptyline</td>
</tr>
<tr>
<td>Urinary incontinence drugs</td>
<td>Overflow (urinary retention)</td>
<td>Drugs used to treat urge incontinence may have anticholinergic effect that causes urinary retention</td>
<td>Oxybutynin, Probantheline, Solifenacin, Tolterodine, Trospium</td>
</tr>
</tbody>
</table>

### Absorbtent Product Selection

#### Light
- Slight volume of urine, less than half a cup or 100cc
- Stress incontinence
- Can walk with or without assistance
- Urinary Incontinence

#### Moderate
- Moderate volume of urine, up to one cup or 250cc
- Stress, urge, mix or transient incontinence
- Can walk with or without assistance
- Dementia

#### Heavy
- Large volume of urine, up to 2 cups or 500cc
- Urge, overflow, or bowel incontinence
- Bedridden
- Difficulty walking or standing

#### Heavy Plus
- Volume of urine more than 2 cups or 500cc in 4 hours
- Overflow or bowel incontinence
- Contracted, bedridden
- Difficulty walking or standing
- Loose stool

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Disposable Absorbent Product Selection and Sizing Guidelines

Purpose
To promote normal bladder function and individualized, dignified incontinence care while maintaining CMS F-Tag 315* compliance and efficient resource utilization. Each incontinent resident must be identified, assessed and treated to promote optimal bladder functioning. (CMS F-Tag 315), level of continence, ability to understand, ability to express, activities of daily living, absorbency and leakage protection will be guidelines for absorbent disposable product selection.

Policy
Continence and Incontinence care issues are handled with dignity, appropriate options, absorbent disposable product selection and sizing to insure optimal skin care, comfort and pressure ulcer prevention. During orientation and as needed, all staff will receive training on appropriate product selection and usage.

Indications
On admission, quarterly and at change of status, residents will be assessed as Continent or Incontinent of bladder and bowel. If resident is Incontinent of bladder and/or bowel, the following procedure will be implemented.

Procedure
1. On admission, quarterly and at change of status, continence status is documented and/or, if unavailable, is assessed for 72 hours to determine level and type of incontinence by using continence categories of MDS 3.0 definition of continence self control (H).
2. Assess resident’s status regarding activities of daily living (specifically toileting), ability to understand others, ability to express ideas to others, combative behavior and the type of toileting program/bladder retraining, if appropriate.
3. Identify appropriate absorbent disposable product type to manage type and quantity of voids using a Medline Product Selection guide, Medline FitRight® Sizing Wheel or FitRight® Assessment Tool (If pull-ups or bladder-control pads are used, no more than 3 per day should be indicated unless care is planned).
4. Measure the resident using sizing guidelines and Medline tools: Tape Measure, FitRight® Sizing Wheel or FitRight® Assessment Tool to determine the most appropriate size of product to best accommodate each individual patient’s needs.
5. Provide education to the patient and/or family and document as per facility protocol.
6. Assess efficacy of chosen product and adjust the plan of care as necessary. (Assess for skin integrity, color, breakdown, resident comfort, and that correct sizing and application techniques are in use.)
7. Notify appropriate staff concerning any change in type and quantity of products needed to insure availability and adequate supply delivery (Purchasing, Restorative, etc.).

Level of Responsibility
DON, ADON, Staff
Development Coordinator,
Nurses, Restorative Staff,
Wound Care team members,
Certified Nurses Aides

Sizing Guidelines
Tape Measure
1. Using the Tape Measure, measure the waist, hips or thighs (select the largest area).
2. The size will be indicated by the color on the tape measure at the second side of the body (at the widest part).

Sizing Wheel
1. Gather the resident’s weight and height using the latest available data. Determine the resident’s weight and, on the Product Sizing (white) side of the wheel, locate it at the top window.
2. Locate resident’s height above the lower windows on the wheel.
3. Note the color-coded triangle below the height indicator; this is the size brief required.

FitRight Assessment Tool
1. Gather the resident’s height, weight, gender and continence status base on MDS section H, Item 0300 and 0400 using the latest available data.
2. Input all gathered information in the resident master data screen to determine manufacture recommended product and size for each resident.
3. Communicate recommended product for each resident in the patient charts and to the nursing staff.

Additional Guidelines
» Adequate perineal care is an essential component of adequate continence management.
» Proper application techniques must be practiced for maximum product efficacy.
» Products are never to be doubled unless specified in Manufacturer’s guidelines that product is intended for this type of use.
» Only air-permeable products are to be utilized on pressure-reduction support surfaces such as low airloss beds.
» Product delivery should only be adequate for a several-day supply (never overstock rooms).
» Bariatric products should only be used for residents with measurements between 65 inches and 94 inches.

*Guidelines from the Centers for Medicare & Medicaid Services and CMS F-Tag 315*

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Sizing Tools and Tips for Briefs

By Hip and Waist Measurements

Measure the hips or waist, whichever appears larger as follows:

**STEP 1:** Measure hip bone to hip bone and over the abdomen

**STEP 2:** Double the largest measurement obtained in Step 1 and add two inches

**STEP 3:** Using this figure, make product size selection from the chart below

---

**Example:**

1. Hip bone to hip bone = 19” (49 cm)
2. 19” x 2 (49 cm x 2) = 38” + 2” (97 cm + 5 cm) = 40” (102 cm)
3. 40” (102 cm) = Medium or Regular Brief

---

**By Height and Weight**

<table>
<thead>
<tr>
<th>Female (weight)</th>
<th>Brief Size</th>
<th>Color</th>
<th>Waist or Hip*</th>
</tr>
</thead>
<tbody>
<tr>
<td>75–90 lbs.</td>
<td>Small</td>
<td>•</td>
<td>20–32” (51–81 cm)</td>
</tr>
<tr>
<td>90–115 lbs.</td>
<td>Medium</td>
<td>□</td>
<td>32–42” (81–107 cm)</td>
</tr>
<tr>
<td>115–130 lbs.</td>
<td>Assess for Medium/Regular</td>
<td>□</td>
<td>40–50” (102–127 cm)</td>
</tr>
<tr>
<td>130–175 lbs.</td>
<td>Assess for Regular/Large</td>
<td>●</td>
<td>48–58” (122–147 cm)</td>
</tr>
<tr>
<td>175–235 lbs.</td>
<td>X-Large</td>
<td>●</td>
<td>59–66” (150–168 cm)</td>
</tr>
<tr>
<td>235–250 lbs.</td>
<td>XX-Large or Mesh Pants</td>
<td>●</td>
<td>60–69” (152–175 cm)</td>
</tr>
<tr>
<td>250 lbs. &amp; heavier</td>
<td>Bariatric</td>
<td>●</td>
<td>69” &amp; up (175 cm+)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Male (weight)</th>
<th>Brief Size</th>
<th>Color</th>
<th>Waist or Hip*</th>
</tr>
</thead>
<tbody>
<tr>
<td>120–150 lbs.</td>
<td>Medium</td>
<td>□</td>
<td>20–32” (51–81 cm)</td>
</tr>
<tr>
<td>150–200 lbs.</td>
<td>Assess for Medium/Regular</td>
<td>□</td>
<td>40–50” (102–127 cm)</td>
</tr>
<tr>
<td>200–235 lbs.</td>
<td>Assess for Regular/Large</td>
<td>●</td>
<td>48–58” (122–147 cm)</td>
</tr>
<tr>
<td>235–235 lbs.</td>
<td>X-Large</td>
<td>●</td>
<td>59–66” (150–168 cm)</td>
</tr>
<tr>
<td>250 lbs. &amp; heavier</td>
<td>Bariatric</td>
<td>●</td>
<td>69” &amp; up (175 cm+)</td>
</tr>
</tbody>
</table>

*Use the larger of the two

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**Find User’s Height & Weight**

<table>
<thead>
<tr>
<th>WEIGHT IN POUNDS</th>
<th>WEIGHT IN POUNDS</th>
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</thead>
<tbody>
<tr>
<td>44</td>
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<td>47</td>
<td>102</td>
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<td>240</td>
</tr>
<tr>
<td>180</td>
<td>245</td>
</tr>
<tr>
<td>185</td>
<td>250</td>
</tr>
</tbody>
</table>

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”).

**FitRight™ Sizing Options**

FitRight™ Tape Measure (inside your tool kit)

Place hip bone to hip bone over the abdomen, front side of body only—note color coded size recommendation

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Clinical Education
Sizing for Adult Briefs—Skill Review Validation Form

Employee’s Name: ___________________________ Date: ________________

1. Assemble supplies including color-coded measuring tool, copy of the Resident Data form or other note paper to record measurements, and pen.

2. Wash your hands or use hand sanitizer according to your protocols.

3. Greet the resident by name and provide an explanation of what you are doing.

4. Explain that a proper fitting product is important to healthy skin and overall comfort.

5. Assure resident comfort.

6. Open a Medline measuring tool with color-coded side facing you.

7. Determine the largest part of the body, hip bone to hip bone or thigh to thigh.

8. Feel for the right hip bone or widest part of the thigh of the patient and place the left side (beginning) of the measuring tool there.

9. Drape the measuring tool over largest part of the hips or abdomen. It should lie smoothly and flat over the body. It is acceptable to measure over the clothes.

10. Place your thumb on the right side of the measuring tool at the left hip bone or thigh.

11. Note the size and color of the product selected. If the area noted is very close to the next size up, choose the larger size.

12. Thank the resident and discard the measuring tool, if disposable.

13. Wash your hands or use hand sanitizer according to your protocols.

14. Report your findings to the nursing staff for recording on the plan of care.

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Application Guide: Adult Brief

1. Fold the product in half lengthwise with the backsheet facing to the outside.

2. While folded, insert or apply the product from the front to the back. During this process, pull the product up into the perineal area, centering it front to back. Unfold, spread and center the product across the back-side.

3. Unfold, spread and center the product across the front-side. Gently pull the skin of each inner thigh downward or away from the perineal area, allowing the leg cuffs to move into the now-exposed crease.

4. Apply the upper tabs while pulling the back wings snugly over the front wings. Apply the lower tabs at a slightly upward angle, while tucking the front wings smoothly in and under the back wings. Smooth out all the wrinkles and folds while checking the fit of the product. Adjust as needed.

Please Note

> When applying hook tabs, gently press down on the tab and pull back slightly for a more secure attachment.

> Al aplicar cintas de cierre adhesivas de gancho, presione suavemente hacia abajo la lengüeta y tire un poco hacia atrás para un apego más seguro.

Continued on next page...
Experiencing Problems with Leakage?
- Ensure that leg cuffs are placed tightly in the creases between perineal area and thighs.
- Correct application of product on resident.
- Correct sizing of product.
- Ensure that poly of the leg gatherings is facing out.
- Center the product correctly in both directions.
- Ensure that plastic is not touching skin.

Skin Irritations?
- Excessive use of petroleum moisture barriers may clog product.
- Males point penis down.
- Evaluate absorbency; evaluate change rate. Consider a more absorbent product.
- Staff in-service on the application of product.

Poor Fit?
- Measure hips and waist, the larger of the two determines the size.
- Tape tabs centered on brief. Use parallel lines on outer poly for orientation.

Blisters?
- Caused by plastic touching the skin.
- Check application.

Tearing?
- Do not use product as a turn sheet. In-service application techniques.

¿Problema de Escape de Liquido?
- Asegúrese de que los pliegues interiores del producto están firmemente sujetos a los pliegues entre la zona perineal y las piernas.
- Aplicación correcta del producto en el residente.
- Talla correcta del producto.
- Asegúrese de que el polietileno de la entrepierna mira hacia fuera.
- Centre el producto correctamente en ambas direcciones.

¿Irritaciones Cutáneas?
- Asegúrese del que el plástico no está en contacto con la piel.
- El uso excesivo de barreras de humedad de petróleo puede obstruir el producto.
- En varones, el pene apunta hacia abajo.
- Evalúe la absorción; evalúe la frecuencia de cambio. Considere un producto de mayor capacidad de absorción.
- El personal sabe perfectamente cómo aplicar el producto.

¿Talla Errónea?
- Mida caderas y cintura. La mayor dimensión determina la talla del producto.
- Las cinta de cierre han de estar centradas con el brief. Use paralelas en el polietileno exterior para la correcta orientación.

¿Ampollas?
- Provocadas por el contacto del plástico con piel.
- Compruebe la aplicación.

¿Rotura?
- No utilice el producto para voltear al paciente; hágalo según las técnicas habituales.

Clinical Education
Adult Brief Application—Skill Review Validation Form

Employee’s Name: ___________________________ Date: ______________________

1. Gather supplies for the procedure.
2. Wash hands according to protocol.
3. Greet the resident by name.
4. Explain the procedure you are about to do.
5. Remove the outer garments.
6. Remove the soiled product from the front to the back.
7. Perform perineal care according to protocols.
8. Open the product and give it a quick snap or tug to release the leg cuffs.
9. Fold the product in half lengthwise with the backsheet facing toward the outside.
10. While folded, insert or apply the product from the front to the back.
11. Pull the product up into the perineal area, centering it.
12. Unfold, spread and center the product across the perineal and thighs area and away from the perineal area.
13. Gently pull the skin of each inner thigh downward and away from the perineal area.
14. Smooth the side panels across the patient one side at a time.
15. Apply the upper tape tabs to the top of the side panels at a slightly downward angle.
16. Apply the lower tape tabs to the bottom of the side panels at a slight upward angle.
17. Smooth out all the wrinkles and folds while checking the fit of the product.
18. Safely bag dispose of soiled product.
19. Wash hands according to protocol.
20. Redress the resident so that they are comfortable.
## Clinical Education

### Protective Underwear Application—Skill Review Validation Form

<table>
<thead>
<tr>
<th>Employee’s Name:</th>
<th>Date:</th>
</tr>
</thead>
</table>

1. Gather supplies for the procedure.
2. Wash hands according to protocol.
3. Greet the resident by name.
4. Explain the procedure you are about to do.
5. Assist the resident with removal of outer garments.
6. Remove the soiled protective underwear by tearing apart at the side seams.
7. Perform perineal care according to protocol.
8. Assist the resident in applying the clean protective underwear like normal underwear.
9. Pull the protective underwear up between the legs into the groin area until it is snug and close to the body.
10. Gently pull the skin of each inner thigh downward for proper fit of the leg cuffs.
11. Check the protective underwear for optimal application, fit, and comfort.
12. Assist the resident with outer garments as necessary.
13. Safely bag and dispose of soiled liners.
14. Wash hands according to protocol.

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## Application Guide: Protective Underwear

1. Pull on the protective underwear just like normal underwear.
2. Pull the protective underwear up and into the groin area, securing a proper fit.
3. Gently pull the skin of each inner thigh downward, allowing leg cuffs to move into the natural crease between the thighs and the perineal area. Check the product for optimal application, fit, and comfort.
4. Safely bag and dispose of soiled liners.
5. Wash hands according to protocol.

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## Solutions

### Incontinence

**Removal**

1. Gently tear the product open at both sides.
2. Prior to removal, fold the product at the front and back to contain both urine and fecal matter.
3. Remove the product front-to-back.
4. Retire the calzoncillo, de adelante hacia atrás.
### Clinical Education

**Pant and Liner Application—Skill Review Validation Form**

<table>
<thead>
<tr>
<th>Employee’s Name:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.</strong> Gather supplies for the procedure.</td>
<td></td>
</tr>
<tr>
<td><strong>2.</strong> Wash hands according to protocol.</td>
<td></td>
</tr>
<tr>
<td><strong>3.</strong> Greet the resident by name.</td>
<td></td>
</tr>
<tr>
<td><strong>4.</strong> Explain the procedure you are about to do.</td>
<td></td>
</tr>
<tr>
<td><strong>5.</strong> Assist the resident with outer garments as necessary.</td>
<td></td>
</tr>
<tr>
<td><strong>6.</strong> Assist the resident to pull the mesh or knit pant down to the knees on both legs.</td>
<td></td>
</tr>
<tr>
<td><strong>7.</strong> Unfold the liner and give it a slight tug to release the leg cuffs.</td>
<td></td>
</tr>
<tr>
<td><strong>8.</strong> Fold the liner in half lengthwise with backsheet facing outwards.</td>
<td></td>
</tr>
<tr>
<td><strong>9.</strong> Insert the liner from the front to the back between the resident’s legs.</td>
<td></td>
</tr>
<tr>
<td><strong>10.</strong> Pull the liner up into the perineal area, centering it.</td>
<td></td>
</tr>
<tr>
<td><strong>11.</strong> Open and spread the liner evenly across the back best coverage of the patient’s backside. Repeat with the front.</td>
<td></td>
</tr>
<tr>
<td><strong>12.</strong> Pull the mesh or knit pant upward and over the liner and smooth out the wrinkles.</td>
<td></td>
</tr>
<tr>
<td><strong>13.</strong> Gently pull the skin of each inner thigh downward for proper fit of the leg cuffs.</td>
<td></td>
</tr>
<tr>
<td><strong>14.</strong> Check the pant and liner for optimal application, fit and comfort.</td>
<td></td>
</tr>
<tr>
<td><strong>15.</strong> Assist the resident with outer garments as necessary.</td>
<td></td>
</tr>
<tr>
<td><strong>16.</strong> Safely bag and dispose of soiled liners.</td>
<td></td>
</tr>
<tr>
<td><strong>17.</strong> Wash hands according to protocols.</td>
<td></td>
</tr>
</tbody>
</table>

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### Application Guide: Pant and Liner

1. **Pull the pant on to the waist and then pull the top down over the bottom of the knees, positioning the legs as shown.**

2. **Unfold the liner and give it a slight tug at the ends to activate the leg cuffs.** Fold the liner in half lengthwise with the backsheet facing outwards.

3. **Insert the liner front-to-back, working it up and into the groin area until it is centered evenly front-to-back.**

4. **Open and spread the liner evenly across the backside, centering it on the spine using the wetness indicator as a guide.**

5. **Pull the pant upward and over the liner on the backside, spreading the liner again during the process.**

6. **Open and spread the liner evenly across the front while pulling the pant upward to the waist.**

7. **Gently pull the skin of each inner thigh downward, allowing the leg cuffs to move into the natural crease between the thighs and the perineal area. Check the pant and liner for optimal application, fit and comfort.**

8. **Tire suavemente de la piel de los muslos hacia abajo para que el resorte se desplace hacia abajo para que el resorte se desplace hasta el doblez natural entre los muslos y la región perineal. Revise el calzoncillo y el protector para verificar la mejor aplicación, ajuste y comodidad.**

*Continued on next page...*
¿Problema de Escape de Líquido?

Asegúrese de que los pliegues interiores del producto están cómodamente sujetos a los pliegues entre la zona perineal y las piernas.

- Correcta aplicación del producto en el residente.
- Talla correcta del producto.
- Asegúrese de que el polietileno de entrepierna mira hacia fuera.
- Centre el producto correctamente en ambas direcciones.

Experiencing Problems with Leakage?

» Ensure that leg cuffs are placed snugly in the creases between perineal area and thighs.
» Correct application of product on resident.
» Correct sizing of product.
» Ensure leg gathers are facing out.
» Center the product correctly in both directions.

¿Irritaciones Cutáneas?

Asegúrese de que los pliegues interiores del producto están cómodamente sujetos a los pliegues entre la zona perineal y las piernas.

» La cura perineal es necesario en cada episodio de incontinencia.
» Asegúrese de la talla del calzoncillo es correcta.
» El polietileno de la entrepierna mira hacia fuera.

» El uso excesivo de barreras de humedad de petróleo puede obstruir el producto.
» En varones, el pene apunta hacia abajo.
» Evalúe la absorción; evalúe la frecuencia de cambios. Considere un producto de mayor capacidad de absorción.
» Revise la educación de la aplicación del producto.

Skin Irritations?

» Ensure that leg cuffs are placed snugly in the creases between perineal area and thighs.
» Peri-care needs to be performed with each incontinent episode.
» Check that pant size is correct.
» Poly of the leg gathers is facing out.

» Excessive use of petroleum moisture barriers may clog product.
» Males point penis down.
» Evaluate absorbency; evaluate change rate. Consider a more absorbent product.
» Review application education of product.

Blisters?

» Check application.

» Asegúrese de que los pliegues interiores del producto están cómodamente sujetos a los pliegues entre la zona perineal y las piernas.

- Excessive use of petroleum moisture barriers may clog product.
- Males point penis down.
- Evaluate absorbency; evaluate change rate. Consider a more absorbent product.
- Review application education of product.

Medline Drypads Guidelines

Policy

The following guidelines have been established for the safe, efficient and cost effective use of the Medline Drypads.

» Dual purpose pad for incontinence management and skin/wound care for at risk patients.
» Medline drypads are premium disposable, breathable incontinent pads for moisture management for patients at risk for skin breakdown.
» Medline drypads are multi-void products that holds up to 1000cc fluid.
» May be used on all bed surfaces, including low air loss beds.
» Determination for use resides with nurses and wound care specialists.

Purpose

A multi-void product that helps promote dry skin.

Indications

Incontinence management for residents at risk for skin breakdown/pressure ulcer development.

Contraindications

» Not for use with chronic loose stools or severe diarrhea.
» Not a transfer device.
» Should not be used for ambulatory patients who can get out of bed.
» Rehab candidates should be provided with briefs or pull-ups for safety and dignity.

Procedure

» The Medline drypads are to be placed printed side down on top of a draw sheet under the patient in bed or on a stretcher.
» It can be placed horizontally or vertically for maximum fluid capture, depending on the voiding pattern of the individual.
» Patient transfer and/or repositioning occurs with the draw sheet, not the underpad, for best practice compliance (patient and staff safety).
» Product is disposable.
» Product should be removed and discarded. Do not send to laundry with other linens.

Solutions

Incontinence

Solutions
Disposable Absorbent Product Identification System

Instructions for Use
The product identification system (as seen above) is designed to promote proper product selection, fit and comfort. Please follow the step-by-step instruction to implement the system:

Step 1: Identify the proper product type using the decision tree for disposable incontinence products.
Step 2: Measure the resident and identify proper size using the sizing guide or sizing matrix.
Step 3: Select sticker with symbol representing product category and size.
Step 4: Place sticker next to resident's nametag or designated location.
Step 5: Instruct staff to use proper product type and size for identified resident.

Helpful Hints
Select the correct symbol based on the following:

- Stress incontinence
  - Pads: Seahorse
  - Protective Underwear: Frog

- Ambulatory or combative (Alzheimer's)
  - Liners: Turtle

- Bedridden, contracted or combative
  - Briefs: Fish

- Bedridden, chronic diarrhea or agitated at night
  - Overnight Briefs: Dolphin

- Open-airing, low-air-loss system
  - DryPad: Seal