

How to Improve Continence on an Acute Hospital Ward

STEP 1

Ask about any SYMPTOMS of URINARY or FAECAL INCONTINENCE

Is the patient aware? Are they bothered by it?

Is this a new or longstanding problem?

Please inform the ward doctor

URINE

Record urinalysis on ALL patients on arrival

if +ve send
MSU

Is there a UTI?

Yes - inform doctor

Treat UTI & Reassess

DEALING WITH FUNCTIONAL INCONTINENCE

Check mobility and access to toilet

Is regular toileting required? Look at the pattern of incontinence.

Record times toileted (T)

Are toileting aids required?
(commode, bed pan)

Consider sanitary protection as appropriate (sheath, pads)

ONLY catheterise in accordance with guidelines

BOWELS

Ascertain normal bowel habit

Use a daily **STOOL CHART**
(refer to the Bristol Stool Form Scale)

PR

Is there any CONSTIPATION
or OVERFLOW
DIARRHOEA?

Yes - inform doctor
STOOL sample if diarrhoea

Treat & Reassess

FLUIDS & FREQUENCY/ VOLUME CHART

Keep an accurate FLUID CHART

Ensure adequate daily FLUID INTAKE (according to weight and medical condition)

Start a URINARY FREQUENCY/ VOLUME CHART (or pad weight)

Is there any pattern to the urinary incontinence?

MEDICAL ASSESSMENT

Any relevant Past Medical, Surgical or Obstetric History

REVIEW DRUGS

EXAMINATION

MTS and Neurology - Dementia? Stroke? Cord compression?

Cardiovascular - CCF?

Palpate for a bladder - Retention?

Pelvic floor - Prolapse, atrophic vaginitis? PR. Anal tone, prostate and stool

If incontinence persists progress to STEP 2

STEP 2

**Complete Stage 1 of Urinary Continence Care Pathway
& Complete Patient Symptom Profile**

Review Urinary frequency / flow chart
Is there any pattern to the urinary incontinence?

**Consider checking bladder residual volume using
Bladder Scanner (or Ultrasound scan)**

Urinary flow dynamics

**Aim to identify *type* of urinary incontinence,
STRESS, URGE, OVERFLOW or MIXED.
Commence on relevant Care Pathway if appropriate.**

**For FAECAL INCONTINENCE refer to the
Faecal Incontinence Care Pathway**

STEP 3

**Refer to CONTINENCE NURSE, or DOCTOR with a
special interest, for further appropriate investigation and
treatment.**

Key:   Auxillary, Staff nurse & Patient
 Medical staff