

# CONTINENCE PROMOTION & AWARENESS IN THE ACUTE HOSPITAL SETTING

Karen Fitzgerald  
Stroke CNS

# Questionnaire Results

▶ 63 responses

▶ Profile:

- RGN 76.5%
- Student Nurse 9.5%
- HCA 12.5%
- NCHD 1.5%

▶ List 6 types of urinary incontinence:

- Stress 95%
- Urge 80%
- Functional 40%
- Overflow 36.5%
- Mixed 12.5%
- Neurogenic 8%
- Temporary 3%

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# List 6 causes of urinary incontinence:

- ▶ UTI 46%
- ▶ Prostate 35%
- ▶ Aging 31%
- ▶ Childbirth 28.5%
- ▶ Constipation 22%
- ▶ Post op complications 22%
- ▶ Menopause 14.2%
- ▶ Muscle weakness 17%
- ▶ Medications 12%
- ▶ Dementia/delirium 12%
- ▶ Reduced mobility 8%
- ▶ Pelvic Floor muscles 4%
- ▶ OAB 1.5%
- ▶ Pain 0%



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# Education received?

- ▶ 5% yes
  - 3/63 participants
  - 2 in past three years
  - 1 over 12 years ago

# CONTINENCE PROMOTION & AWARENESS IN THE ACUTE HOSPITAL SETTING

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# Continence Assessment Tool



Date:

Catheter Inserted Yes:  No:  Date removed: \_\_\_\_\_

patient experiencing Constipation Yes:  No:  Refer to Bowel Record Chart

**Continence Symptom Profile:**

<p><u>Stress UI</u></p> <ul style="list-style-type: none"> <li>i) Leakage with cough, sneeze, laughing</li> <li>j) UI in small amounts (drops/spurts)</li> <li>k) No nocturia or UI @ night</li> <li>l) UI without sensation of urine loss</li> </ul>	<p><u>Urge UI</u></p> <ul style="list-style-type: none"> <li>(a) Strong uncontrolled urge prior to UI</li> <li>(b) Moderate/large volume of urine loss (gush)</li> <li>(c) Frequency of urination &gt; 7/day</li> <li>(d) Nocturia &gt; 2 times</li> <li>(e) Enuresis</li> </ul>
<p><u>Mixed UI</u></p> <p>Combination of symptoms or both stress and urge UI</p>	<p><u>Overflow UI</u></p> <ul style="list-style-type: none"> <li>(a) Leakage of small amounts of urine</li> <li>(b) Difficulty starting to pass urine</li> <li>(c) Straining to pass urine</li> <li>(d) Minutes after passing having to go again</li> </ul>
<p><u>Functional UI</u></p> <ul style="list-style-type: none"> <li>i) Mobility or manual dexterity impairments</li> <li>j) Restraints</li> <li>k) Communication Problems</li> <li>l) Depression, delirium, dementia</li> <li>m) Pain</li> </ul>	<p><u>Transient UI</u></p> <p><b>D</b>elirium, <b>I</b>nfection, <b>S</b>tool impaction/constipation  <b>A</b>trophic Vaginitis <b>P</b>harmaceuticals  <b>P</b>sychological <b>E</b>xcess Fluid <b>A</b>bnormal                  Lab values <b>R</b>estricted mobility</p>

Number of incontinence: \_\_\_\_\_

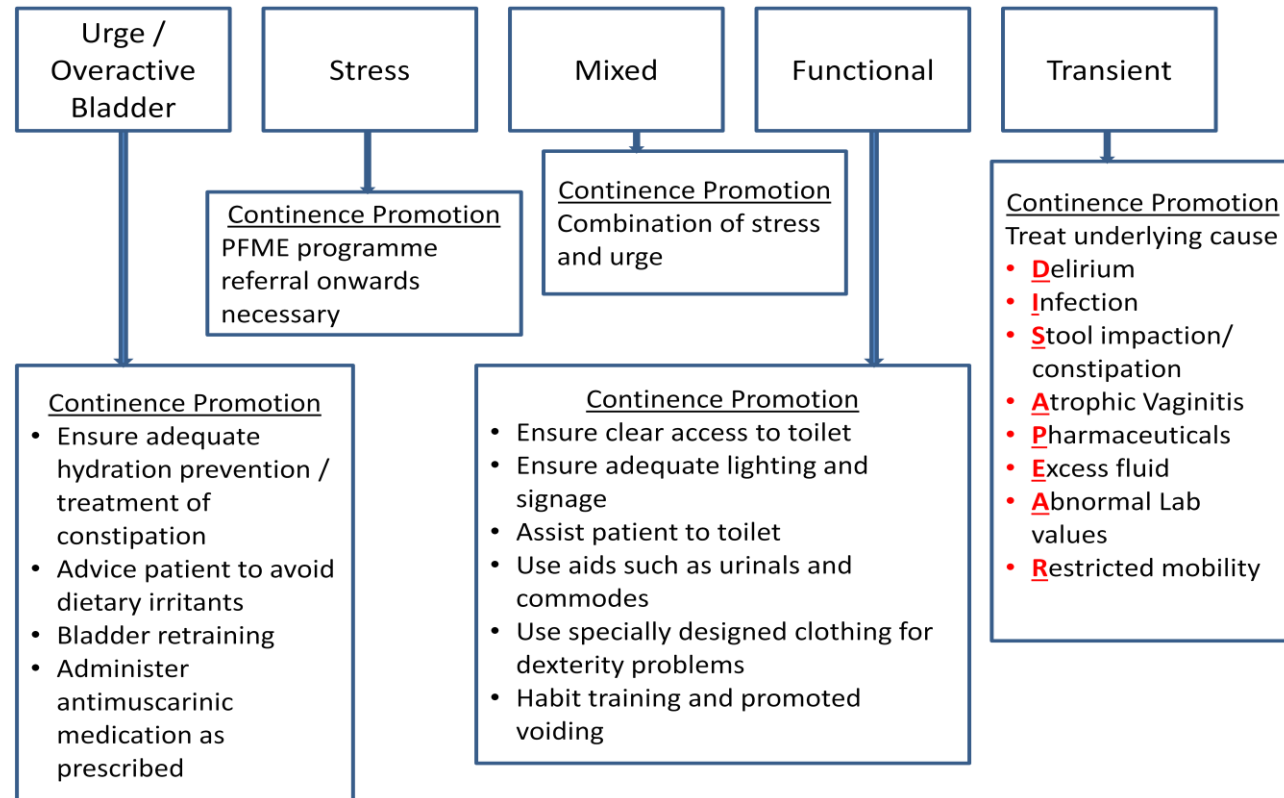
Frequency: Reassesses weekly. Reassessment Date: \_\_\_\_\_

Additional Record Chart Required Yes:  No:  Date commenced: \_\_\_\_\_

Physician Signature: \_\_\_\_\_

## 12 MANAGEMENT ALGORITHM

### Urinary Incontinence Assessment & Continence Promotion



# Addition to the Nursing Admission Assessment Form

<b>ELIMINATION:</b>
Urinary:
Catheter in situ: Yes/No      Location:
Bowel:                                  Pattern:
Date of last B.M.:
Continance problem identified: Yes/No/N/A
Continance assessment Tool:      Yes/No
LMP:                                  Cycle:
Is patient taking OCP:                  HRT:

▶ Pre-Education Sessions

- ▶ 23 charts audited:
- 10 not completed (45%)
  - 1 minor day case kardex (N/A)
  - 12 completed (54%)

▶ Post Education Sessions (50% staff trained)

- ▶ 25 charts audited:
- 9 not completed (37.5%)
  - 1 minor day case kardex (N/A)
  - 15 completed (62.5%)



# Questions

