



**The following pages contain practical tools for implementing patient-focused care practices at your facility.**

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### **Incontinence**

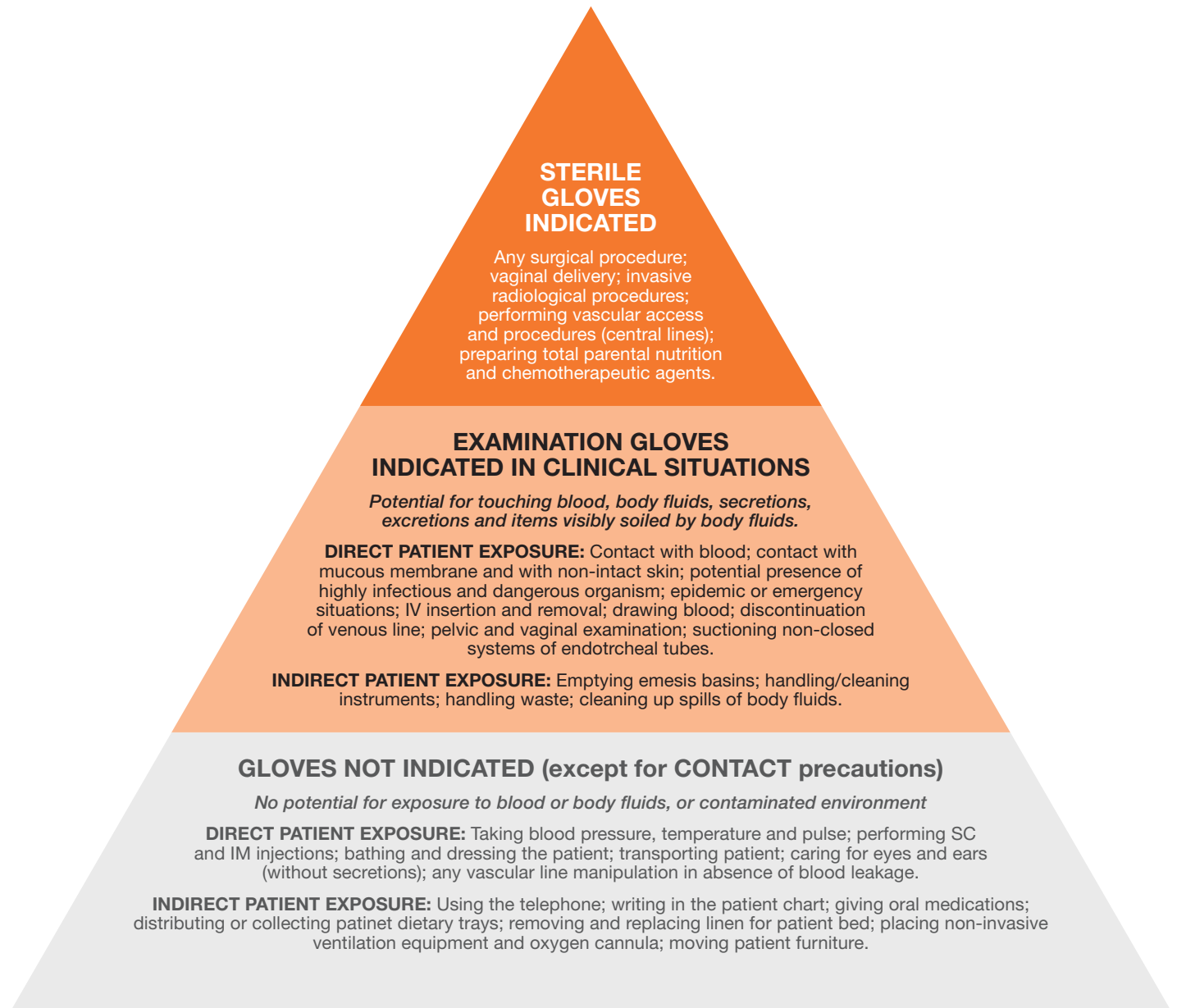
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### The Glove Pyramid – to aid decision making on when to wear (and not wear) gloves

Gloves must be worn according to **STANDARD** and **CONTACT PRECAUTIONS**. The pyramid details some clinical examples in which gloves are not indicated, and others in which examination or sterile gloves are indicated. Hand hygiene should be performed when appropriate regardless of indications for glove use.



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**Technique for donning and removing non-sterile examination gloves**

When the hand hygiene indication occurs before a contact requiring glove use, perform hand hygiene by rubbing with an alcohol-based handrub or by washing with soap and water.

**I. HOW TO DON GLOVES:**

1. Take out a glove from its original box



2. Touch only a restricted surface of the glove corresponding to the wrist (at the top edge of the cuff)



3. Don the first glove



4. Take the second glove with the bare hand and touch only a restricted surface of glove corresponding to the wrist



5. To avoid touching the skin of the forearm with the gloved hand, turn the external surface of the glove to be donned on the folded fingers of the gloved hand, thus permitting to glove the second hand



6. Once gloved, hands should not touch anything else that is not defined by indications and conditions for glove use

**II. HOW TO REMOVE GLOVES:**

1. Pinch one glove at the wrist level to remove it, without touching the skin of the forearm, and peel away from the hand, thus allowing the glove to turn inside out



2. Hold the removed glove in the gloved hand and slide the fingers of the ungloved hand inside between the glove and the wrist. Remove the second glove by rolling it down the hand and fold into the first glove



3. Discard the removed gloves

4. Then, perform hand hygiene by rubbing with an alcohol-based handrub or by washing with soap and water

A hand hygiene poster featuring a large, stylized hand with green dots on the fingers and palm, each labeled with a pathogen: Influenza, Staphylococcus, Candida, RSV, Klebsiella, Pseudomonas, and Enterococcus. The background is dark blue. The text is in white and red. The CDC logo is in the top left corner. The text 'Patient Safety' is in a small box. The text 'Alcohol-rub or wash before and after EVERY contact.' is in the bottom right. The text 'hand hygiene saves lives' is in the bottom right. The URL 'www.cdc.gov/handhygiene' is in the bottom right.

**CDC**  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR DISEASE CONTROL AND PREVENTION

**Patient Safety**

**CLEAN HANDS SAVE LIVES**  
**Protect patients, protect yourself**

Influenza  
Staphylococcus  
Candida  
RSV  
Klebsiella  
Pseudomonas  
Enterococcus

**Alcohol-rub or wash  
before and after EVERY contact.**

**hand  
hygiene  
saves lives**

[www.cdc.gov/handhygiene](http://www.cdc.gov/handhygiene)

**CDC**  
Seguridad del paciente

**LAS MANOS LIMPIAS SALVAN VIDAS**  
**Proteja a los pacientes, protéjase usted**

Candida  
Estafilococo  
Gripe  
Klebsiella  
Pseudomonas  
VSR  
Enterococo

**Lávese o frótese con alcohol  
antes y después de CADA contacto.**

**la higiene  
de las manos  
salva vidas**

[www.cdc.gov/handhygiene](http://www.cdc.gov/handhygiene)





# BioCon™ - 500 Bladder Scanner Safely Measures Bladder Volume

## Minimize unnecessary catheterization

Research has shown that 80 percent of urinary tract infections acquired at healthcare facilities are associated with an indwelling urethral catheter.<sup>1</sup> This type of infection is known as CAUTI, or catheter-associated urinary tract infection.

Avoiding unnecessary catheter use is a primary strategy for preventing CAUTI, and clinical guidelines recommend the consideration of alternatives to catheterization.<sup>2</sup> Bladder scanners accurately assess bladder volumes, and many urinary catheterizations can be avoided.<sup>3</sup>

To learn more about  
CAUTI prevention, visit  
[www.medline.com/erase](http://www.medline.com/erase)  
or contact your Medline  
sales representative.



1. Lo E, Nicolle L, Classen D, Arias A, Podgorny K, Anderson DJ, et al. SHEA/IDSA practice recommendation: strategies to prevent catheter-associated urinary tract infections in acute care hospitals. *Infect Control Hosp Epidemiol.* 2008;29:S41-S50.
2. Stokowski, LA. Preventing catheter-associated urinary tract infections. *Medscape Nursing Perspectives.* February 3, 2009.
3. Stevens E. Bladder ultrasound: avoiding unnecessary catheterizations. *Med/Surg Nursing.* 2005; 14(4):249-253.

Resident \_\_\_\_\_ Room # \_\_\_\_\_

Assessed by \_\_\_\_\_ Date: \_\_\_\_\_

Current Product Information: Size: \_\_\_\_\_ Type: \_\_\_\_\_ Frequency of Leakage: \_\_\_\_\_ times/week ☐ None

## 1. Determine Type of Incontinence

See Tab 2 (Survey Readiness Resource Book)

QUESTIONS	Resident is continent	N	Y	→	proceed to section 2
Do you leak when you cough, sneeze, exercise, laugh?	N	Y	→	stress	
Do you need to rush suddenly to toilet?	N	Y	→	urge	
Do you sometimes not make it to the toilet?	N	Y	→	urge	
Do you urinate more than 7 times/day or 2 times/night?	N	Y	→	urge	
Do you have a weak stream of urine?	N	Y	→	overflow	
Do you have frequent dribbling?	N	Y	→	overflow	
Do you 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 postvoid residual greater than 200 cc?	N	Y	→	overflow
	Does the resident take stool softeners, antipsychotic, anticholinergic, narcotic analgesics, or other drugs that may affect continence?	N	Y	→	further evaluation may be necessary

PHYSICAL	Female	N	Y	→	stress
	Is there presence of pelvic prolapse or other abnormal finding?	N	Y	→	stress
	Is the vaginal wall reddened and/or thin?	N	Y	→	transient
	Is there abnormal discharge?	N	Y	→	transient

PHYSICAL	Male	N	Y	→	transient
	Is the foreskin abnormal (difficult to draw back, reddened)?	N	Y	→	transient
	Is there drainage from the penis?	N	Y	→	transient
	Is the urethral meatus obstructed?	N	Y	→	overflow

Select (circle) the type of incontinence that most fits the resident based on answers above:

Urge	Stress	Mixed	Overflow	Functional	Transient
Sudden urge, large amounts, can't get to toilet in time	Leakage when coughing, standing up, sneezing	Combination of urge and stress symptoms	Weak stream, dribbling, incomplete voiding	Unable to get to toilet without assistance (mobility)	Temporary or recent onset, variety of causes

## 2. Determine Resident's Voiding Pattern

See Tab 3 (Survey Readiness Resource Book)

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

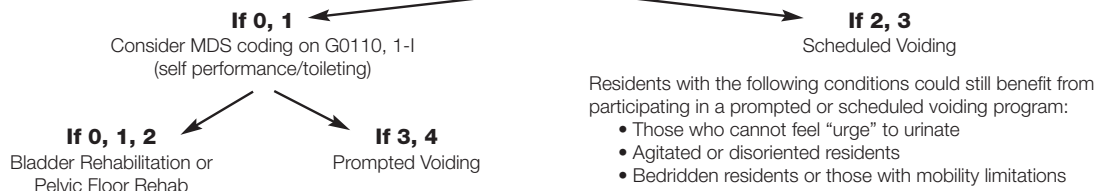
Voiding diary scheduled (date) \_\_\_\_\_ Date completed \_\_\_\_\_ Initials \_\_\_\_\_

Did the resident have a pattern? \_\_\_\_\_ For pattern, see voiding diary.

## 3. Evaluate for Behavioral Program

See Tab 4 (Survey Readiness Resource Book)

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








Based on above, the resident may be a candidate for \_\_\_\_\_

Resident is not a candidate for a bladder program due to: ☐ Use of appliances ☐ No bowel or bladder pattern ☐ Other \_\_\_\_\_

**4. Determine Appropriate Absorbent Product**

See Tab 5 (Survey Readiness Resource Book)

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

<b>0</b> Always Continent H0300 & H0400	<b>1</b> Occasionally Incontinent Bladder—less than 7 episodes of incontinence Bowel—1 episode of incontinence	<b>2</b> Frequently Incontinent Bladder—7+ episodes, at least 1 episode of continence Bowel—2+ episodes, at least 1 continent bowel movement	<b>3</b> Always Incontinent Bladder—No episodes of continent voiding Bowel—No episodes of continent voiding
Ambulatory Weight-bearing	 Bladder Control Pad: (females without bowel incontinence episodes) Liner Protective Underwear	 Liner	 Heavy Liner
Nonambulatory Contracted Chronic diarrhea Combative Low air loss mattress	Adult Brief Ultrasorbs Dry Pad (on a low air loss mattress) 		Adult Brief Heavy/Overnight Brief Ultrasorbs Dry Pad (on a low air loss mattress) 

Daytime selection: \_\_\_\_\_

Overnight protection: \_\_\_\_\_

**5. Determine Sizing of Absorbent Product**

See Tab 6 (Survey Readiness Resource Book)

Determine and document the size by selecting the larger of the hip or waist measurement, or use sizing matrix reference based on gender/weight.

Gender: M F

Weight \_\_\_\_\_

Hip measurement \_\_\_\_\_

Waist measurement \_\_\_\_\_

<b>ADULT BRIEF</b>		✓
Small: Green backing	20" – 31"	
Medium: White backing	32" – 42"	
Regular: Purple backing	40" – 50"	
Large: Blue backing	48" – 58"	
X-Large: Beige backing	59" – 66"	
XX-Large: Green backing	60" – 69"	
Bariatric: Beige or Green backing	65" – 94"	

<b>MOLICARE BRIEF WITH STRETCH BACKING</b>		✓
Small: Blue backing	20" – 34"	
Medium/Large: White backing	27" – 47"	
Large/X-Large: Blue backing	39" – 59"	

<b>KNIT PANTS FOR TWO-PIECE SYSTEMS</b>		✓
Med/Large: Blue/Brown thread at waist	20" – 60"	
X-Large: Green thread at waist	45" – 70"	
XX-Large: Purple thread at waist	50" – 75"	
XXX-Large: Red thread at waist	65" – 85"	

**5. Catheterization**

See Tab 7 (Survey Readiness Resource Book)

Catheter — Type \_\_\_\_\_ Size: \_\_\_\_\_

**Medical Justifications**

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

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# How well do you know Pressure Points?

Feel free to use this quiz for skill  
fairs, training and in-services.

Choose from (some may be used twice)

Dorsal thoracic area

Ear

Elbow

Foot

Greater trochanter

Heel

Ischial tuberosity

Lateral aspect of foot

Lateral aspect of knee

Lateral malleolus

Medial malleolus

Occiput

Posterior knee

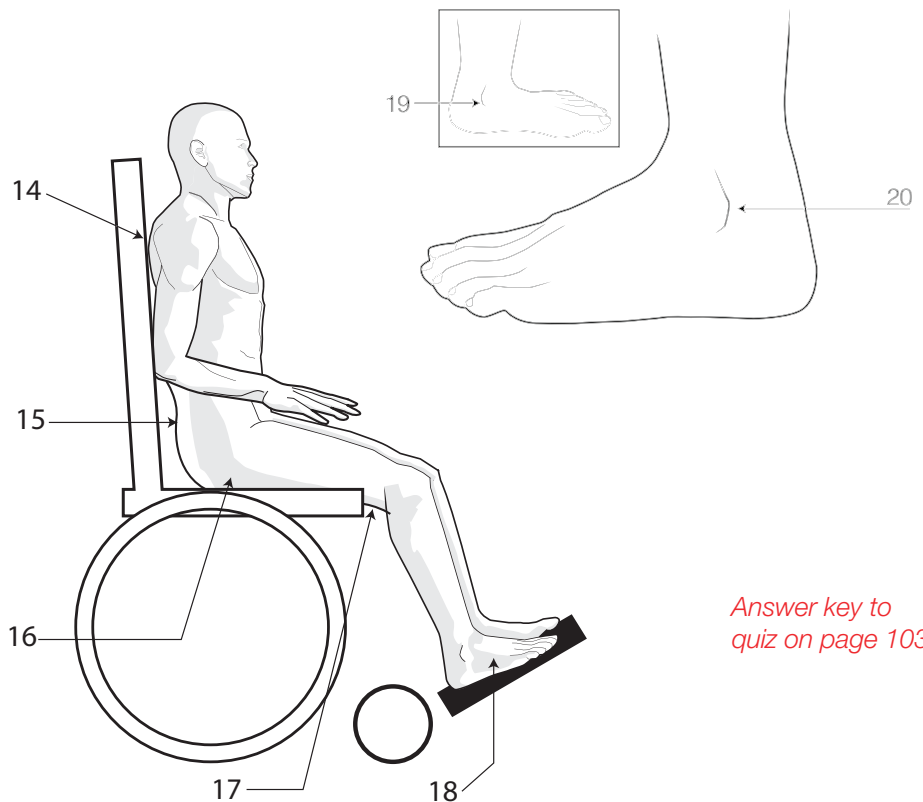
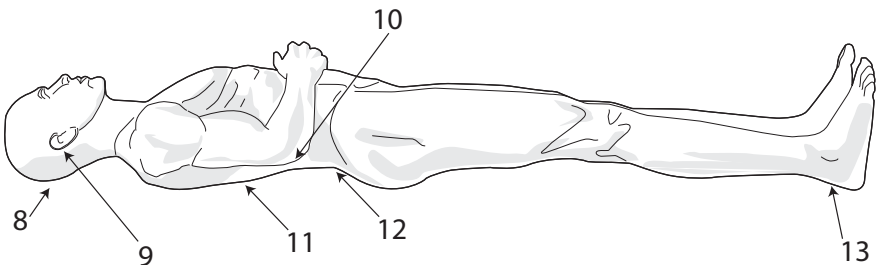
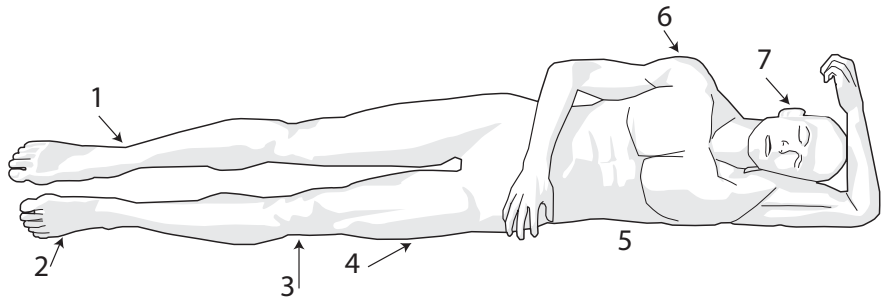
Ribs

Sacrum/Coccyx

Shoulder

Shoulder blade

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_
13. \_\_\_\_\_
14. \_\_\_\_\_
15. \_\_\_\_\_
16. \_\_\_\_\_
17. \_\_\_\_\_
18. \_\_\_\_\_
19. \_\_\_\_\_
20. \_\_\_\_\_



Answer key to  
quiz on page 103