Incontinence Solutions

Know How.
Bladder Training and Rehabilitation.

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.

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Bladder Rehabilitation/ Bladder Retraining Guidelines

Objective

To promote the highest level of continence and decrease urine leakage by successfully controlling the urge to void.

Candidates

Residents aware of urge to void, cognitive enough to control urge, motivated to control urge and can learn to void on a schedule.

Before Beginning Program

1. Complete a voiding diary.
2. Educate resident, family/surrogate by defining goals and objectives.
3. Confirm willingness to control urge until scheduled times.
4. Determine the type of absorbent products and size to be used for episodic urine leakage.
5. Determine and start individualized voiding schedule and reevaluate periodically.
6. Encourage resident to control urge to void until scheduled times.

Procedure

1. Wash hands and put on nonsterile gloves.
2. Approach resident at scheduled times (intervals of 2 to 3 hours have been most successful).
3. Greet resident.
4. Provide privacy.
5. Ask the resident if he or she is wet or dry.
6. Provide praise, positive feedback if resident is dry. No comment if wet.
7. Encourage resident to void.
8. Offer assistance with toileting.
9. Provide positive feedback for controlling urge until scheduled time.
10. If needed, clean, change the resident, without further comment.
11. Inform resident of the next scheduled toileting time.
12. Document results per facility policy (e.g., resident's responses, changes in condition, indication of pain and change in voiding pattern).
13. Make adjustments as necessary based on voiding pattern.

Overnight Incontinence

Develop a strategy for nighttime. Consider sleep patterns, voiding patterns and fall risk.

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Pelvic Floor Muscle Rehabilitation Guidelines

Objective
To strengthen the voluntary periurethral and perivaginal muscles and prevent involuntary loss of urine.

Candidates
Residents with stress or urge incontinence who are able and willing to communicate and follow instructions.

Before Beginning Program
1. Complete a voiding diary.
2. Educate resident by defining goals and objectives of Kegel exercises.
3. Confirm willingness and ability to participate in the program.
4. Determine the type of absorbent products and size to be used for episodic urine leakage.
5. Determine and start exercise program for 4 weeks.

Procedure
1. Approach resident at scheduled times.
2. Greet resident.
3. Provide privacy.
4. Assist resident to identify pelvic muscles:
   - Instruct resident to try to void and stop the stream (the muscles which control urination are the correct pelvic floor muscles).

   Or
   - Instruct resident to imagine trying to control passing of gas without tensing muscles of legs, buttocks or abdomen by pulling or tightening the muscle around rectum.
5. Kegel exercises can be practiced anywhere at any time. They can be performed while sitting, standing or lying down, whichever is most comfortable. Research has shown that holding for 10 seconds 50-60 times per day, throughout the day, has shown a benefit over a six-week period.
6. Avoid these common mistakes during Kegel exercises:
   - Tightening the wrong muscles. DO NOT tighten leg muscles, thighs, buttocks or abdomen. Concentrate on and tighten only the pelvic floor muscles. If the resident's stomach moves, then the wrong muscles are being used.
   - Holding your breath. DO NOT hold your breath during Kegel exercises. Breathe normally. Some people find it helpful to count out loud.
7. Provide praise and positive feedback for resident participation.
8. Inform residents of the next scheduled session.
9. Document.

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Prompted Voiding Guidelines

Objective
To decrease the number of incontinent episodes, increase awareness of bladder fullness and increase self-initiated toileting.

Candidates
All types of incontinence, dependent and cognitively impaired.

Before Beginning Program
1. Complete a voiding diary.
2. Educate resident by defining goals and objectives.
3. Determine the type of absorbent products and size to be used for episodic urine leakage.
4. Determine and start individualized voiding schedule. Reevaluate periodically.

Procedure
1. Wash hands and put on nonsterile gloves.
2. Approach resident at scheduled times. (Prompting intervals of 2 to 3 hours have been most successful.) Greet resident.
3. Provide privacy.
4. Ask if he/she needs to use the bathroom.
5. Ask if he/she is wet or dry.
6. Provide praise and positive feedback if dry.
7. Prompt resident to void.
8. Offer assistance with toileting.
9. If needed, clean and change the resident without further comment.
10. Inform residents of the next scheduled toileting time.
11. Document results per facility policy (i.e., resident's responses, changes in condition, indication of pain and change in voiding pattern).
12. Make adjustments as necessary based on voiding pattern.

Overnight Incontinence

Develop a strategy for nighttime. Consider sleep patterns, voiding patterns and fall risk.

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Habit Training: Scheduled Voiding Guidelines

Objective
To decrease the number of incontinent episodes by toileting the resident on a fixed schedule.

Candidates
Residents who cannot self-toilet.

Before Beginning Program
1. Complete a voiding diary.
2. Educate resident by defining goals and objectives.
3. Determine the type of absorbent products and size to be used for episodic urine leakage.
4. Determine and start individualized voiding schedule. Reevaluate periodically.

Procedure
1. Wash hands and put on nonsterile gloves.
2. Approach resident at scheduled times. (For habit training, follow the resident's voiding pattern. For scheduled voiding, follow a facility-determined schedule. Intervals of 2 to 3 hours have been most successful.) Greet resident.
3. Provide privacy.
4. Take resident to toilet or commode at established intervals (usually 2 to 3 hours).
5. Offer assistance with toileting.
6. Provide positive feedback if resident voids.
7. If needed, clean and change the resident without further comment.
8. Inform resident of the next scheduled toileting time.
9. Document results per facility policy (i.e., resident's responses, changes in condition, indication of pain and change in voiding pattern).
10. Make adjustments as necessary based on voiding pattern.

Overnight Incontinence

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Ultrasound Bladder Scanner Guidelines

Who may perform procedure
RN, LPN, LVN or CNA who has successfully completed training in the use of their facility's bladder scanner and has verified that this activity is within their scope of practice in accordance with their state licensure (RN, LPN, LVN) and/or certification boards (CNA).

Objective
Non-invasive bladder volume measurement.

Clinical Indications
1. To obtain post-void residual for assessment and diagnosis of urinary retention and incomplete bladder emptying.
   - » To obtain post-void residual, perform scan within 10 minutes of voiding completely.
2. To determine need for post-void intermittent catheterization of resident at risk of urinary retention.
3. To determine need for catheterization of resident with physicians order. (Intermittent or indwelling catheter)
4. To determine bladder volume if resident has symptoms of urinary retention or cannot void.
5. To monitor bladder function following Foley catheter removal.
6. To assist in toileting treatment programs.

VOIDING DIARY

Perform hourly scans as a means to document bladder volumes when completing urinary component of 3-day Bowel and Bladder diary.

i. If scanned volume greater than 200 ml, ask resident to try to void.

ii. Scan bladder after void to document post-void residuals, if any, and document results.

HABIT TRAINING/SCHEDULED VOIDING PROGRAMS

Once any voiding patterns are determined (through use of 3-day Bowel and Bladder diary), scan bladder at pre-determined toileting intervals to determine bladder volumes and need for resident to empty bladder (voiding will be based on volumes as opposed to specific time frames). Bladder emptying should be encouraged before the resident reaches a leakage point of a full bladder, as may have been denoted in diary as the volume documented closest to the time of any non-stress induced leakage or incontinent episode noted.

PROMPTED VOIDING

Scan bladder to determine amount of urine in bladder to determine whether toileting at that time should be encouraged. (Amount should be greater than 200-250 ml). If scanned volume below that, encourage to wait to feel urge to void.

BLADDER RETRAINING

Perform scan prior to voiding when resident has urge or pre-determined time frame (based on bladder diary). Discuss urine volume with resident compared to previous scans. Use encouragement to gradually increase intervals between voids and improve control over bladder urgency.

Continued on next page...

Contraindications

1. Pregnant individuals.
2. Residents with ascites (abnormal fluid in abdominal cavity).
3. Residents with open or damaged skin or wounds in suprapubic region.

Procedure

1. Greet resident.
2. Provide privacy, explain procedure.
3. Wash hands, apply nonsterile gloves if needed.
4. Resident should be in a supine position with the suprapubic area exposed.
5. Apply generous amount of ultrasound gel to the head of the scanner probe.
6. Place the scan head against the abdomen according to manufacturer's instructions. (Place your manufacturer's instructions here.)
7. Follow manufacturer's instructions to obtain the urine volume. (Place your manufacturer's instructions here.)
8. Wipe excess gel off the abdomen with paper towel or washcloth.
9. Reposition the resident.
10. Clean the scan head according to manufacturer's instructions. (Place your manufacturer's instructions here.)
11. Dispose of waste.
12. Remove gloves and wash hands.
13. Document the urine volume and resident's tolerance of procedure.

Factors Affecting Accuracy of Bladder Scan Measurement

1. Resident with abdominal scars, sutures or incisions.
2. Morbidly obese resident.
3. Resident with a catheter in the bladder.
4. Lack of sufficient ultrasound gel.
5. Air gap between probe head and resident's skin.
6. Use of an unclean probe head.

Notes:

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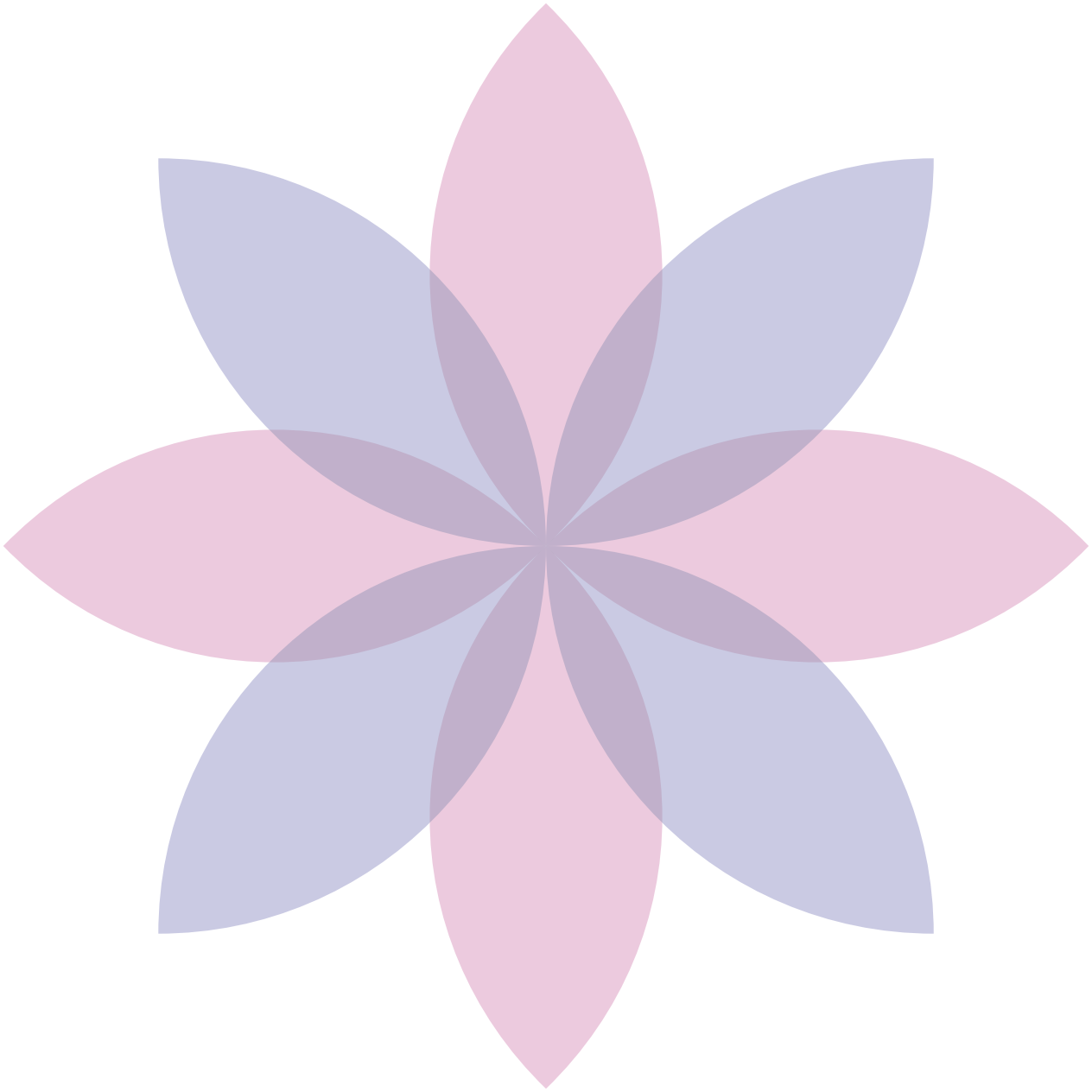
Notes:



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