

Continence Assessment - post 3-4 Day Assessment



Resident Name: Ida MCV_04



Report created on: 22/03/2024 2:50 PM by Catherine Laird [ACFI Support Nurse]

Continence Evaluation

INFORMATION FROM PAST / ISSUES

Details of past identified problems Incontinence, Night Time Need from admission

POST ASSESSMENT CONTINENCE / OUTPUT DETAILS

Other relevant details re frequency of incontinence or scheduled toileting activities (select no. times above) 3 -4 times during the day

What type(s) of incontinence do they have? Urge

Continence Management

URINE / CONTINENCE MANAGEMENT

Day Time Aids

Morning aids XL1 - Pants Premium

Night time aids XL1 - Pants Premium

Assistance required to manage incontinence Care staff to ensure continence aid is in place, and to answer call bell promptly.

Care to provide after incontinent Care staff to provide a warm wash cloth with soap and to provide full assist with peri area hygiene.

Other care required Margaret uses a 4ww and needs reassuring to use this at all times. Care staff to answer call bell promptly as Margaret has a history of falls and limited sight.

CATHETER DETAILS AS RELEVANT

Catheter Devices No devices

TOILET / TIMES DETAILS

Toileting times: Upon wakening, before/after breakfast, lunch, and dinner. Three to Four times during the night time.

Times to check aids overnight/during day: As per toileting times listed above.

Times to prompt to use toilet: Margaret is aware to press the call bell when needing assistance to use the toilet.

Special Toileting Needs: Margaret has a toilet chair and requires 1 x assist at all times during the toilet.

Bowel Management

BOWEL FUNCTION INFORMATION

Does the person have a problem with bowel function? Constipation

BOWEL MANAGEMENT PROGRAM

Bowel Management Program BD movicol
PRN Coloxyl & Senna