

Continence Assessment - post 3-4 Day Assessment



Resident Name: Susan MCV_02



Report created on: 05/01/2024 1:56 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 micturition dribble |
| Other details from resident | Colorectal cancer, Bowel Obstruction due to adhesions, Dementia, Renal impairment |
| Management pre assessment | Sue is on scheduled toileting. |
| Resident's perception of problem | Sue lacks insight into her safety, hygiene, and incontinence. Sue has reduced planning, initiating, and sequencing skills to complete continence management. |
| Did the resident have a past problem with urinary function? | Unknown |
| How long had a problem been apparent? | Unknown |
| Was urinary continence | Static |

POST ASSESSMENT CONTINENCE / OUTPUT DETAILS

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|---|---|
| Does the resident recognise the sensation to urinate? | Sometimes |
| What is the average no. times per day this person was incontinent / had wet pads changed / was found to have increased pad wetness / passed urine during scheduled toileting to avoid incontinence? | More than 3 episodes daily of urinary incontinence or passing of urine during scheduled toileting |
| What times were they consistently incontinent at? | Usually during the day. |
| How many times did they initiate voiding? | Averaging 4-5 times per day. |
| What type(s) of incontinence do they have? | Functional, Urge |
| Does the resident display any behaviours indicating the need to go to the toilet? | No |
| Any other information | Dementia, Anxiety, Asthma, Spinal Canal Stenosis , Forearm Osteoporosis, Ischaemic Heart Disease with bilateral lower limb non-arthritic oedema, Heart Block, Macular Degeneration both eyes , Urinary Incontinence, Rotator Cuff Tear – left shoulder, Osteoarthritis in shoulders, hands, lower back, neck, hips, knees. These diagnoses impact on Sue's ability to perform toileting task safely and effectively. Sue presents with moderate cognitive impairment associated with Dementia and has issues with planning, initiating, and sequencing skills impacting her ability to follow instructions. Sue lacks insight into her own ability and refuses care related to her toileting regime. Sue can only follow simple instructions but has difficulty following complex instructions. Sue has visual impairment affecting her visual spatial awareness which can result to falls or skin injuries. Sue becomes easily fatigued and short of breath due to her ischemic heart disease affecting her ability to complete toilet |

Continence Management

URINE / CONTINENCE MANAGEMENT

Day Time Aids

| | |
|----------------|--|
| Morning aids | Declines to wear aids - Staff schedule toileting |
| Afternoon aids | Declines to wear aids - Staff schedule toileting |

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| | |
|--|--|
| Night time aids | Declines to wear aids - Staff schedule toileting |
| Assistance required to manage incontinence | Sue has a stoma bag |
| Care to provide after incontinent | staff change stoma bag |

CATHETER DETAILS AS RELEVANT

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|------------------|------------|
| Catheter Devices | No devices |
|------------------|------------|

TOILET / TIMES DETAILS

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|--------------------------------|--|
| Toileting times: | toileting schedule on waking , before and after meals and before retiring and if awake overnight |
| Times to prompt to use toilet: | as per toileting schedule |

Bowel Management

BOWEL FUNCTION INFORMATION

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|--|---|
| Other bowel function issues | Colorectal cancer, Bowel Obstruction due to adhesions |
| How often does the person open bowels per day? | Sue has a stoma |
| Usual time of day has a bowel action | morning and afternoon |
| Aids and Frequency of use | stoma bag changed by staff |
| Does the person have a lack of | Mobility, Exercise, Fluids, Fibre |

BOWEL MANAGEMENT PROGRAM

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|--------------------------|---|
| Bowel Management Program | Colostomy bag changed as necessary. Colostomy bags to be reordered in a timely manner. |
|--------------------------|---|

OSTOMY

| | |
|----------------------|--|
| Colostomy | Yes |
| Ostomy Care Required | Stoma is to be checked daily to ensure wafer is attached properly. Change wafer as required. Change bag each time stoma has been active. Staff physically assist with changing appliance and bags as Sue has difficulty due to arthritic hands, impaired field of vision impacting on spatial perception and ability to coordinate scissors to be able to attend stoma appliance preparation. Sue has reduced dexterity and grip, poor coordination and accuracy of movement, impacting with on her ability to manipulate equipment required to attend Stoma appliance preparation. Staff to attend preparation of Stoma appliance and attach as required. Base plate to be changed Mondays Thursday Saturdays |