Continence Assessment - post 3-4 Day Assessment

Resident Name: Betty MCV_01

Report created on: 06/12/2023 9:27 PM by Judith Hopping [RN - Registered Nurse]

Continence Evaluation

INFORMATION FROM PAST / ISSUES

Details of past identified problems	Incontinence
Other details from resident	Betty has a history of UTI
Management pre assessment	Betty was wearing continence aids prior to admission.
Did the resident have a past problem with urinary function?	Yes
How long had a problem been apparent?	Unknown
Was urinary continence	Static

POST ASSESSMENT CONTINENCE / OUTPUT DETAILS

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?	2 to 3 episodes daily of urinary incontinence or passing of urine during scheduled toileting
What type(s) of incontinence do they have?	Stress
Does the resident display any behaviours indicating the need to go to the toilet?	Yes
If Yes, specify	Betty becomes very anxious and likes to attend to her own incontinence making herself a high falls risk

Continence Management

URINE / CONTINENCE MANAGEMENT

Day Time Aids

Morning aids	San 1 Premium
Afternoon aids	Nil
Night time aids	LO - Pants Premium
Assistance required to manage incontinence	Staff to monitor for signs of UTI such as urine color, odour, frequency, discomfort/pain during urination. To encourage to drink adequate fluids during the day. To prompt to go to the toilet during scheduled toileting regime. To encourage to utilize call bell for assistance. Staff to answer call bell promptly
Care to provide after incontinent	To ensure that incontinence is managed, and that peri-anal care is attended to. To apply skin barrier every post toileting needs. To monitor skin. To encourage Betty to call for assistance with post toileting care.
Other care required	Betty has preferences of having her independence with her toileting care needs. Betty goes to the toilet herself and is not calling or asking staff assistance. Betty has been assessed requiring assistance due to hearing and visual impairment. Betty also has history of multiple falls and SOBOE. Dignity of risk form in place to support and respect her choices.

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CATHETER DETAILS AS RELEVANT

Catheter Devices	No devices

TOILET / TIMES DETAILS

Toileting times:	on rising ,before /after meals,morning,afternoon tea/.tea and before going to bed at night
Times to check aids overnight/during day:	As per scheduled toileting.
Times to prompt to use toilet:	Staff to prompt Betty to go to the toilet at the scheduled toileting schedule.

Bowel Management

BOWEL FUNCTION INFORMATION

Does the person have a problem with bowel function?	Constipation, Diarrhoea, Incontinence
Other bowel function issues	Betty has diagnosis of Diverticulosis.
How often does the person open bowels per day?	Bowel opens 1-3 days
Usual time of day has a bowel action	Mostly in the morning.
What is the average no. times per day this person was incontinent / had soiled pads changed / opened bowels during scheduled toileting to avoid incontinence?	More than 4 episodes per week of faecal incontinence or passing faeces during scheduled toileting
Other relevant details re frequency of faecal incontinence/problems or scheduled toileting activities (select no. times above)	Bowel opens around 8am-9am.
Trigger(s) for bowel action - e.g. AM coffee, PM port, book, cigarette	Unknown
Does the person have a lack of	Fibre

BOWEL MANAGEMENT PROGRAM

Bowel Management Program	Staff to monitor & record Betty's bowels each shift. Staff advise RN if bowels not open for 3 days. RN to manage constipation i.e aperients as charted. Provide Betty with fruit daily for breakfast. Offer Betty prunes/fruits during breakfast. Encourage adequate fluid intake, offer fluids at each meal, M/Tea, A/Tea, Supper and after attending any ADLs /PAC etc & fibre in diet to help prevent constipation. Encourage Betty to notify RN if there is any discomfort with voiding and passing stool. Encourage Betty to eat food high in fibre.