ASSESSMENT OF ADULTS WITH INCONTINENCE AND PROVISION OF PADDED/WASHABLE PRODUCTS

POLICY

Document Summary

The purpose of this document is to give clarity regarding the organisational policy, the continence assessment process and provision of padded products.

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<tr>
<th>DOCUMENT NUMBER</th>
<th>POL/001/066</th>
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<tbody>
<tr>
<td>DATE RATIFIED</td>
<td>12 February 2016</td>
</tr>
<tr>
<td>DATE IMPLEMENTED</td>
<td>April 2016</td>
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<tr>
<td>NEXT REVIEW DATE</td>
<td>April 2018</td>
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<tr>
<td>ACCOUNTABLE DIRECTOR</td>
<td>Ass Director of Quality and Nursing</td>
</tr>
<tr>
<td>POLICY AUTHOR</td>
<td>Polly Weston / Diane Benson / Jo Cloudsdale</td>
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</tbody>
</table>

Important Note:
The Intranet version of this document is the only version that is maintained.

Any printed copies should therefore be viewed as “uncontrolled” and, as such, may not necessarily contain the latest updates and amendments.
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1 SCOPE

This policy is for use by Cumbria Partnership Foundation Trust (CPFT) Staff and those who use products supplied by CPFT contract for provision of Padded products to Adult (over 19s) patients / clients and Service users. All assessing Staff must have undertaken “Bladder and bowel dysfunction theory” and practical skills education delivered by the Continence Service within CPFT.

2 INTRODUCTION

Incontinence is a common condition that may affect all ages with a wide range of severity and nature. Although it is rarely life-threatening incontinence may seriously influence the physical, psychological and social wellbeing of the affected individual (National Institute for Health and Clinical Excellence 2010). It should also be remembered that “incontinence can be cured, symptoms reduced or appropriately managed by a wide range of aids” (Good practice in Continence Services D o H 2000)

It is important to recognise that the provision of products is not the primary focus of a continence assessment (D o H 2000). Appropriate measures to treat and manage incontinence utilising the appropriate pathway and assessment criteria are required.

CPFT does not have any statutory or legal duty to provide washable/disposable padded products; however appropriate products can be supplied by the current tender provider to named individuals for whom the management of incontinence is a priority of care following continence assessment and appropriate the use of Continence Assessment Score Tool (CAST) indicates a need for padded product provision.

3 STATEMENT OF INTENT

The objectives/aim of this policy is to:-

- Ensure that patients receive a continence assessment and treatment of their bladder and/or bowel dysfunction.
- Guide the assessing Nurse.

Patients and Assessing Nurses should agree to abide by this Policy and the assessment process and treatment pathway this indicates. Patients must be reassessed at least annually, face to face, in order to ensure their treatment pathway is still effective.

4 DEFINITIONS

Levels of continence assessment:-

- Level 1 – Assessors to be a minimum Nursing band 4
- Level 2 – Assessors to be Specialist Continence Nurses
- Level 3 – Consultant
Level 4 – National/regional consultant

HDS – Home delivery service

5 DUTIES

5.1 Chief Executive
The Chief Executive has ultimate accountability and responsibility for the physical health of service users and the implementation of this policy. This is delegated through organisational structures and accountability frameworks to ensure staff providing direct clinical care are provided with the appropriate tools and training.

5.2 Nominated Director
The Director of Quality and Nursing is the accountable Director for this Policy and will be responsible for providing assurance reports to the appropriate committee.

5.3 Specialist Continence Nurse (Level 2)
Continence service specialist nurses (adult services) will undertake complex assessments and treatment pathways, and be available to give advice and support to level 1 assessing nurses and other health and social care professionals; as well as patients and carers.

5.4 Assessing nurse (Level 1)
Continence assessing Nurses and Assistant Practitioners (Band 4) who are appropriately trained to arrive at diagnosis and follow a treatment pathway. Suitably Band 3 Staff can carry out reassessments of care plans and Padded product needs.

- Nursing Homes should have at least 2 Staff who are trained Assessing Nurses, who have attended CPFT training within the last 12 months. All Assessing Nurses need to ensure that Patients or their advocates have understood and agreed to adhere to this CPFT policy and treatment pathway (this will be documented on Continence Assessment form).
- All Nursing homes who are supplied with Padded products have a requirement for their Staff to receive Padded Product training and updates, at least annually – if Homes refuse this training or cancel prearranged training – product supply will be cancelled, until at least 50% of Staff have been trained.
- Continence Assessors are required to complete a continence assessment document and held in patient notes and / or Electronic Patient Record.
- The continence Assessor is required to plan treatment of the identified bladder and bowel dysfunction and document this in the care plan.
- Padded/washable products are only to be considered as a last resort; but if they are considered as part of a management plan the continence assessment score tool must be completed.
- All patients accessing treatment following a continence assessment will be offered a review, and the maximum review period for adults is 12 months (face to face)
- Refusal to attend or none attendance (unless there is pre notification) at assessment review will result in suspension of products.
• When a child becomes adult (age 19) the re-assessment will then be performed by the assessing paediatric nurse with the adult assessor present prior to hand over (please refer to Childrens Policy).
• Continence assessors and clients / carers are required to inform the tendered delivery company of any change of address, admission to hospital or death of a service user.
• Within Nursing Homes it is the Nursing Home Staffs responsibility to undertake assessments / reassessments – following suitable training
• Within Residential Home it is the responsibility of CPFT to carryout continence assessments / re assessments (usually Community Nurses, unless there are other local arrangements in place)
• Patients known to Community Services or living in Residential care presenting with bladder and bowel symptoms, should have a Level 1 continence assessment and treatment pathway undertaken as part of the holistic assessment

5.5 Continence Champions
Level 1- Assessing Nurses and Assistant Practitioners are responsible for cascading new learning within their teams; they have been identified, to attend 6 monthly knowledge and skills sessions (delivered by the CPFT Specialist Continence Service)

6 ELIGIBILITY
The adult service is for all patients/clients have been assessed by a Specialist Nurse (Level 2) / Assessing Nurse or Assistant Practitioner (level 1) and will be registered with a GP practice within CPFT locality. These patients may reside in their own homes, residential homes, or nursing homes. Patients in Hospital or hospice care are not provided with padded / washable products from CPFT, unless the Ward / Hospital is managed by CPFT and included in the tender specification.

Padded products ranges will be limited to those agreed via the procurement process, as will numbers of pads supplied within a 24 hr period, this may mean that there are more limited choices for pads and less pads available within 24 hrs; than previously.

At handover of care from Children to adult services; all clients will be reassessed and offered treatment plans as per policy (there will be transition period as required)

Catheterised patients do not require pads unless they are also faecally incontinent. If the catheter continually bypasses, a different strategy will be considered, and the problem can be discussed with the Specialist Continence Nurse. Catheterised patients should have a small supply of self-supplied pads in case of by passing.

Patient can only access Padded products from CPFT when residing in Cumbria and when registered with a Cumbrian GP. There are some patients who live out of area part of the year and therefore can only access pads for the period when the live within Cumbria

No wrap round pads will be supplied to any patients, unless advised by the Home Delivery Service in partnership with the Assessing Nurse.
6.1 ASSESSMENT OF PATIENTS

All adult patients presenting with bladder and/or bowel dysfunction have a continence assessment completed by level 1/level 2 assessors as appropriate. This will determine the diagnosis, the type and/or cause of the symptoms and to plan a treatment and management programme with the patient and/or carers.

EXCEPTIONS

At End of Life professionals can utilise End of Life Care Guide (Appendix 1) and if the patients is identified as being amber and red then they can contact the continence nurse specialist to authorise:

- Immediate access to padded products.
- Increase in number of padded products

6.2 CONTINENCE PRODUCTS PROVISION

Where the provision of products is indicated, it will be stressed that the service provided is intended to be supplementary and, therefore, may not cover the full needs of the patient.

Only products from the agreed range (on the requisition sheet) will be supplied.

Any Bariatric shaped product requirement will only be supplied if approved by the Continence Team (Criteria is based on Patients Waist measurements).

6.3 PRODUCT SUPPLY

Disposable padded products with a maximum of 3 products in 24 hours will be sufficient support for most needs, providing that the correct product is used appropriately. Where a two piece system is required appropriate amounts of stretch fixation pants will be provided every 6 months.

In some areas i.e. CPFT in patient units there will be restrictions on ordering fixation pants, to ensure that the most cost effective alternative is utilised.

The products supplied cannot be changed at the request of patients / parents / carers without reassessment from an appropriately trained assessor.

The disposal of incontinence pads is within house hold waste as per Trust’s policy on Disposal of Clinical Waste.

Washable products may be more suitable for use in conjunction with a toileting programme and to maintain independence.

Only 1 padded / washable product is to be worn at any one time.
Patients can receive a combination of washable/disposable padded products, i.e.
2 bed pads equates to 1 disposable padded product
3 pairs of washable pants equates to 2 padded products

The criteria for the provision of washable products is:–

- Access to a washing machine and drying facilities.
- Ability of the patient or a carer to do the laundering.

Level 1 or 2 assessors will ensure that the patient or carer is aware of the correct methods of laundering re-useable products.

- Washable body - worn products for patients with light to moderate regular urinary incontinence.
- Washable bed pads for patients with moderate to heavy night time urinary incontinence.

N.B. Washable products are not suitable for patients with faecal incontinence.

The Trust also recognises the ecological advantages of using reusable products when the world wide consumption of raw material is increasing, and the waste from used, disposable products is largely non – recyclable.

**The advantages of the patient using washable products are:**

- The normality of using well designed, reusable products.
- Materials are strong and made to last and do not break up or disintegrate as disposable products can do.
- Washable products take up less storage space and can be more convenient
- Washable products cannot be torn and may therefore be more effective for confused patients.
- Environmental factors

**Number of Washable Products to be provided:**

Patients who are supplied with washable body worn products will be provided with up to a maximum of 6 products per year (x3 pairs every 6 months). Additional products can be purchased and the patient will be given information regarding the independent purchasing of supplementary / alternative products where appropriate.

Patients who are supplied with washable bed pads will be provided with 2 bed pads to allow time for washing and drying of these highly absorbent products. These count as 1 of the 3 products in 24 hours and are delivered annually.
6.3 THIRD PARTY PRODUCTS

The Trust will provide a clinically appropriate product from the CPFT approved Tender supplier. If for any reason these are deemed not suitable by the Assessor, patient/carers will be provided with mail order catalogues to enable them to self-purchase.

If the patient has a medically diagnosed allergy (following skin patch test) to the product they will be given an alternative product from within the available range where possible. Alternative supplies from a different supplier will only be authorised by the appropriate Continence Specialist Nurse (level 2) on receipt of medical information regarding patient allergy.

6.4 HOME DELIVERY AND STORAGE

Home Delivery is provided as part of the service but will not be brought forward from the patients calculated delivery date. The patient can provide an alternative delivery point (i.e. in the garage) if this is utilised then CPFT do not take responsibility of deliveries if they go missing/get wet or are unusable.

The provision of products is an individual patient prescription and will be delivered ONLY to their place of residence or specified alternative delivery address; and delivery periods will be no more than 3 monthly – unless approved by the Continence Team.

Deliveries will be made in non-marked vehicles in non-marked packaging.

If an individual changes of residence, then padded products should be moved with them.

It is fraudulent to activate a delivery for a patient who

- Is no longer registered to a Cumbria GP
- Is no longer living at the address registered with the company
- Is deceased
- If pads are used by another patient

Within Residential and Nursing Homes, Pads should be stored in an appropriate safe, clean and dry area free from infestation (ensure the risks of environmental damage are limited). Likewise in Patients own homes, pads should be stored appropriately.

7 TRAINING

The CPFT Adult Continence Service provides:-
• Theory education for adult nurses, (Band 3 and above) in bladder and bowel dysfunction which can be accessed either by either E-learning and Face to face methods. The completion of the theory and practical skills education will lead to competence at level 1 assessment.

• Practical skills training for adult nursing staff

• Continence champions support network for adult staff.

• Support and advice to all healthcare professionals / patients and carers

• Support for adult level 1 assessors regarding correct product selection is available via the adult continence service and the tendered home delivery company nurse advisor.

• Training for carers working with adults

• CPFT requires completion of level 1 assessor training, prior to undertaking a continence assessment.

8 MONITORING COMPLIANCE WITH THIS DOCUMENT

The table below outlines the Trusts’ monitoring arrangements for this policy/document. The Trust reserves the right to commission additional work or change the monitoring arrangements to meet organisational needs.

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<thead>
<tr>
<th>Aspect of compliance or effectiveness being monitored</th>
<th>Monitoring method</th>
<th>Individual responsible for the monitoring</th>
<th>Frequency of the monitoring activity</th>
<th>Group / committee which will receive the findings / monitoring report</th>
<th>Group / committee / individual responsible for ensuring that the actions are completed</th>
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<tbody>
<tr>
<td>Monitor Continence Assessment and ensure Policy is discussed and agreed with a patients / advocates</td>
<td>Notes Audit and review of Continence Assessments, against NICE guidance</td>
<td>Continence Service Leads</td>
<td>Annually</td>
<td>Care Group Governance</td>
<td>Continence Service Leads / Community Manager</td>
</tr>
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9 REFERENCES/ BIBLIOGRAPHY


APPG for continence care 2011 www.appgcontinence.org.uk

Royal College of Physicians National Audit of continence Care 2010 www.rcplondon.ac.uk/resources/national-audit-continence-care

Deciding Right (2012),

10 RELATED TRUST POLICY/PROCEDURES

Waste Management Policy: POL/002/055

11 APPENDICES

1 - End of Life Care Guide

2 –Continence Assessment Scoring Tool

3 -Continence Treatment Pathways
### APPENDIX 1

**End of Life Care Guide**

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<th>Increasing decline (weeks to months)</th>
<th>Weeks to final days</th>
<th>After death</th>
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<td>Care Register</td>
<td>Care Register</td>
<td>Care after death</td>
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<td><strong>Prognosis communicated</strong></td>
<td><strong>Prognosis communicated</strong></td>
<td><strong>Death Summary on EPR</strong></td>
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<td>Advance Care Plan</td>
<td>Advance Statement</td>
<td>Review Advance Care Plans</td>
<td>Verification of death</td>
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<tr>
<td>Decide Right</td>
<td>Decide Right</td>
<td>Decide Right</td>
<td></td>
</tr>
<tr>
<td>Consider DNACPR</td>
<td>DNACPR</td>
<td>DNACPR</td>
<td></td>
</tr>
<tr>
<td>Assessment, care planning and review</td>
<td>Assessment, care planning and review</td>
<td>Assessment, care planning and review</td>
<td>Significant Event Analysis review</td>
</tr>
<tr>
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<td>Care needs assessment</td>
<td>Care needs assessment</td>
<td>Bereavement support</td>
</tr>
<tr>
<td>Finances</td>
<td>Finances</td>
<td>End of Life Care Plan</td>
<td>Finances</td>
</tr>
<tr>
<td>Communicate with GP/Hospital</td>
<td>Communicate with GP/Hospital (DN, NWAS, OOH)</td>
<td>Communicate with GP/Hospital (DN, NWAS, OOH)</td>
<td>Inform GP, OOH</td>
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### CONTINENCE ASSESSMENT SCORING TOOL

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<th>CRITERIA</th>
<th>SCORE</th>
<th>INDIVIDUAL SCORE</th>
<th>COMMENT</th>
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<td><strong>Type of Residence:</strong></td>
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</tr>
<tr>
<td>Residential/ Nursing Care Home</td>
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<td></td>
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<tr>
<td>Private house – adequate facilities</td>
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<tr>
<td>Private house – inadequate facilities</td>
<td>8</td>
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<td><strong>Type of Incontinence:</strong></td>
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</tr>
<tr>
<td>Stress</td>
<td>1</td>
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</tr>
<tr>
<td>Overflow</td>
<td>2</td>
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</tr>
<tr>
<td>Anal and/or occasional faecal incontinence</td>
<td>2</td>
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<td></td>
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<tr>
<td>Urge</td>
<td>3</td>
<td></td>
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</tr>
<tr>
<td>Enuresis</td>
<td>3</td>
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<tr>
<td>Neurogenic/ Voiding dysfunction</td>
<td>4</td>
<td></td>
<td></td>
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<tr>
<td>(BPH/ Neurological/ Urological/ other voiding dysfunction)</td>
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<tr>
<td>Faecal (regular)</td>
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</tr>
<tr>
<td>Functional</td>
<td>5</td>
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<td><strong>Wet Episodes – Frequency (in 24hrs):</strong></td>
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</tr>
<tr>
<td>1</td>
<td>1</td>
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<td>2</td>
<td>2</td>
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<td>3</td>
<td>5</td>
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<tr>
<td>4+</td>
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<tr>
<td><strong>Wet Episodes – Severity:</strong></td>
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</tr>
<tr>
<td>1 (damp pad/pants)</td>
<td>4</td>
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</tr>
<tr>
<td>2 (wets pad/pants)</td>
<td>5</td>
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<td></td>
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<tr>
<td>3 (Soaking/ wets outer clothing)</td>
<td>6</td>
<td></td>
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</tr>
<tr>
<td>Faecal</td>
<td>6</td>
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</tr>
<tr>
<td><strong>Frequency of Micturition (with normal fluid intake):</strong></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>5 to 7 times</td>
<td>1</td>
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<tr>
<td>Below 5</td>
<td>2</td>
<td></td>
<td></td>
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<tr>
<td>8+ times</td>
<td>4</td>
<td></td>
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<tr>
<td>Continence managed by catheterisation (ISC/ indwelling)</td>
<td>8</td>
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<td></td>
</tr>
<tr>
<td>Unable to establish pattern of micturition due to complex or severe needs</td>
<td>8</td>
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<tr>
<td><strong>Medical History (adult):</strong></td>
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</tr>
<tr>
<td>Other</td>
<td>2</td>
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<tr>
<td>Respiratory</td>
<td>2</td>
<td></td>
<td></td>
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<tr>
<td>Diabetes</td>
<td>2</td>
<td></td>
<td></td>
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<tr>
<td>Mental health disorder</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prolapse</td>
<td>3</td>
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<td></td>
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<tr>
<td>Lower intestinal disorder</td>
<td>3</td>
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</tr>
<tr>
<td>Cardiac failure</td>
<td>4</td>
<td></td>
<td></td>
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<tr>
<td>Urological disease (or high urological risk)</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dementia</td>
<td>5</td>
<td></td>
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<tr>
<td>Palliative care</td>
<td>8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Learning disability</td>
<td>8</td>
<td></td>
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</tr>
<tr>
<td>Neurological disorder</td>
<td>8</td>
<td></td>
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</tbody>
</table>
### Medical History (child or young adult)

<table>
<thead>
<tr>
<th>Physical Disability</th>
<th>Learning Disability</th>
<th>On “Child in need” / “At Risk” Register or “Statemented”</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>7</td>
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<tr>
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<td>8</td>
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<td></td>
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### Surgical History:

<table>
<thead>
<tr>
<th>Bowel repair</th>
<th>Unsuccessful pelvic floor or prolapse repair</th>
<th>Unsuccessful transurethral prostatectomy</th>
<th>Abdo/vaginal hysterectomy</th>
<th>Bladder surgery</th>
<th>Ca Bladder/ prostate</th>
<th>Ca Bowel</th>
<th>Spinal surgery which has affected continence</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>3</td>
<td>3</td>
<td>4</td>
<td>5</td>
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### Obstetric History:

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<thead>
<tr>
<th>Number of babies:</th>
<th>1 to 2</th>
<th>3</th>
<th>4 or over</th>
<th>Forceps delivery</th>
<th>Breech delivery</th>
<th>Large baby (over 9lb/4Kg)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>4</td>
<td>4</td>
<td>4</td>
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</tr>
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### Carer/Help Availability:

<table>
<thead>
<tr>
<th>Help not required</th>
<th>0</th>
<th>24 hours</th>
<th>1</th>
<th>Daily throughout</th>
<th>3</th>
<th>Partial</th>
<th>4</th>
<th>None = Requires help with toileting but has none</th>
<th>7</th>
</tr>
</thead>
</table>

### Ability to perform activities of daily living:

| Fully mobile | 1 | Able to toilet | 1 | Partial ability | 3 | Unable to self-care | 4 | Impaired Mobility: |
|--------------|---|----------------|---|-----------------|---|---------------------|---|-------------------|---|
|              |   |                |   |                 |    |                     |   | Mild (e.g. walks with a stick) | 2 |
|              |   |                |   |                 |    |                     |   | Moderate (e.g. walks with help) | 4 |
|              |   |                |   |                 |    |                     |   | Severe (e.g. needs wheelchair all the time) | 6 |

### Medications:

<table>
<thead>
<tr>
<th>Laxatives</th>
<th>Oestrogens</th>
<th>Analgesia</th>
<th>Anti-muscarinics/ anti-cholinergics</th>
<th>Anti-hypertensives</th>
<th>Anti-epileptics</th>
<th>Muscle relaxants (e.g. Baclofen)</th>
<th>Hypnotics/sedatives</th>
<th>Anti-depressants</th>
<th>Diuretic</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>3</td>
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<td>3</td>
</tr>
</tbody>
</table>

### Pads required per day:

<table>
<thead>
<tr>
<th>1 pad or reusable</th>
<th>1</th>
<th>2 pads</th>
<th>2</th>
</tr>
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<tbody>
<tr>
<td>3 pads</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 pads or over</td>
<td>3</td>
<td>4</td>
<td></td>
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</tbody>
</table>
Appendix 3

Continence Pathways

Level 1 Bowel Dysfunction Final Pathway
Level 1 Final Pathway Female Stress Urinary Incontinence
Level 1 Final Pathway Function Incontinence
Level 1 or 2 Final Pathway Male Stress Urinary Incontinence
Level 1 Overactive Bladder Syndrome Final Pathway
Level 1 Voiding Dysfunction Final Reviewed Pathway 2014
Level 2 Bowel Dysfunction Final Pathway
Level 2 Female Stress Urinary Incontinence Final Pathway
Level 2 Overactive Bladder Syndrome Final Pathway
Post Prostetectomy Pathway 2015
Level 1 Bowel Dysfunction Pathway

1. **Level 1 continence assessment/digital rectal examination (DRE) and 3 day bladder/bowel diary indicates bowel dysfunction**
   - **Constipation**
     - Normalise fluids/diet/Advise re actively levels/monitor skin/toileting position/medication review/avoid straining
     - Symptoms improved → Discharge
     - Symptoms not improved → Medication trial

   - **Constipation with overflow faecal incontinence**
     - Normalise fluid/diet/monitor skin/medication review
     - Symptoms not improved → Consider aids-Commode/step/CAST for padded/washable products (refer to policy for provision).
     - Symptoms improved → Discharge

   - **Faecal incontinence**
     - Normalise fluid/diet/monitor skin/medication review
     - Symptoms not improved → Discharge
     - Symptoms improved → Discharge

2. **GP referral re Red flag symptoms NICE 2005 CG27**
   - Consider referral to level 2 assessment
   - Discharge/continue management
Level 1 Pathway Female Stress Urinary Incontinence

Level 1 Continence assessment and 3 day bladder dairy indicating Stress Urinary Incontinence (SUI)

Ensure patient understands referral to Specialist Continence Service for level 2 assessment

Refer to Continence Service
Level 1 Pathway Function Incontinence

Level 1 continence assessment and 3 day bladder diary indicates functional incontinence.

Environmental issues
- Consider referral to Occupational Therapy/ Social Services for aids/adaptations.

Cognitive Dysfunction
- Consider referral to Social Services if home care required

Physical limitations
- Consider referral to Physiotherapy/ Podiatry/ GP for aids/treatment.

Symptoms improved
- Discharge

No symptom improvement
- Symptoms improved
- Discharge

Symptoms improved
- No symptom improvement
- Symptoms improved
- No symptom improvement
- Discharge

Consider aids (Signage/ Sheath/ actibrief/ urinal/ Commode/ CAST for padded/washable products (refer to policy for provision).

Continue management
Level 1 or 2 Pathway Male Stress Urinary Incontinence

Level 1 or 2 continence assessment and 3 day bladder diary indicates Stress Urinary Incontinence (SUI).

Teach Pelvic Floor Muscle Exercises (PFME)/ support/literature.

Symptoms improved on review.

Discharge.

No improvement of symptoms

Consider aids (Sheath/actibrief/urinal/CAST for padded/washable products (refer to policy for provision).

Continue management/Discharge.

Refer to GP for Urology opinion
Level 1 Overactive Bladder Syndrome Pathway

Level 1 continence assessment and 3 day bladder diary indicates Overactive Bladder Syndrome

No Urinary Tract Infection (UTI)  

Urinalysis

- Check origin of bacteria
  - If E Coli check hygiene/ hand washing technique
  - Commence antibiotics via GP prescription

UTI

Review bladder diary

- Poor fluid volume/ type
  - Educate utilising fluid matrix and give literature

Correct fluid volumes/ type

- Symptoms not improved
  - Consider aids eg. Sheath/ actibrief/ urinal/ Commode/ Advise re smoking/weight/CAST for padded/washable products (refer to policy for provision).

Symptoms improved

Discharge

Consider referral to level 2

Discharge/ continue management
Level 1 Voiding Dysfunction Pathway

Level 1 continence assessment and 3 day bladder diary indicates voiding dysfunction/retention

Refer to Specialist Continence Service

No voiding dysfunction diagnosed

Specialist Level 2 Continence Assessment

Voiding dysfunction confirmed

Red flag Symptoms NICE 27 NICE 58 - Refer to GP for urology opinion

Level 2 Voiding dysfunction pathway

If indwelling catheterisation appropriate refer to Community Nursing
Level 2 Bowel Dysfunction Pathway

GP referral re Red flag symptoms NICE 2005 CG27

Level 2 continence assessment/digital rectal examination (DRE) and 3 day bladder/bowel diary indicates bowel dysfunction

Constipation

Constipation with overflow faecal incontinence

Faecal incontinence

Normalise fluid/diet/monitor skin/medication review

Symptoms not improved

Symptoms improved

Discharge

Normalise fluids/diet/Advise re actively levels/monitor skin/toileting position/medication review/avoid straining

Symptoms not improved

Discharge

Symptoms improved

Normalise fluid/diet/monitor skin/medication review

Discharge/ continue management

Medication trial/ Consider supervised anal sphincter exercises

Consider anal plug/anal irrigation/step/commode/CAST for padded products (refer to policy for provision)

Refer to GP for colorectal opinion

Level 2 Bowel Dysfunction Pathway
Level 2 Female Stress Urinary Incontinence Pathway

Level 2 continence assessment and 3 day bladder diary indicates Stress Urinary Incontinence (SUI)

Vaginal examination and Oxford Grade (NICE Sept 2013)

- No abnormality
- Mild prolapse
- Severe prolapse

No abnormality
- Oxford grade 2 or below consider physio referral

Mild prolapse
- Oxford grade 2 or above teach supervised Pelvic Floor Muscle Exercises (PFME)/the knack/cones/pelvic floor educator/literature and support.

Severe prolapse
- Post menopause consider oestrogen therapy if no red flag symptoms via GP

Symptoms improved at review
- Discharge

No symptom improvement at review
- Review pelvic floor muscle contraction and reinforce previous advice.

Symptoms improved at review
- Consider physio/GP/Gynae referral
Level 2 Overactive Bladder Syndrome Pathway

Level 2 continence assessment and 3 day bladder diary indicates Overactive Bladder Syndrome

- Urinalysis
  - Check origin of bacteria
    - If E Coli check hygiene/ hand washing technique
    - Commence antibiotics via GP prescription
  - No Urinary Tract Infection (UTI)
    - Review bladder diary
      - Poor fluid volume/ type
        - Educate utilising fluid matrix and give literature
          - Symptoms improved
            - Discharge
          - Symptoms not improved
            - Commence bladder retraining/ advice re weight/smoking/medication trials
              - Consider aids eg. Sheath/ actibrief/ urinal/ Commode/ CAST for padded/washable products (refer to policy for provision).
            - Refer to GP for urology opinion
              - Discharge/ continue management
      - Correct fluid volumes/ type
        - Symptoms not improved
          - Refer to GP for urology opinion
    - UTI
      - Review bladder diary
        - Symptoms improved
          - Discharge
        - Symptoms not improved
          - Refer to GP for urology opinion
Pathway for post Radical/Transurethral/Laparoscopic Prostatectomy

**Tertiary Centre**

Discharge advice post op
Teach pelvic floor muscle exercises/give literature
Trial without Catheter x2 weeks post op
Advise re managing post op dribble and containment (patient advice re self-purchase padded product)

If post op dribble persists beyond 6 weeks refer to community continence service

**Continence service**

Continence Assessment

Treat stress urinary continence/over active bladder referring to pathways

If symptoms persist trial sheath/actibrief
If symptoms improve discharge

device successful discharge
Device trial unsuccessful CAST

CAST criteria met padded product via Home delivery service
CAST criteria not met advice re self-purchase padded product discharge