**Bladder Retraining**

The purpose of a restorative nursing bladder retraining program is to:

* Assist a resident in becoming continent and gain independence in toileting
* Assist in maintaining skin integrity
* Promote resident self-esteem and dignity as increased bladder control is achieved and regular voiding patterns are established
* Provide residents with positive verbal feedback that facilitates bladder continence
* Decrease episodes of incontinence through planned interventions involving both the resident and staff

For a bladder retraining program to be effective, it is necessary that all staff on all shifts be actively involved and supportive of the program. Additional difficulties with bladder retraining programs are encountered when the facility approach is to simply put all residents on a schedule of toileting every 2 hours. Programs must be resident specific and designed based on the individuals' strengths, limitations, current level of incontinence and causes of their incontinence. As a resident progresses and gains skill relating to toileting and improved continence, the program needs to be updated and changed to accommodate their new skill level. It is also important to remember that when starting a new bladder retraining program, the number of residents participating should be kept low (1 to 2 residents per unit). To help initiate a bladder retraining program, it is important to select residents who have a high likelihood of succeeding with the program. This will allow you to show staff members that the program can be successful and thereby, increase their participation and motivation for the program. We want the program and resident to succeed and by keeping the caseload small, it is manageable and the staff is able to concentrate on the resident's needs and respond appropriately.

Candidate selection is of vital importance when implementing a bladder retraining program. The following MDS and nursing indicators will serve as guidelines for residents to be targeted for program participation.

**New Admissions:**

1. MDS Section H.l.b Bladder Continence (scores 2, 3, or 4)

* Occasionally Incontinent (incontinent 2 or more times a week but not daily)
* Frequently Incontinent (tends to be incontinent daily but some control present)
* Incontinent (multiple daily episodes of incontinence)

2. MDS Section H.4. Change in Urinary Continence (score of 2)

* Deteriorated

1. All current residents who develop incontinent episodes when there was no evidence of an incontinence problem when the initial, quarterly or annual MDS assessments were made.
2. A resident who develops a continence problem that occurs infrequently, which in the professional judgment of the staff, warrants further investigation.

Once residents have been identified as participants for the bladder retraining program, there are several key areas that need to be researched and evaluated to ensure a comprehensive approach to success. These key areas (which need to be looked at resident specific) include but are not limited to:

* Evaluation including extensive history
* Medication review
* Physical exam including a urinalysis to rule out UTI
* Resident profile including voiding pattern (times and amount of voiding/incontinent episodes)
* Resident's cognitive and physical mobility level
* Resident's dexterity with ability to perform ADL tasks related to toileting
* Physical environment of resident's living area (obstacles in reaching bathroom, distance from toilet)

After obtaining and analyzing all of the pertinent information, it is then the responsibility of the interdisciplinary team and possibly the OT or PT (when indicated) to develop a comprehensive plan for tackling the resident's incontinence.

To have an effective bladder retraining program, it is important to select the program and level most appropriate for each bladder retraining resident. It is recommended that in order to demonstrate success with bladder retraining, that the program be completed 7 days per week. Types of bladder restorative programs are:

1. **Retraining Program with therapy involvement**

Residents in this program have demonstrated the cognition and mobility potential to improve their level of continence and progress towards independent control of their bladder. These residents might have had a prolonged hospitalization or catheterization, and as a result they have weak musculature and could benefit from a strengthening and retraining program. If the resident is Medicare Part A they could be classified in the Rehab Low category, if in addition to 45 minutes of therapy they also receive restorative nursing in 2 programs for at least 6 days per week. Example: If the resident is receiving PT 3 times per week for at least 45 minutes, restorative nursing for bladder retraining (H3b) and transfers (P3e), they would then meet the criteria for the Rehab Low RUG III group.

1. **Retraining Program with restorative nursing only**

Residents have been identified as retraining candidates and all evaluation areas have been assessed and a treatment plan has been developed. Residents demonstrate the cognition

and mobility necessary to participate and improve their independence with continence. MD orders are written regarding participation in restorative retraining program and resident receives services 7 days per week.