**Toileting Program**

A toileting program is used for residents who do not demonstrate the cognition or physical ability required to be internally aware of the need to void or who has an unpredictable voiding pattern. If a resident is not a candidate for the bladder retraining program, it is important to then modify your plan of action and place the resident on a toileting program. The goal of a toileting program is to determine the resident's normal voiding pattern and to establish a voiding schedule that matches the resident's needs and past patterns.

Types of toileting programs:

1. **Routine toileting program**

This program would be used for the lower functioning resident who lacks the cognitive abilities to know their voiding patterns or acknowledge urges. Implementation of this level of toileting requires establishing a set toileting schedule (ex. every 2 hours). The goal of this program would be to attempt to catch as much urine in the toilet/bed pan/bedside commode as possible and decrease the frequency of interval incontinence.

1. **Individually scheduled toileting programs**

This program would also be used with lower functioning residents and the program is established after a voiding assessment has been completed. When the assessment indicates that there is some predictability as to when the resident voids, then a toileting schedule is set up to coincide with their pattern. With this type of program, the goal is to have the resident on the toilet prior to a voiding episode and, in turn, help the resident to have successful toileting and decrease the frequency of incontinent episodes. With successful scheduled toileting, hopefully the resident will begin to associate the need to void with the need to get to the toilet and progress to a higher level of a toileting program.

1. **Prompted toileting program**

This program is to be utilized with residents who present with higher cognitive functions that have developed a basic awareness of when they need to go to the bathroom but do not act upon that urge. The goal at this level of toileting program is to help the resident establish their own schedule and for the restorative aide or CNA to check on the resident according to the set schedule. It will be the responsibility of the restorative aide or CNA to ask the resident if they are wet or dry and then check to see if the resident is correct. Always inform the resident, whether correct or incorrect, of their current status. If the resident asks to go to the toilet, they are assisted as needed and if toileting is successful, then resident is praised and success acknowledged. If the resident does not ask to go to the bathroom, the restorative aide should ask if they need to go to the bathroom and respond to whatever answer they receive from the resident. To assist with resident hydration, always offer a drink of water when performing scheduled toileting checks and remind the resident of when the next toileting check will be. As success is achieved with scheduled prompting, the time between checks should be gradually extended (15 minutes at a time); thereby increasing the resident's recognition of toileting needs/urges based on more internal cues. The final goal with prompted voiding is prompting which occurs every 3 to 4 hours or when the resident does not require prompting at all.

As was noted with bladder retraining programs, it is possible to capture any scheduled toileting program on the MDS and obtain Rehab Low reimbursement. The resident would have to be Medicare Part A and also receive the required amount of therapy ( 3 days for a total of at least 45 minutes) and be involved in 2 restorative programs (ex: scheduled toileting and bed mobility). Again, this would be under H3b (scheduled toileting and Pad-bed mobility), in addition to the therapy component.