**TRAINING MODULE:**

**BLADDER RETRAINING AND TOILETING PROGRAM**

Definition: As stated in HCFA's RAI Version 2.0 Manual, Bladder retraining is a program where the resident is taught to consciously delay voiding or resist the urgency to void. Residents are encouraged to void on a schedule rather than according to their urge to void. This form of training is used to manage urinary incontinence due to bladder instability.

Toileting program, as stated in HCFA's RAI Version 2.0 Manual, a plan whereby staff members at scheduled times each day either take the resident to the toilet, give the resident a urinal or remind the resident to go to the toilet. Includes habit training and/or prompted voiding.

1. PURPOSE

* To assist a resident in becoming continent and independent in toileting
* To assist in maintaining skin integrity and decrease risk of breakdown, rash and infection
* To decrease the frequency of incontinent episodes through planned intervention involving both resident and facility staff
* To promote self-esteem, dignity and self control over ADL's

2. PROCEDURE

To ensure a successful bladder retraining or toileting program, the following guidelines and steps must be put in place and carried out by the facility staff and resident. It is imperative to the success of a program that it be implemented on a 24 hour/7 day a week basis. Management of the bladder retraining or toileting program needs to be performed by the Restorative Manager. A separate incontinence binder should be kept at each nurse's station and each binder should include: resident specific incontinence management weekly progress notes, resident specific continence retraining plan, bladder retraining tracking form, toileting program tracking form, foley catheter tracking form. A bladder program reminder sheet should be placed in each resident's room on the inside of the closet door. All bladder program assessment records should be maintained in the resident's medical chart.

STEPS:

1. Resident Selection
* All new residents with MDS trigger of Hlb at 2, 3, or 4 for incontinence in the last 14 days
* Current residents with MDS triggers (H4-deteriorated) or additional triggers in MDS areas I, J1 or P9.
* Current residents who develop incontinence episodes when there was no evidence of prior problems with incontinence at either the admitting or quarterly assessments
* Current residents who develop infrequent problems with incontinence, but based on the professional judgment of the staff, could benefit from further investigation to determine cause of problem
* For targeted residents, complete the Briggs Bladder Retraining Assessment along with a 3 day voiding assessment
1. Plan
* Residents must be assessed for a minimum of 3 days. It is fine if facilities establish a program based on longer assessment periods, but 3 days is the minimum.
* Utilize one of the attached voiding record forms (see forms)
* Restorative Manager to communicate to all floor staff regarding residents to be assessed for program ( use daily assignment sheets, daily meetings, etc)
* Determine and communicate posted location of assessment sheets to all team members (recommend keeping sheets inside of closet door)
* Record all necessary information for all three shifts
1. date
2. staff initials
3. hourly checks
4. record whether resident is wet or dry
5. fluid intake/output
6. transfer assistance
7. toileting method
* Inform the resident and family (if appropriate) regarding involvement with assessment, need for hourly checks (including night)
* Document resident specific gestures, physical cues, verbalizations, etc which could indicate a resident's need to void
* Ensure that resident is receiving adequate hydration: 30 cc/Kg/24 hours. Take 30 cc x weight in Kg = cc/24 hours. This is the minimum fluid requirement for a resident without fluid restrictions
1. Implement
* Based on voiding pattern and bladder assessment, determine appropriate program for resident
1. Bladder retraining with therapy involvement (Rehab Low classification possible at this level for Medicare residents)
2. Bladder retraining with restorative nursing
3. Prompted toileting program
4. Individually scheduled toileting program
5. Routine toileting program
* After program determination made, Restorative Manager to communicate information using the Therapy/Restorative Communication form
* Communicate specific plan to all involved team members. Team may consist of restorative manager, MD, therapist, CNAs, family members
* Involve therapy as indicated by plan or resident specific needs (ex: PT for Kegel exercises, transfers, ambulation and/or OT for fine motor and dressing tasks, balance)
* Restorative manager to write out Resident Continence Retraining Plan for residents in bladder retraining program, discuss with all involved staff and ensure complete understanding by all. Ensure that program information is given to care plan nurse
* Bladder Retraining weekly progress notes are to be completed by Restorative manager and determination made monthly regarding continued involvement or discharge. Look at 6 weeks duration for program. Obtain MD orders as indicated
* Have restorative manager obtain MD orders for the bladder retraining program if restorative nursing is going to be involved. (Ex: Assist resident to toilet at 7:00, 9:30, etc (specify according to assessment), offer liquids every 2 hours (make sure that resident is not on fluid restriction), offer use of bedpan when in bed (if appropriate), assure call light is within reach and instruct resident to use call light if need arises. It is not necessary to obtain MD orders for toileting programs
* Documentation for bladder retraining will be completed by the restorative manager using the weekly progress note sheet and also in the care plans
* Routine documentation for toileting programs will be in nurses notes, care plan and ADL flow sheet
* Post toileting program reminder note in each resident's room (inside closet door) or use visual cues (clock drawn with hours which indicate toileting times circled)
1. Evaluation
* Toileting program will be conducted as part of daily routine nursing care performed by CNA's
* RNA's will be involved with bladder retraining program participants and Restorative Manager will communicate all necessary information
* Restorative manager will assign responsibility for monitoring and assuring staff coverage for remaining hours to team leader or unit coordinator (whichever is applicable to facility)
* Identify location where incontinence forms and documentation will be kept (separate incontinence book on each unit)
* Program implemented on a 24 hour 7 day a week basis
* Goals updated or modified as needed by Restorative Manager
* Incontinence binders will include resident specific sections including Bladder Retraining Weekly Progress Note and Continence Retraining Plan
* Incontinence notebooks will also include tracking forms for bladder retraining, toileting program and foley catheter for unit residents