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| Bladder Incontinence Program | | | | NO. | |
| Purpose:  The purpose of a restorative nursing bladder-training program is to:   1. Assist a resident in becoming continent and gain independence in toileting. 2. Assist in maintaining skin integrity. 3. Promote resident self-esteem and dignity as increased bladder control is achieved and regular voiding patterns are established. 4. Provide residents with positive verbal feedback that facilitates bladder continence. 5. Decrease episodes of incontinence through planned interventions involving both the resident and staff.   Statement of Policy:  The facility will assess for risk factors dealing with bladder incontinence and proceed, if possible, by planning for interventions to assist the resident to the highest level of continence possible.  Procedure:   1. Staff education (see In-service Module and Test) 2. Staff will be educated on the prevalence of bladder incontinence in long-term care residents. 3. Staff will be educated in the difference in a bladder retraining program and a toileting program and based on the evaluation process be able to determine which program would best serve the residents needs. 4. Staff will understand the assessment process to determine resident selection including: 5. The MDS Section H.1.b coded 2,3, or 4 and H.4 coded as deteriorated 6. Triggers in MDS areas I, J1 and P9 7. Current residents who develop incontinence episodes when there was no evidence of prior problems with incontinence at either the admitting or quarterly assessments 8. Current residents who develop infrequent problems with incontinence, but based on the professional judgment of staff, could benefit from further investigation to determine cause of the problem 9. Educate nursing staff on how to assess the targeted residents using Briggs Bladder Retraining Assessment along with a 3-day voiding assessment. 10. Further evaluation in the following areas needs to take place to identify any other factors that might have implications on the program: 11. Evaluation including extensive history 12. Medication review 13. Physical exam including urinalysis to rule out UTI 14. Resident profile including voiding pattern 15. Resident’s cognitive and physical mobility level 16. Resident’s dexterity with ability to perform ADL tasks related to toileting 17. Physical environment of residents living area (obstacles in reaching the bathroom, distance from toilet, need for safety devices) | | | | | |
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| Bladder Incontinence Program | | | | NO. | |
| 1. Educate the nursing staff on how to utilize the 3-day voiding assessment process to determine patterns the resident may have in voiding. 2. Educate the nursing staff on how to write a continence retraining plan or a toileting program, which addresses the needs of the resident. 3. Educate the nursing staff on a weekly progress documentation to determine the success and appropriateness of the program and determine if any further interventions need to be added. 4. Educate the nursing staff on how to initiate and update the Bladder Retraining Tracking Form as well as the Toileting Program Tracking Form to communicate to staff the program the resident is on for compliance with that program. 5. Educate the staff on the need to monitor residents during the assessment period for cues they give when the need to void. 6. Educate the nursing staff on the fluid intake needs of the resident to determine adequate hydration is received. 7. Implementation of the bladder incontinence program. Find the target residents. 8. Determine residents who qualify as candidates for a bladder incontinence program using the following criteria (target residents) 9. All new residents with MDS trigger of H1b at 2,3, or 4 coding for incontinence in the last 14 days 10. Current residents with MDS triggers (H4, deteriorated) or additional triggers in MDS areas I, J1 or P9 11. Current residents who develop incontinence episodes when there was no evidence of prior problems with incontinence at either the admitting or quarterly assessments. 12. Current residents who develop infrequent problems with incontinence, but based on the professional judgment of staff, could benefit from further investigation to determine cause of problems. 13. When target residents determined, complete the Briggs Bladder Retraining Assessment along with a 3-day voiding assessment. 14. Communicate to all floor staff that the resident is on a 3-day voiding assessment and put the sheet in a place that is accessible to staff for documentation (i.e. back of bathroom door or closet door, protecting privacy at all times). 15. Record all necessary information for all three shifts 16. Date 17. Staff initials/signatures 18. Hourly checks 19. Record whether resident is wet or dry 20. Fluid intake/output 21. Transfer assistance needed 22. Toileting method 23. Inform the resident and family (if appropriate) regarding involvement with assessment, need for hourly checks (including night). | | | | | |
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| Bladder Incontinence Program | | | | NO. | |
| 1. Document resident specific gestures, physical cues, verbalization which could indicate their need to void. 2. Ensure the resident is receiving adequate hydration. Residents on fluid restrictions need to follow ordered amount of fluids. 3. Implementing a Bladder Program. Initiating a program. 4. Based on the voiding pattern and bladder assessment, determine appropriate program for the resident. 5. Bladder retraining with therapy involvement (Rehab Low classification possible for Medicare residents) 6. Bladder retraining with restorative nursing 7. Prompted toileting program 8. Individually scheduled toileting program 9. Routine toileting program 10. Restorative manager to write out the Resident Continence Retraining Plan or Toileting Plan. 11. Communicate determination to Therapy or Restorative staff the plan for the resident. 12. Communicate the specific plan to all involved care-givers, care plan team, resident and family (if appropriate). 13. Involve Therapy as indicated in the plan for assistance in areas such as Kegel exercises, ambulation assistance and intervention, transfer assistance, dressing task, etc. 14. Write orders and set up documentation form for program. 15. The Restorative nurse will do bladder retraining progress note weekly. 16. Post a toileting program reminder in resident’s room (inside the closet or somewhere public eye cannot view). Care plan the program involving IDT. 17. Evaluation of Bladder Program 18. Restorative Aide or designee will monitor documentation and resident progress in the bladder program and communicate with the Restorative Nurse. 19. Monitor documentation for success or failure of program at least weekly. 20. Talk to the resident and family and determine how the program is progressing in their opinion and get any input as to improving or changing the program. 21. Revise interventions as needed to assist for resident success. 22. After 30 days evaluate program for continuance and formulate permanent care plan. 23. Obtain physician orders as needed. 24. Care plan will be reviewed at least quarterly or with significant change by the IDT team.   ATTACHMENTS:   1. Bladder Retraining Assessment Form 2. Training Module & Post Test 3. Resident Selection Flow Chart 4. Continence Retraining Plan examples and forms 5. Bladder Incontinence Policy Implementation Action Plan 6. Bladder Retraining Tracking Form 7. 3 Day Voiding Record 8. Example care plan for bladder incontinence | | | | | |
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