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|  RESTORATIVE INCONTINENCE | NO.  |
| POLICY:All residents with incontinence will be assessed for potential continence / retraining program.PROCEDURE:1. An assessment must be completed on all incontinent residents regardless of assessment outcome. Use Bowel / Bladder Assessment Tool.
2. All residents will be reassessed every ninety (90) days.
3. If the assessment indicates the resident is a candidate for the program, an incontinence monitoring record (bowel and bladder screening) will be kept for three (3) days in order to establish a pattern and help determine individual toileting needs.
4. If, due to the resident’s condition or his/her adjustment to their surroundings, a pattern cannot be established in three (3) days, continue to monitor (must be individualized).
5. Once a pattern has been established, begin a routine toileting schedule based on the resident’s pattern, gradually increasing time spans between placement to at least every two (2) hours.
6. If procedure has been tolerated well and some results have been achieved, attempt to increase the time span between placement. Suggested toileting times:
7. Upon awakening
8. Before and after meals
9. Before and after physical activity (i.e. rehab)
10. Prior to going to bed
11. Evaluate progress monthly and document.
12. Be aware of signs and symptoms of urinary tract infection:
13. Chills and fever
14. Urinary burning and urgency
15. Bleeding
16. Pus in and around the meatus
17. Spasms (catheter associated)
18. Urine dark in color
19. Cloudiness
20. Decrease in output
21. Foul odor
22. Sediment
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|  RESTORATIVE INCONTINENCE | NO.  |
| 1. Bowel Retraining: The bowel retraining program will entail the same assessment and procedures as the bladder retraining program.
2. Determine the cause of bowel incontinence.
3. Gradually eliminate medications and enemas that have caused a possible loss of bowel function.
4. Evaluate dietary needs and fluid needs.
5. Evaluate activity levels.
6. If possible, establish resident’s pattern.
7. Maintenance:
	1. Resident has been successful on the active bowel and bladder program.
	2. The resident can remain on the maintenance program for an indefinite period of time.
	3. The maintenance goal is to be addressed on the care plan and will be evaluated every ninety (90) days at the time of care plan review for continued effectiveness.
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