Policy for the promotion of urinary continence and management of incontinence in adults

Department / Service:	Urology / Community Continence Team	
Originator:	Lisa Hammond Penny Templey Sharon Banyard Elaine Sutcliffe	Urology CNS Urology CNS Urology CNS Lead Community Continence Advisor
Accountable Director:	Paula Gardner	Director of Nursing and Midwifery
Approved by:	Urology Directorate	
Approving committee:	Urology Directorate	
Date of Approval:	7th February 2022	
First Revision Due: **This is the most current document and is to be used until a revised version is available**	9th January 2026	
Target Organisation(s)	Worcestershire Acute Hospitals NHS Trust	
Target Departments	All clinical areas	
Target staff categories	All health care staff who have direct patient contact	

Purpose of this document:

This Continence policy provides Worcestershire Acute Hospitals NHS Trust (WAHT) staff a tool, with evidence based guidance to support best practice in the assessment of adult patients presenting with urinary incontinence problems in an acute care setting.
The document was originally formulated alongside the Community Bladder and Bowel Care pathway to enable a seamless -
1. Assessment of urinary incontinence.
2. The appropriate management and signposting to appropriate specialties if required.
3. Accessing ongoing assessment and specialist support when the patient is discharged from hospital promoting a seamless service across both Acute and Community settings. It aims to ensure a fair and equitable service throughout Worcestershire.

References: Code:

WAHT Infection Control Policy	
Urinary incontinence in Urological disease; assessment and management Clinical guidance 148. The National institute for Health and Care Excellence 2012 Updated -2019 surveillance of urinary incontinence in neurological disease: assessment and management (NICE guideline CG148)	
DoH Essence of Care clinical benchmarks (DoH, 2010)	
Dignity Capaign 2010 British Geriatrics Society. (https://www.bgs.org.uk/resources/dignity-campaign-2010)	
National Service Framework for Older People (DoH, 2001)	
National Service Framework for Long Term Conditions (DoH, 2005)	
Good Practice in Continence Services (DoH, 2000)	
NICE Guidelines for Urinary Incontinence in Women (NICE, 2013) Updated June 2019 Urinary incontinence and pelvic organ prolapse in women: management	
WAHT Catheterisation Policy	

Key amendments to this Document:

Date	Amendment	By:
April 2011	Updates and inclusion of full bladder and bowel care pathway and supporting patient information.	Lisa Hammond Urology CNS.
Nov 2014	Updates and Inclusion of new product change from Tena to Euron to ID .	Lisa Hammond Urology CNS
July 2015	Updates of staff now accountable for policy. Revision of Purpose of document.	Lisa Hammond Urology CNS
Oct 2016	Updated Appendix 7. Taken out first two paragraphs and changed the link.	
Nov 2017	Document extended whilst under review	TLG
Dec 2017	Document extended for 3 months as per TLG recommendation	TLG
8th Jan 2021	Document review date extended by 12 months in line with amendment to Key Document Policy	
Nov 2021	Accountable director updated	Sharon Banyard Urology CNS
Nov 2021	References updated	Sharon Banyard Urology CNS
Nov 2021	Screening on Admission -References updated-	Sharon Banyard Urology CNS
Nov 2021	Updates following dissemination and introduction of catheter passport	Sharon Banyard Urology CNS
Dec 2021	Changes to monitoring and compliance	Sharon Banyard Urology CNS
Dec 2021	Changes to awareness and training - E Learning for all staff	Sharon Banyard Urology CNS
Dec 2021	Hyperlinks to continence pathways and inpatient flow chart added Appendix 5	Sharon Banyard Urology CNS

Jan 2022	Appendix 5 'refer on if necessary' Information added regarding referral teams	Sharon Banyard Urology CNS
Jan 2022	Appendix 6 Leaflet codes removed as outdated Baus link added	Sharon Banyard Urology CNS
Jan 2022	Changes to pelvic floor exercise information Appendix 7	Sharon Banyard Urology CNS
Jan 2022	List of continence products updated	Sharon Banyard Urology CNS
Jan 2022	Names updated - Checklist for the Review and Approval of Key	Sharon Banyard Urology CNS
January 25	Document extended for 6 months whilst review and approval undertaken	Sharon Banyard
July 25	Document extended for 6 months whilst document is taken for approved	Sharon Banyard
July 25	Appendix 5b – correct links added for documents	

Contents page:

1. Introduction

Bladder and/or bowel dysfunction affects six million plus adults in the UK. Whilst it is acknowledged that this is a massive problem the emphasis is now on promoting a healthy bladder and bowel rather than merely containing the problem. Much can be done to improve the quality of life of people with bladder and / or bowel dysfunction by assessment and application of appropriate care by competent health care professionals within an integrated team.

2. Scope of the Policy

This policy is relevant for all staff caring for adult patients in Worcestershire Acute Hospitals NHS Trust.

This policy aims to:

- Standardise practice
- Support patients and staff to make individual decisions around Continence Management
- Support best practice for the assessment and management of continence problems for inpatients in an acute setting.
- Ensure compliance with Good Practice in Continence Services (DoH, 2000)

This policy has been developed based on:

- NICE Guidelines for Urinary Incontinence in Women (NICE, 2013)
  updated -Urinary incontinence and pelvic organ prolapse in women: management
- DoH Essence of Care clinical benchmarks (DoH, 2010)
- Urinary incontinence in Urological disease; assessment and management Clinical guidance 148. The National institute for Health and Care Excellence 2012
  Updated -2019 surveillance of urinary incontinence in neurological disease: assessment and management (NICE guideline CG148)
- Dignity Capaign 2010 British Geriatrics Society.
  (https://www.bgs.org.uk/resources/dignity-campaign-2010)
- National Service Framework for Older People (DoH, 2001)
- National Service Framework for Long Term Conditions (DoH, 2005)
- Good Practice in Continence Services (DoH, 2000)

3. Responsibility and Duties

3.1 Clinical and Non Clinical Directors and Directorate Management Team

It is the responsibility of the Directors and Management team to ensure that they are familiar with the contents of this policy and that identified persons within the directorates have lead responsibility for ensuring the policy is available and adhered to.

3.2 The Ward/Department Manager

It is the responsibility of the ward/department manager to ensure a copy of the current policy is available to all employees in the area, that they are aware of its location and that they familiarise themselves with it. In addition, they are using the monitoring audit tool provided and take action where needed.

3.3 Employees

It is the responsibility of each employee of the Trust who is likely to come into contact with people with continence problems, to familiarise themselves with the contents of this policy and to practice within the confines of the policy at all times.

3.4 Supplies

It is the responsibility of the Operations Development Manager to ensure that all orders placed for continence products has been done so following the guidance in this policy.

4. Policy Detail

4.1 Basic Principles

- To use discretion when managing all aspects of continence care.
- Maintain Privacy & Dignity.
- All in patients are screened for continence problems by nursing staff on admission to the ward.
- All patients with an identified problem are assessed by Nursing/medical staff.
- All patients who have had an assessment have a multidisciplinary management plan.
- All MDT management plans are reviewed as part of the ward round process.
- All patients who have an identified continence problem have this taken into account as part of the discharge planning processes.
- All patients who require ongoing support after discharge from hospital are appropriately referred.
- The use of indwelling urinary catheters is clinically appropriate with a management plan, including a plan for removal.
- All ward based clinical staff are enabled to access appropriate education and training to promote best practice in continence care.

4.2 Screening on Admission

This is concerned with identification of problems and access to continence assessment and subsequent care planning, The screening question to use – the response to which MUST be documented in the Nursing AND Medical notes is:

"Does your bladder or bowel ever/sometimes cause you problems?"
(Essence of Care, DoH, 2010)

4.3 Assessment

Establish if an assessment and management plan is already developed in the primary care setting. The qualified nurse or admitting doctor undertakes a first level assessment within 24 hours of admissions using the primary assessment form from the continence pathway and a symptom profile should be completed by appropriate patients (see appendix 5).

The key aims of first level assessment are to establish:

- The cause of incontinence
- What is required in terms of further investigation or treatment
- How these objectives can be achieved
- How to help the patient achieve the best quality of life

Once the initial first level assessment has been done, this should be filed in the nursing or medical notes and a management plan developed. Core information for patients, based on the findings of the assessment (e.g. urgency and frequency) can be found in the relevant sections of appendix 6.

4.4 Management Plan

The development of a management plan using the appropriate section of the continence pathway needs to be carried out by the members of the multidisciplinary team (MDT) and will need to include the following options:

- Lifestyle and/or behavioural changes for the patient, where this is appropriate
- Initiating the use of pelvic floor exercises (see appendix 7)
- Bladder retraining/bowel management (see appendix 8)
- Medication
- Use of containment devices/products

4.5 Review of the management plan

This should take place during the MDT ward round.

- Review for patients with incontinence should follow the pathway

4.6 Use of Indwelling Urinary Catheters

Following the care pathway all patients should be assessed for the appropriateness before insertion of the indwelling urinary catheter.

The decision making process must be documented in the nursing/medical notes along with the following information:

- Reason for insertion
- Date and time of insertion
- Residual bladder volume
- Type/size of catheter used – insert catheter ‘sticky’ into notes here
- Plan for removal
- Review date
- Signature of person completing insertion procedure

Insertion of an indwelling urinary catheter should only be undertaken by clinical staff that have undergone the appropriate training and have been deemed competent in this procedure.

4.7 Use of Incontinence Pads and Pants

PADS ARE NOT THE FIRST LINE OF MANAGEMENT FOR INCONTINENCE.
IF ASSESSEMENT INDICIATES A NEED FOR CONTINENCE PRODUCTS THE FOLLOWING MUST BE ADHERED TO:

4.7.1 Assessment:

Supply of ongoing incontinence products will be initiated ONLY after ASSESSMENT by a professional who has undergone training in the assessment and management of continence.

All the appropriate treatment options written within the policy must be considered prior to making a product request.

4.7.2 Continence Products

Referrals for aids such as plastic urinals male or female, can be made to Occupational Therapy whilst an inpatient.

Disposable and washable products are available these can be requested on referral to Community Continence Team on discharge along with the pathway assessment to continue with patient journey (see Prescription for Incontinence Products – appendix 9).

4.7.3 Disposable Products:

Products are supplied from NHS Logistics. Patients are supplied with body-worn products up to a maximum of 4 per 24 hours Patients who wish to self-purchase products should be sign posted to suppliers for i.e. chemist, supermarkets or mail order companies:

4.7.4 Procedure Sheets

Wards which require disposable 'Inco sheets' to carry out procedures will order them from NHS Logistics. **(They are not suitable for and must not be used as an incontinence sheet for bed/chair protection.)**

4.7.5 Washable Products:

Washable products will not be used for inpatients.

4.8 Discharge from Hospital

Discharge planning must include plans to support the patient who is incontinent at home. This may include onward referral to local community Continence Services. Key information that needs to be passed onto community staff includes:

- Copy of the first level assessment and MDT management plan.
- Any equipment that has been used and level of supply (e.g. specific details of urethral, supra-pubic or clean intermittent catheterisation, body worn pads etc, number of days supply of pads sent out with patient).
- Any other information that impacts on continence e.g. level of mobility, dexterity, cognitive impairment, dietary intake or special requirements, medications and any impediment to communications (e.g. deafness, blindness, speech impairment, language difficulties), and any other cultural factors.

5 Equality requirements

The content of the policy has no adverse impact on equality and diversity. A copy of the completed checklist form is found in Appendix 1.

6 Financial risk assessment

The policy was reviewed to ascertain if there would be any increased financial expenditure as a result of its implementation. A cost impact has been identified and is denoted on the checklist form is found in Appendix 4.

7 Consultation

Key individuals involved in developing the original document

Name	Designation
Lisa Hammond	Urology CNS
Penny Templey	Urology CNS
Sharon Banyard	Urology CNS
Elaine Sutcliffe	Community Continence Advisor
Martin Lancashire	Consultant Urologist

Circulated to the following individuals for comments

Name	Designation
Paul Rajjaybun	Consultant Urologist
Terng Chen	Consultant Urologist
Vincent Koo	Consultant Urologist – IG Lead
Adel Makar	Consultant Urologist
Martin Lancashire	Consultant Urologist
Zaheer Shar	Consultant Urologist
Aniket Deshpande	Consultant Urologist
Paul Moran	Consultant Gynaecologist
Alexandra Blackwell	Consultant Gynaecologist
Helen Worth	Urology Lead CNS
Sharon Banyard	Urology CNS
Jackie Askew	Urology CNS
Penny Templey	Urology CNS
Amy Read	Matron
Cearann Reen	Urology Ward manager
Helen Greenham	Urogynae CNS
Dawn Louth (Ne Knowles)	Urogynae CNS
Kim Powles	Urogynae CNS
Laura Ambler	Physiotherapist Womens/Men's health
Jennifer Westey/Caitlin Omalley	Physiotherapist Womens/Men's health
Katerina Holendova	Physiotherapist
Elaine Sutcliffe	Community Continence Team Leader

8 Approval process

The policy ratification process has been completed and is found in Appendix 2. Presented at policy working group and senior nurse meeting

9 Implementation arrangements

An implementation plan has been completed and is found in Appendix 3.

10 Dissemination process

10.1 The Urology Lead Clinical Nurse Specialist will oversee the effective communication of the approved policy to all relevant staff. This includes emailing copies of the policy to the Matrons so that they may discuss in ward and department meetings, as well as to key heads of service who are involved in the management of Continence. See Appendix 3 for the process of

dissemination. The policy is accessible via the policy link on the Trust Intranet.

10.2 Staff may print key documents at need but must be aware that these are only valid on the day of printing and must refer to the Intranet for the latest version. Hard copies must not be stored for local use as this undermines the effectiveness of an intranet based system.

10.3 Individual members of staff have a responsibility to ensure they are familiar with all key documents that impinge on their work and will ensure that they are working with the current version of a key document. Therefore, the Intranet must be the first place that staff look for a key document.

10.4 Line managers are responsible for ensuring that a system is in place for their area of responsibility that keeps staff up to date with new key documents and policy changes.

11 Training and awareness

It is the responsibility of the individual user who makes decisions about Continence management or who advise patients on Continence care to ensure they have received adequate training in the assessment and management process and that they have informed their manager if this training is not up to date.

All staff that supply, or fit Continence products will have appropriate knowledge to do so as safely as possible.

Education and training will be available at present organised by Urology clinical Nurse Specialists and achieved through:

E-learning training sessions

https://www.rcn.org.uk/clinical-topics/bladder-and-bowel-care/rcn-bladder-and-bowel-learning-resource

12 Monitoring and compliance

Matrons will carry out the monitoring of compliance of this policy on an annual basis. The audit will collect the following information

- Patient views of continence care received
- Staff views of continence care provided
- Documentation of continence care
- Evidence of correct delivery of continence pathways or documented reason from deviation from pathway.

The completed audit will identify areas of good practice and any areas of concern. Areas of concern will lead to an action plan, to ensure compliance as per the policy for the promotion of continence and management of incontinence in adults

13 Development of the Policy

The policy has been developed in consultation with senior healthcare staff involved in Continence care. The policy will be reviewed every 2 years in order to ensure the information remains evidenced-based and up-to-date.

14 Appendices

Appendix 1 Equality impact assessment for Trust-wide Policies

Appendix 2 Checklist for the review and approval of key document

Appendix 3 Plan for dissemination of key document

Appendix 4 Financial risk assessment

Appendix 5 Guidance on the completion of the Continence Pathway

Continence Pathway Tool
Primary Assessment
Symptom Profile

Stress incontinence care pathway	Symptom profile 1
Urge incontinence care pathway	Symptom profile 2
Overflow care pathway	Symptom profile 3
Bowel care pathway	
Inpatient flow chart	

Appendix 6 Core Information for Patients
Appendix 7 Initiating the Use of Pelvic Floor Exercises
Appendix 8 Bladder Re-training / Bowel Management
Appendix 9 Prescription for Incontinence Products
Appendix 10 Catheter Passport for patients discharged with catheter

Appendix 1

Equality Impact Assessment Tool

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

		Yes/No	Comments
1.	**Does the policy/guidance affect one group less or more favourably than another on the basis of:**		
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender	No	
	• Culture	No	
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age	Yes	Policy excludes children
2.	**Is there any evidence that some groups are affected differently?**	No	
3.	**If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?**	No	
4.	**Is the impact of the policy/guidance likely to be negative?**	No	
5.	**If so can the impact be avoided?**	NA	
6.	**What alternatives are there to achieving the policy/guidance without the impact?**	NA	
7.	**Can we reduce the impact by taking different action?**	NA	

If you have identified a potential discriminatory impact of this key document, please refer it to Assistant Manager of Human Resources, together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact Assistant Manager of Human Resources.

Appendix 2

Checklist for the Review and Approval of Key Document

To be completed by the key document author and attached to any document which guides practice when submitted to the appropriate committee for consideration and approval.

	Title of document being reviewed:	Yes/No/ Unsure	Comments
1.	**Title**		
	Is the title clear and unambiguous?	Yes	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Yes	
2.	**Rationale**		
	Are reasons for development of the document stated?	Yes	
3.	**Development Process**		
	Is the method described in brief?	Yes	
	Identify which people have been involved in the development including stakeholders/users?		
	Name	**Job Title**	
	Sarah King	DDM Surgery	
	Helen Pulis	Urology Matron	
	Lisa Hammond	Urology CNS	
	Penny Templey	Urology CNS	
	Sharon Banyard	Urology CNS	
	Elaine Sutcliffe Vincent Koo	Continence Advisor Consultant Urologist	
		Yes/No/ Unsure	**Comments**
	Do you feel a reasonable attempt has been made to ensure relevant expertise has been used?	Yes	
4.	**Content**		
	Is the objective of the document clear?	Yes	
	Is the target population clear and unambiguous?	Yes	
	Are the intended outcomes described?	Yes	
	Are the statements clear and unambiguous?	Yes	
5.	**Evidence Base**		
	Is the type of evidence to support the document identified explicitly?	Yes	
	Are key references cited?	Yes	
	Are the references cited in full?	Yes	
	Are supporting documents referenced?	Yes	

	Title of document being reviewed:	Yes/No/ Unsure	Comments
6.	**Approval**		
	Does the document identify which committee/group will approve it?	Yes	
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?	N/A	
7.	**Dissemination and Implementation**		
	Is there an outline/plan to identify how this will be done?	Yes	
	Does the plan include the necessary training/support to ensure compliance?	Yes	
8.	**Document Control**		
	Does the document identify where it will be held?	Yes	
	Have archiving arrangements for superseded documents been addressed?	N/A	
9.	**Process to Monitor Compliance and Effectiveness**		
	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	Yes	
	Is there a plan to review or audit compliance with the document?	Yes	
10.	**Review Date**		
	Is the review date identified?	Yes	
	Is the frequency of review identified? If so is it acceptable?	Yes	
11.	**Overall Responsibility for the Document**		
	Is it clear whom will be responsible for co-ordinating the dissemination, implementation and review of the document?	Yes	

Appendix 3

Plan for Dissemination of Key Documents

To be completed by the key document author and attached to any document which guides practice when submitted to the appropriate committee for consideration and approval.

Title of document:	Policy for the promotion of continence and management of incontinence in Adults		
Date finalised:	19th March 2008	**Dissemination lead: Print name and contact details**	Matron Helen Pulis
Previous document already being used?	Yes		
If yes, in what format and where?	N/A		
Proposed action to retrieve out-of-date copies of the document:	N/A		

To be disseminated to:	**How will it be disseminated, who will do it and when?**	**Paper or Electronic**	**Comments**
Matrons	Helen Pulis	Electronic	
Head of Therapies	Sally Mautneux	Electronic	
Directorate Managers	Louise Stanley	Electronic	

Dissemination Record - to be used once document is approved.

Date put on register / library of procedural documents		**Date due to be reviewed**	

Disseminated to: (either directly or via meetings, etc)	**Format (i.e. paper or electronic)**	**Date Disseminated**	**No. of Copies Sent**	**Contact Details / Comments**
Ward Managers/ Matrons	Electronic			
Intranet document finder	Electronic			

Appendix 4

Financial Risk Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments:	

Appendix 5(a)

Guidance on completion of the Care Pathway

All adult patients presenting with continence problems should be assessed using the Bowel and Urinary Continence Care Pathway Primary Assessment WR1752 as follows:

Urinary care pathway assessment WR1752

- To be completed for all patients presenting with incontinence
- All sections on the form must be completed, or an explanation given in variance column.
- If commencement on the care pathways is not appropriate, identify reason in designated section at end of form.
- Refer on if necessary to -

  Pelvic Health Physiotherapy team (Jennifer Westley/ Caitlin 'O' Malley - Physiotherapy Team Leaders at Worcester Acute Hospital Trust 01905760622)

  Continence team community

  Urology Specialist nursing team

  Urogynaecology Nursing team.
- Complete assessment summary and prescription form for products if appropriate.
- Proceed to symptom profile for appropriate patients.

Symptom profile WR2080

- To be completed by the patient after full explanation by assessing nurse that they should tick each statement that applies to their symptoms, from any of the sections on the form.
- The form can be left with the patient and reviewed at a later date but will be required before a pathway can be commenced.
- The boxed sections on the form are colour-coded to represent a pathway.
- Some clients may experience mixed incontinence i.e. urge and stress incontinence. The most dominant symptom pathway should be followed.
- If there are more than two ticks in more than one box then follow both pathways.
- Give greatest priority to symptoms of obstruction even if there are more than two ticks in other boxes.
- Much of the information and advice given will be common to all conditions; the severity of the problem will determine the level of intervention and the time scale to treatment.

All care pathway forms (see below)

- How much this problem affects the individual's life (bothersome rating) to be recorded at the start of each pathway and at each review thereafter.
- Deviations from any aspect of the pathway should be entered in the variance column.
- Date and time of next visit will be made at the end of each review, according to the time scale in each pathway.
- The assessing nurse will date and sign the form at each review (box at the end of the form).

Patient bladder / bowel diary

- All patients presenting with urinary/bowel symptoms will be asked to keep a record of their urinary/bowel habit output and any relevant information about their bladder/bowel function. They will be asked to record information for three days and nights, but these do not need to be consecutive.
- The content of the diary will be reviewed at the second visit.

Appendix 5 (b)

PATHWAY DOCUMENTS

The care pathways documents are available from Servicepoint, on the Intranet or by clicking on the relevant pdf link below.

	Xerox Code	Intranet Document Finder code
Primary Assessment  CP-URO-002 - primary assessment.	WR1752	CP-URO-002
Symptom Profile  CP-URO-001.pdf	WR2080	CP-URO-001
Stress incontinence care pathway  CP-URO-005 stress incontinence care patl	WR1749	CP-URO-005
Urge incontinence care pathway  CP-UR0-006 urge incontinence care patl	WR1748	CP-URO-006
Overflow care pathway  CP-URO-004 overflow care pathwa	WR1750	CP-URO-004
Bowel care pathway  CP-URO-003[1] bowel.pdf	WR1751	CP-URO-003

Adult In-patients Incontinence Flow Chart

Flow chart adult incontinence.pdf

To be completed for all adult in-patients presenting with incontinence within 48hours of admission

Appendix 6

Core Information for Patients

information leaflets are used by both the Acute and Community Sectors in order to promote a seamless service and continuation of Bladder and Bowel Care Pathway patient journey.

- INCONTINENCE OF URINE (INCLUDING POST MICTURITION DRIBBLE)
- BLADDER TRAINING
- PELVIC FLOOR EXERCISES FOR MEN
- PELVIC FLOOR EXERCISES FOR WOMEN

https://www.baus.org.uk/

- FLUID MATRIX (see page 21)
- MEDICATION LIST EFFECTING LOWER URINARY TRACT (see pages 22-23)
- BLADDER DIARY (FREQUENCY VOLUME CHART) (page 24)

FLUID INTAKE MATRIX TO DETERMINE SUGGESTED VOLUME INTAKE PER 24 HOURS

REFERENCE:
Abrams & Klevmar "*Frequency Volume Charts - a indispensable part of lower urinary tract assessment*" 1996 Scandinavian Journal of Neurology 179;47-53

PATIENT'S WEIGHT stones	kgs	MLS	FLUID OZ'S	PINTS	MUGS
6	38	1,190	42	2.1	4
7	45	1,275	49	2.5	5
8	51	1,446	56	2.75	5-6
9	57	1,786	63	3.1	6
10	64	1,981	70	3.5	7
11	70	2,179	77	3.75	7-8
12	76	2,377	84	4.2	8
13	83	2,575	91	4.5	9
14	89	2,773	98	4.9	10

This matrix is to be used as a guideline and broadly it is suggested that patients fall within a margin of error of +/- 10% - the guideline applies to body frame and gross obesity should not be taken as a guide for increasing fluid. Activity levels should be taken into account.

DRUG	USE	EFFECT
Alcohol	Social	Impairs mobility, reduces sensation, increases urinary frequency and urgency, induces diuresis
Anticholinesterase Neostigmine	Myasthenia gravis Irritable bowel spasm	Bladder sphincter muscle relaxation causing involuntary micturition Control of smooth muscle, increased peristalsis
Anmtimuscarinic drugs also known as anticholinergics		
Benhexol Procylidine Hyoscine Propantheline	Parkinson's Disease Drug induced Parkinsonism	Voiding difficulties
Drugs with antimuscarinic side effects		
Anti histamines Pizotifen Promethazine	Allergies, Hay fever, Rashes, Migraine, Travel sickness	Voiding difficulties Reduced awareness of desire to void
Antidepressants Amitriptyline Lofepramide Imipramine	Depression	Voiding difficulties
Calcium channel blockers Nifedapine	Angina, arrhythmia, hypertension	Nocturia, increased frequency
Cytotoxics Cyclophosphamide Ifosfamide	Malignancies	Haemorrhagic cystitis
Diuretics		
Loop diuretics Frusemide Bumetanide Metazolone	Management of hypertension Pulmonary oedema Heart failure, oedema	Urinary urgency Urge incontinence
Thiazides Bendroflurazide Cyclopenthiazide Amiloride, Triamterene Spironolactone	Diabetes insipidus Oliguria due to renal failure Ascites, Nephrotic syndrome	Urinary urgency Frequency Urge incontinence
Hypnotics/sedatives		
Antipsychotics Chlorpromazine Thioridozine Droperidol, Halperidol, Pimozide	Schizophrenia and related psychotic illness Nausea, vomiting, agitation Anxiety	Voiding difficulties, decreased awareness

DRUG	USE	EFFECT
Hypnotics/sedatives		
Antipsychotics Chlorpromazine Thioridozine Droperidol, Halperidol, Pimozide	Schizophrenia and related psychotic illness Nausea, vomiting, agitation Anxiety	Voiding difficulties, decreased awareness
Benzodiazepines Nitrazepam Temazepam Lorazepam	Sedation	Decreased awareness, impaired mobility
Barbirurates Amylobarbitone, Phenobarbitone	Sedation	As above
Chloral derivatives	Sedation	As above
Phenothiazines Chlorpromazine Thioridazine	Sedation	Decreased awareness of desire to void
Opiate analgesics		
Diamorphine, Morphine	Pain control, Drug abuse	Bladder sphincter spasm causing difficulty in micturition and urge incontinence
Xanthines		
Theophylline, Caffeine	Asthma	Increased diuresis, aggravates detrusor instability causing urge incontinence

FREQUENCY VOLUME CHART

Recommended Maximum Use 3 Days

Name …… Week commencing ……

Time	Date 1			Date 2			Date 3			Date 4		
AM	Intake	Output	Pad wet	Intake	Output	Pad wet	Intake	Output	Pad wet	Intake	Output	Pad wet
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
PM												
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
Total	Intake	Output	Pad wet	Intake	Output	Pad wet	Intake	Output	Pad wet	Intake	Output	Pad wet
Office use												

Normal Measures:

Cup – 150mls; Mug – 200mls; Soup – 190mls; Jelly – 160mls; Ice cream – 28mls; - Orange juice (carton) 85ml

Appendix 7

Initiating the use of Pelvic Floor Exercises

Pelvic floor exercises and advice leaflet can be accessed via this link for both male and female patients.

https://www.bladderandbowelfoundation.org/

https://thepogp.co.uk/

https://bsug.org.uk/pages/information/guidelines/105ttps (urogynae)

For further support in pelvic floor muscles exercised or for further advice a referral should be made to the Pelvic Heath Physiotherapy Team Via

wah-tr.worcestershireacutephysioreferrals@nhs.net

Or for further referral information please contact the Physiotherapy department on:

01905760522

Appendix 8 Bladder Retraining / Bowel Management

Worcestershire Community Continence Advisory Service

Information leaflet

Bladder Training

What is bladder training?

Bladder training helps to cut down the number of times you have to go to the toilet (to pass urine) every day. It also helps to stop urine leaking from your bladder when you really need to go to the toilet.

How should I do it?

You should keep a chart of:

- What and how much you drink
- When you go to the toilet during the day and night
- Any times you are wet
- How much urine you pass each time you go to the toilet

You should keep this chart for at least 2 days

You should not drink more than two litres (four pints) of fluid every day. Your kidneys will produce more urine if you have caffeine, fizzy drinks and alcohol. So if you drink a lot of tea or coffee, change to decaffeinated and if you drink a lot of fizzy drinks, have squash or juice instead. You should also cut down on how much alcohol you drink.

You should look at your chart and count how many times you go to the toilet every day and night. Also, look at the longest time between your visits to the toilet, and the largest amount of urine you have passed. This will show you how much your bladder can actually hold.
You should try to increase the time between your visits to the toilet. If you go every two hours, try to hold on for an extra half hour. If this is too difficult, try to hold on for an extra quarter of an hour and when you can do this easily, increase it again so that eventually you go to the toilet every two and half hours.

You should gradually increase the time between your visits to the toilet until you are only going six or seven times a day, and no more than once during the night.

Keep on filling in the chart and you will be able to see how much more urine your bladder can hold, and the reduction in the number of times you are going to the toilet.

Contact details

If you have any specific concerns that you feel have not been answered and need explaining, please contact the following.

Urology Nurse Specialists contactable via support secretary

- Worcester - Lisa Hammond 01905 760809
- Redditch – Sharon Banyard 01905 760809
- Kidderminster – Penny Templey 01562 12328

You can contact The Community Continence Team directly for referral :-

Continence Advisory Service,

Isaac Maddox House, Shrub Hill Road, Worcester, WR4 9RW

Tel: 01905 681604

Email: WHCNHS.continence@nhs.net

Other information

The following internet websites contain information that you may find useful.

Bladder and Bowel UK

Tel: 0161 6078219

Email: bladderandboweluk@disabledliving.co.uk

Monday-Friday 0900 – 1600

Parkinson's UK

Tel: 0808 8000303

Bladder and bowel problems | Parkinson's UK

https://www.parkinsons.org.uk/information-and-support/bladder-and-bowel-problems

Appendix 9

PRESCRIPTION FOR INCONTINENCE PRODUCTS

FACE TO FACE ASSESSMENT ☐	DISCHARGED / SUSPENDED		
FACE TO FACE RE-ASSESSMENT ☐	RECOVERED ☐	HOSPITAL ADMISSION ☐	
	MOVED OUT OF AREA ☐	OTHER (please state reason) ☐	
DATE OF REQUEST:	DIED (DATE) ☐	NURSING HOME ☐	
CLIENT DETAILS **SURNAME:** **FORENAME:** **D.O.B:** **NHS Number:-** **ADDRESS:**	GP NAME: GP PRACTICE: ASSESSING NURSE NAME: BASE: TEL NO: RESIDENTIAL HOME Y/N		
SPECIAL DELIVERY INSTRUCTIONS: ALTERNATE DELIVERY POINT:			
RE-ASSESSMENT CLINICAL DETAILS:(to include urinalysis) Check skin integrity – Skin intact Yes/No Signs of redness Yes/No (If signs of redness - complete Pressure ulcer risk assessment and intervention care plan, located in HACW Pressure Ulcer Prevention and Management Best Practice Guidelines)			

PRODUCT		NO.IN 24HRS	PRODUCT	ABSORBANCY	NO IN 24HRS
NAPPIES			**RECTANGULAR**		
MAXI 4	7 – 18kg		Mini	100ml	
JUNIOR 5	11 -25kg		Mini Plus	150ml	
EXTRA LARGE 6	18kg +		Midi Plus	200ml	
			Maxi Plus	250ml	

SHAPED PADS	ABSORBANCY	NO.IN 24HRS	SLIPS NB These are NOT first line products	ABSORBANCY	NO.IN 24HRS
Attends F6	Faecal pad only		Tena Slip Extra Small 40-60 cm	600mls	
Tena Comfort Mini Super	400mls		Tena Slip Plus Small 50-80 cm	700mls	
Tena Comfort Normal	450mls		Tena Slip Plus Medium 70-110cm	900mls	
Tena Comfort Plus	650mls		Tena Slip Plus Large 100-150cm	1000mls	
Tena Comfort Extra	800mls		Tena Slip Super Small 50-80 cm	750mls	
Tena Comfort Super	950mls		Tena Slip Super Medium 70-110 cm	1000mls	
			Tena Slip Super Large 100-150cm	1150mls	

		STRETCH PANTS **Please tick size required hip/waist (cm/in)**
RE-USABLES (washables) **ABSORBANCY 180-250MLS** **Suggested 7 pairs per year** **Hip/Waist (in or cm) measurement please:**	SMALL – 50-70 cm	
	MEDIUM – 65-90 cm	
	LARGE – 85-110 cm	
	EX LARGE – 100-150 cm	
	XX LARGE – 140-180 cm	

IF ANY OF THESE PRODUCTS ARE NOT SUITABLE,
PLEASE DISCUSS WITH THE CONTINENCE ADVISORY SERVICE
01905 681601

To print the above form, go to print and select page 28

*Please note recent product changes within the trust are no longer the same as Community usage – document pad (absorbency) choice used within the Acute on prescription request to enable conversion following discharge. All patients need to be informed product style will differ but absorbency rate will remain the same.

See next page for trust products.

PRODUCT SELECTION GUIDE

Worcestershire NHS
Acute Hospitals NHS Trust

a		NHSS		a a	U a		P
FAE AL	59606510280	CFP1732	iD Anatomical Pad	175mls	Faecal		
SMALL SHAPE	5160050280	CFP1745	iD Expert Light Maxi	350mls	Light Urinary		
LA GE SHAPE	5310155280	CFQ922	iD Form Normal	500mls	Moderate		
	5310265210	CFP2191	iD Form Extra	700mls	Moderate/Heavy		
FIXATION PANTS	5400200250	CFP232	iD Care Ultra Medium	80-120cm	Must be worn with Large Shaped Pad Measure Waist for correct fit		
	5400300250	CFP238	iD Care Ultra Large	100-130cm			
	5400400250	CFP387	iD Care Ultra XL	120-150cm			
	5400500250	CFP1349	iD Care Ultra XXL	140-175cm			

Please ensure correct fit by folding and shaping the pad (according to fitting guides)

Use the wetness indicators as a guide to changing the product

Please contact Sally Whitsey, Nurse Advisor on 07771375219
or email sally.whitsey@ontexglobal.com for any queries

iD October 2021

Appendix 10

Catheter Passport Booklet launched by The Infection Control Team

All patients discharged with a long term urinary 12 week catheter should be given a

personalised Catheter Passport for continued seamless catheter management.

All wards should have a supply of the booklets. Further copies can be ordered from

Xerox as a non- stock requisition