

Attach Patient Sticker here or record

NAME: .....

NHS NO:

HOSP NO:

D.O.B:         Male ☐ Female ☐

## STRESS INCONTINENCE CARE PATHWAY

WARD \_\_\_\_\_ CONS \_\_\_\_\_

### PATIENT SYMPTOM PROFILE 1

STANDARD STATEMENT	VARIANCE FROM STANDARD STATEMENT AND REASON / COMMENTS/ ACTION TAKEN	Date	Initial
INITIAL ASSESSMENT			
Bothersome rating this visit:			
If incontinence is a new problem, or patient has neurological condition such as Stroke, Parkinsons, MS, carry out post void bladder scan. If residual volumes <1/3 voided volume, continue with pathway. If greater than 1/3 of voided volume, report to doctor and document findings.			
<u>FEMALE PATIENTS:</u> If patient is dry/itchy/sore around vagina, refer to doctor			
If patient has a feeling of pressure, bulging, dragging in the vagina, refer to doctors to exclude prolapse & pathology.			
Stress incontinence and pelvic floor exercises information sheet given to female patients/ carer.			
<u>MALE PATIENTS</u> Give 'Pelvic floor exercises for men' information leaflet.			
<u>ALL PATIENTS:</u> Stress Incontinence / pelvic floor exercise information leaflet discussed with patient/carers; patient/carers confirms they understand its content.			
Patient/carers given three-day bladder diary and shown how to complete it.			
Review in three days. To ensure pelvic floor exercises are being done correctly. Consider liaison with physiotherapist.			

**PLEASE FILE IN INPATIENT SECTION OF PATIENT NOTES**

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If symptoms not improved and patient does not want any further investigation or input, complete product request form and return to Continence Service on discharge.			
If symptoms have not improved but patient would like further input, refer to appropriate Continence Service on discharge.			

# **TO BE COMPLETED BY ALL STAFF USING THE PATHWAY**

**SIGN THAT YOU HAVE MET ALL STANDARDS OR RECORDED VARIANCES FOR YOUR PART OF THE PATHWAY.**

**ON DISCHARGE, SIGN AND DATE**

FULL NAME	DESIGNATION	INITIALS	SIGN	DATE
<b>DISCHARGE DATE:</b>		<b>SIGNATURE:</b>		

Worcester - Continence Service, Isaac Maddox House, Shrub Hill Road, Worcester WR4 9RW  
 Tele No: 01905 681601 Fax: 01905 681510

Those patients with a Warwickshire GP (ie Studley) please refer to:  
 South Warwickshire Continence Service, Royal Leamington Spa Rehabilitation Hospital,  
 Heathcote Lane, Leamington Spa, Warwickshire CV3 46SR - Tel: 01926 317743