

Attach Patient Sticker here or record

NAME:

NHS NO:

HOSP NO:

D.O.B: Male ☐ Female ☐

URGE INCONTINENCE CARE PATHWAY

PATIENT SYMPTOM PROFILE 2

WARD _____ CONS _____

STANDARD STATEMENT	VARIANCE FROM STANDARD STATEMENT AND REASON / COMMENTS/ ACTION TAKEN	Date	Initial
Bothersome rating this visit: _____			
<u>FEMALE PATIENTS:</u> If patient is dry/itchy/sore around vagina, refer to doctor			
<u>ALL PATIENTS:</u> If diagnosed with neurological dysfunction (e.g. MS, Parkinson's Disease, diabetes, CVA) and has feeling of incomplete bladder emptying. Perform post void bladder scan. Document residual volume.			
If no residual continue with this pathway, if residual volume greater than a 1/3 of total voided volume on 3 different occasions inform Doctor.			
Give patient/carer a copy of 'Pelvic Floor Exercises' and 'Urgency Information' leaflet.			
Urgency information sheet discussed with patient/carier; patient/carer confirms they understand its contents.			
Commence three-day bladder diary to evaluate frequency, volumes and fluid type.			
Review daily once completed, assess fluid intake and advice accordingly (refer to fluid matrix). Consider reducing caffeine, fizzy drinks are an irritant to the bladder.			
Refer to doctors re possible commence of anticholinergic (if PVT volumes not >1/3 volume voided). Reassess in 2 weeks with a repeat post void bladder scan.			
Consider bladder training programme (if compliance possible). Give bladder training leaflet.			
Review in 24 to 48 hours and document results of ongoing programme.			

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Ensure patient has easy/near access to toilet or other devices within reach e.g. urinal, callbell etc. Consider referral to OT.			
If within 4-7 voids per day, less than 2 voids per night continue with urge care pathway. If outside these ranges discuss with doctor.			
Urge information sheet given at initial assessment, discussed and reinforced with patient/carer.			
If symptoms not improved on discharge refer to community continence team for follow up and investigation. If patient agrees.			
If products required complete product request form and fax to community continence team.			

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
DISCHARGE DATE:		SIGNATURE:		

Referral to appropriate Continence Service as below:

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