To be completed for all adult in-patients presenting with incontinence within 48hours of admission. **Initial Primary Assessment** NO All sections on the form must be YES completed, or an explanation given in variance column. Treat Reversable symptoms (I.e. UTI, Constipation.) If NO improvement in symptoms complete Improvement in symptoms - end symptom profile assessment and place in patients notes To be completed by the patient or carer after full explanation by assessing nurse, that they should If commencement to care pathway is tick each statement that applies to their symptoms, not appropriate, identify reason in from any of the sections on the form. designated section at end of form. The form can be left with the patient and reviewed • Refer on if necessary. • Complete assessment summary and at a later date but will be required before a pathway can be commenced. prescription form for products if • Some clients may experience mixed appropriate. incontinence i.e. urge and stress incontinence. Commence Care Pathway Dependent on most dominant symptoms Identified **Stress Urgency Overflow** 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. Conservative treatment e.g. Pelvic floor exercise – will take approx 3/12 before any improvement noticed. Consider further advice/ guidance from other specialists e.g. Physio, OT, Urology CNS and Community Continence Advisors Successful Intervention Yes No Vast improvement in symptoms and QOL End of Pathway . File in Refer to Urology / Refer to Continence Team to notes Urogynae for continue Bladder/ Bowel Pathway. Complete prescription form for Further investigations if Containment products BEFORE discharge and send to Continence necessary (Flow Rates Team. ,Urodynamics)