



## **BLADDER INCONTINENCE PROGRAM**

### **POLICY:**

Residents experiencing bladder incontinence or who are at risk for incontinence related to the removal of a urinary device are assessed for appropriateness as a participant in either the Bladder Management Program or the Bladder Restoration Program.

### **GOAL:**

- To restore a resident's bladder function after removing a urinary device or suffering a major illness.
- To minimize the negative outcome of using a urinary device,
- To enhance resident dignity in matters associated with urinary incontinence.
- To prevent or minimize complications related to urinary incontinent.
- To reduce the incidence of falls associated with urinary incontinence.

### **DEFINITION:**

Bladder Management Protocol: A systematic person-centered bladder incontinence approach for those individuals with little to no restorative capabilities. It is designed to promote comfort and dignity and reduce negative outcomes such as urinary tract infections, falls and skin breakdown through a scheduled toileting or check and change timetable.

Bladder Restoration Protocol: A systematic person-centered approach to assist individuals regain urinary continence after removal of a urinary device or upon recovery from a significant change in functional status.

## **BLADDER MANAGEMENT PROGRAM**

### **PROCEDURE:**

1. Each resident has a bowel and bladder assessment conducted by a licensed nurse upon admission, readmission, with significant change in condition and quarterly during his/her stay in the facility. The assessment will include:

- Past bowel and bladder patterns
- History of genitourinary disease
- History of urinary or bowel infections
- History of catheter usage
- Presence of catheter and associated diagnosis
- Current continent status.
- Frequency and pattern of incontinent
- Character of incontinence such a flow or amount
- Cognitive and behavioral status
- Learning capabilities and resident motivation

2. Based on the results of the initial assessment, the resident's incontinence will be addressed in one of two ways: enrollment into the Bladder Management Program or enrollment into the Bladder Restoration Program.

3. If the resident is deemed appropriate for the Bladder Management Program, additional monitoring for urinary incontinence is instituted in order to determine when scheduled toileting would be most beneficial. A 72 Hour Monitor is implemented to track the frequency and pattern of incontinence. The unit's STNAs under the supervision of a licensed nurse will complete the form.

4. Results of the 72 Hour Monitor are forwarded to the Unit Manager for analysis and then to the MDS Coordinator for MDS coding and Care Planning.

5. The Bladder Management Plan of Care details the resident-specific reason for the incontinence based on the Bowel & Bladder Assessment, the individual's goal and the schedule for toileting as well as any special care concerns that must be considered such as skin condition, resistance to care, non-compliance and history of falls.

6. Residents who are unable to comprehend the act of toileting or who are bedridden are provided incontinent briefs and placed on a check and change timetable consistent with the 72 Hour Monitor results.

7. Adjustments or revisions to the schedule will occur with new assessments and subsequent 72 Hour Monitors. Information is obtained through a physical evaluation, medical record review, resident/family interview and staff interview.

## BLADDER RESTORATION PROGRAM

### PROCEDURE:

1. Each resident has a bowel and bladder assessment conducted by a licensed nurse upon admission, readmission, with significant change in condition and quarterly during his/her stay in the facility. The assessment will include:

- Past bowel and bladder patterns
- History of genitourinary disease
- History of urinary or bowel infections
- History of catheter usage
- Presence of catheter and associated diagnosis
- Current continent status.
- Frequency and pattern of incontinent
- Character of incontinence such a flow or amount
- Cognitive and behavioral status
- Learning capabilities and resident motivation

2. Based on the results of the initial assessment, the resident's incontinence will be addressed in one of two ways: enrollment into the Bladder Management Program or enrollment into the Bladder Restoration Program.

3. If the resident is deemed appropriate for the Bladder Restoration Program related to functional changes secondary to a major illness or removal of a urinary device, a 72 Hour Monitor is implemented to track the frequency and pattern of incontinence or any episodes of urinary retention and difficulty voiding. The resident, if capable, or the STNA under the supervision of a licensed nurse will complete the form.

4. Results of the 72 Hour Monitor are forwarded to the Unit Manager for analysis and then to the MDS Coordinator for MDS coding and Care Planning.

5. Several approaches will be utilize to re-establish bladder continence. Depending on the type of dysfunction, the resident may use a prompted voiding system or a patterned voiding system.

6. For prompted voiding, a nursing staff member will ask the resident if he/she feels the sensation to void and then depending on the response, assist that person to the bathroom. If the response is no, then the resident's bladder is palpated to determine its fullness.

7. For patterned voiding, the 72 Hour Monitor is used to establish a toileting schedule that mimics the results. The resident is encouraged to void on a set schedule. Depending on the outcome, the resident may be switched to a prompted voiding regimen or the schedule for toileting is revised for increased or decreased frequency.

## **BLADDER RESTORATION PROGRAM (cont)**

8. During the restoration process, the licensed nursing staff will monitor for:
  - a. Signs and symptoms of urinary tract infection
  - b. Signs of complications such as retention, bleeding, pain
  - c. Degree of motivation
  - d. Physical limitations that might prevent successful outcome
  - e. Need for support garments or incontinence briefs
  - f. Progress toward continence
  
9. Reassessment occurs weekly for the first 4 weeks in the program. Adjustments to the care plan are made according to observation, medical review, resident/family interview and staff interview. Residents requiring a longer restoration period than 4 weeks are monitored monthly.
  
10. If the resident fails to regain bladder control within 3 months, the program is then switched to a Bladder Maintenance Program.
  
11. Residents needing bladder restoration after removal of a urinary device will follow the above protocol. However, if the resident fails to regain continence within two weeks or if complications occur, the facility will notify the attending physician and request a urology consultant.