



Continence Care Notebook
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Form

Name of Care Service:

Address:

Date of completion:

This notebook is designed to assist Professional Advisers and Social Care & Social Work Improvement Scotland (SCSWIS) Inspectors in identifying appropriate continence care whilst carrying out inspection visits and/or complaint investigations.

The information takes into account elements from the:

- Scottish Executive (2001). Regulation of Care (Scotland) Act 2001.
- Scottish Executive, (2003). Standards of Care and Regulation of Care Services in Scotland. (National Care Standards)
- NHS QIS – Best Practice Statements,
 - a) Urinary Catheterisation and Catheter Care, June 2004
 - b) Continence – Adults with Urinary Dysfunction, Nov 2005
- Scottish Intercollegiate Guidelines Network (SIGN)
 - a) SIGN 79 – Management of Urinary Incontinence in Primary Care, Dec 2004; Updated Sept 2005
 - b) SIGN 88 – Management of Suspected Bacterial Urinary Tract Infection in Adults, July 2006

NB: NHS local policies may also be in evidence within the service that reflect local service level agreements. The service should also be able to demonstrate and evidence knowledge base, policies and procedures re: continence management which takes cognises of in relevant best practice and Scottish legislation.

Developed: by; Jackie Dennis – Health/Continence Adviser

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Review by: April 2013

OPS/314/0709

	Examined	Not examined	Evidence gathered
1. Pre-admission assessment of toilet needs			Sample records of two service users who are 'at risk' of continence problems-transfer form.
<ul style="list-style-type: none"> • Evidence of service provider assessing the service users toilet needs prior to admission (e.g. self caring, needs prompting, requires assistance with clothing, uses urinal before meals but commode after breakfast). • Mechanisms put in place to prevent toilet habit being compromised. (e.g. individualised toilet programme, call system). • Availability of information leaflets on good bladder/ bowel habit aimed at the service users/carers. 			

	Examined	Not examined	Evidence gathered
2. Continence assessment tool			Information available from personal plans/ continence assessments/staff training records
<ul style="list-style-type: none"> • All service users have a record of their individual toileting needs within 24 hours of admission. • Where continence is compromised the service provider has implemented a continence assessment tool. Including symptoms of incontinence, and reversible factors, e.g. unfamiliarity with surroundings, inappropriate fluid intake, unmanageable clothing. • The continence assessment tool should reflect individual care needs and be clearly distinguished from orders i.e. consideration of potential for improvement rather than simply 'padding up'. • Staff training (appropriate to staff group) has been provided regarding the use of the tool, continence care planning and appropriate product use. • Toilet habit and continence status are reassessed with each review of the persona plan, at least six monthly. • Additional continence assessment is undertaken if the service user's condition changes i.e. deteriorates or improves. • The use of products for containment is recorded on an individual basis in accordance with the continence assessment and the nurse's clinical judgement (where the facility does not have nursing provision a community nurse should be involved). 			

	Examined	Not examined	Evidence gathered
3. Personal continence care plan			Information available from personal plans, involvement of specialist services
<ul style="list-style-type: none"> • All service users with continence problems have a personal continence care plan taking into account: <ul style="list-style-type: none"> Service user's perception of problem/solution Service user's own coping strategies Environmental influences Fluid intake Urinalysis Frequency/volume of incontinent episodes Condition of skin Diet/bowel habit Medication effects/side effects Previous assessments/treatments • There should be evidence within the personal continence care plan of toileting programmes alternatives to the toilet e.g. commodes or urinals rather than containment (pads/sheaths/catheters) as the sole solution for all service users. 			

	Examined	Not examined	Evidence gathered
3. Personal continence care plan (continued)			Information available from personal plans, involvement of specialist services
<ul style="list-style-type: none"> • Consideration should be given to any other risk factors e.g.: <ul style="list-style-type: none"> Reduced mobility/dexterity Infection control issues Moving and handling issues Decreased mental health/ability Diabetes Chronic disease Acute illness <p>If any risk factors are present, a separate personal plan for each should be initiated and specialist advice sought as necessary (e.g. if the continence assessment suggests that assisting the service user to the toilet presents a manual handling risk then that risk is addressed).</p>			

	Examined	Not examined	Evidence gathered
4. Monitoring of personal continence care plan			Evidence available of personal plans being updated
<ul style="list-style-type: none"> • There is evidence that once developed, the personal continence care plan is implemented, reviewed regularly, and amended as the service user's condition improves/deteriorates 			

	Examined	Not examined	Evidence gathered
5. Use of products for containment			Individual records/visual inspection of toilet areas/ observation of patients using drainage systems
<ul style="list-style-type: none"> • Where absorbent products (pads/pants) are required there will be a clear record of the appropriate regime for the individual service user. This should include, as appropriate, products for: <ul style="list-style-type: none"> day use night use outings during diuretic phase • Where drainage products are required, there will be a clear record of the service user's individual needs. <p>1. Urinary Catheter:</p> <ul style="list-style-type: none"> product name/code Charriere size length material frequency of routine changing lubricant used indications for maintenance <p>solutions if required</p>			

	Examined	Not examined	Evidence gathered
5. Use of products for containment (continued)			Individual records/visual inspection of toilet areas/ observation of patients using drainage systems
<p>2. Penile Sheath: product name/code circumference material fixation system frequency of changing</p> <p>2. Drainage (appropriate to clothing – should not be visible): product name/code bag capacity inlet length additional night drainage frequency of changing</p> <p>• All containment products will be stored and used as the property of the individual for whom they were prescribed/issued.</p>			

	Examined	Not examined	Evidence gathered
6. Data recording			Information available from personal plans
<p>Where a service user requires a urinary catheter a record should be kept at each change of:</p> <ul style="list-style-type: none"> Product name/code Lot number Expiry date Any difficulties experienced Lot number/expiry date of lubricant used <p>(where the facility does not have nursing provision these records may be kept by the community but should be easily accessible should complications arise, and an investigation ensue).</p>			

	Examined	Not examined	Evidence gathered
7. Audit activity			Discussion with service provider - evidence of data collection, policy/guideline, staff training records
<ul style="list-style-type: none"> • Monitoring of prevalence of incontinence/toileting needs, intermittent, urethral and supra-pubic catheter use, should be carried out by the care provider. • Care provider should have a toileting and continence policy/guideline in place as a resource for staff and to act as a guide to assist in meeting the needs of the service user with continence issues. • Provision of staff training in all aspects of continence management, and, where appropriate, catheter care. 			

Glossary of terms

Term	Definition/examples
Charriere size	External diameter of catheter.
Coping strategies	Service user may maintain continence by avoiding coffee, visiting the toilet frequently, loose fitting clothes etc.
Environmental influences	Unable to: rise from chair; take down trousers/pants, open heavy doors, identify toilet.
Fixation system (sheaths)	Self adhesive, adhesive tape used inside sheath, tape secured outside sheath.
Inlet length (leg bag)	Direct/medium/long, will affect the position of the bag, thigh/calf/ankle.
Lubricant	Lubricant/anaesthetic gel available to make insertion of the urinary catheter more comfortable.
Maintenance solutions	100ml sachets of preparations for clearing catheter blockage/maintaining patency.
Material coated latex etc.).	Material from which the catheter sheath is manufactured (latex, silicone, hydrogel)
Night drainage	Additional capacity bag attached to the leg / day bag.
Prompting	Reminder to use the toilet.
Toilet habit	Usual individual routine for emptying bladder / bowel.
Toileting requirements	Assistance or equipment required to facilitate emptying of bladder / bowel.
Urinalysis	Testing of urine specimen with a 'dipstick' - for sugar, protein etc.