

URINARY CONTINENCE ASSESSMENT

Resident: _____ Room # _____

Assessed by: _____ Date: _____

Admission Change in condition

Determine Type of Urinary Incontinence *(Please circle N or Y to identify symptoms)*

Resident is continent of urine N Y → Stop

If resident is incontinent and unable to communicate needs:

Conduct a 2 - 3 day trial toileting program: Prompted voiding Scheduled toileting
 Bladder training

Is the incontinence related to something other than urinary tract, such as impaired mobility poor vision, physical restraints, dementia? N Y → Functional

Does the resident take stool softeners, antipsychotic, anticholinergic Narcotic analgesics, or other drugs that may affect continence? N Y → Further eval needed*

If Resident is able to communicate ask:

Do you leak when you cough, sneeze, exercise, laugh? N Y → Stress

Do you need to rush suddenly to toilet? N Y → Urge

Do you sometimes not make it to the toilet? N Y → Urge

Do you urinate more than 7 times per day or 2 times per night? N Y → Urge

Do you have a weak stream of urine? N Y → Overflow

Do you have frequent dribbling? N Y → Overflow

Do you have burning or blood in urine? N Y → Transient

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Circle the resident's incontinence symptoms based on the above answers

Urge	Stress	Mixed	Overflow	Functional	Transient
Abrupt urge to urinate, urine loss, frequency nocturia	Occurs with bending, laughing, coughing, sneezing, climbing stairs, lifting	Combination of urge and stress symptoms	Weak stream, dribbling, straining, hesitancy, nocturia, frequency	Usually large-volume urine loss, often denied by more severely cognitively impaired	Temporary or recent onset, variety of causes (meds, infection, constipation)

*Urinary Incontinence- Clinical Practice Guidelines Published by AMDA 2005