

**Appendix J – Adult Care Home/DSS Case Management
Adult Incontinence Assessment Tool and Tips.**

Use this tool and tip sheet to guide you in assessing a resident who is experiencing problems with urinary incontinence. Assessing these areas will help you in developing a service plan for the resident. A completed, dated, signed form could be given to the ACH for the resident’s ACH record. Include a copy in the ACH/CM DSS record.

Client Name: _____ Date of Assessment: _____

Date of Birth/age: _____ Sex: M F

Diagnoses (many conditions can contribute to problems with incontinence like stroke, Parkinson’s, diabetes, later stage dementia, neuromuscular conditions like multiple sclerosis, and heart conditions like congestive heart failure):

Description of Current Urinary Symptoms (circle all that apply):

1. leakage of urine with a cough, laugh, sneeze
2. usually leaks a small amount like spurts, drops, or dribbles
3. strong uncontrolled urge to urinate before incontinence occurs
4. moderate to a large amount of urine released at one time
5. frequency of incontinence is:
6. 1).once a day or less, 2) two to three time a day, 3) incontinent most of time, 4) night time only
7. onset of incontinence within the last 3 months (could indicate an acute medical condition that needs evaluation)
8. other contributing factors; mobility or manual dexterity limitations; restraints; medications that could contribute to incontinence (diuretics like lasix, hydrochlorothiazide; sedatives and hypnotics; psychotropics and antipsychotics); lack of convenient toilet or toilet substitute like a bedside commode

Functional Assessment

Circle all those that apply in each category. Base assessment on what is observed, what staff say, and what client and family say.

- 1). **Mobility:** a) can toilet self without assistance, b) needs physical assistance to get on/off toilet less than 3 times per week, c) needs physical assistance to get on/off toilet most or all of the time.
- 2). **Ability to handle clothing:** a) independent, b) needs assistance with arranging clothing for toileting less than 3 times per week, c) needs clothing assistance most or all of the time.

- 3). **Personal Hygiene:** a) independent, b) needs assistance with personal hygiene after toileting or after incontinence less than 3 times per week, c) needs personal hygiene assistance related to toileting or incontinence most or all of the time.
- 4). **Cognitive Function:** a) intact, b) impaired, c) refuses to use toilet when prompted, d) becomes physically aggressive or agitated when prompted to use toilet or during personal hygiene, e) needs verbal prompting or reminders to use the toilet most or all of the time.

Psychological Concern (circle all that apply): a) resident states concerns about incontinence, b) not concerned because of poor cognition, c) denies problem with incontinence, d) family concerned and affects relationship, visits, and outings, e) family concerned but does not affect relationship, visits, and outings, f) socially withdrawn because of incontinence, g) ventures little out of room because of fear of being too far away from a toilet.

Risk Factors: a) smoking; b) caffeine intake of 3 or more servings a day from tea, coffee, sodas; c) obesity; d) chronic constipation; e) history of multiple or difficult childbirth's; f) diagnosis of Diabetes; g) Parkinson's disease; h) Congestive Heart Failure (CHF); i) CVA (stroke).

Current Management of Incontinence (circle all that apply):
a) uses adult incontinent briefs, b) uses incontinent pant liners, c) keeps pads on bed, d) indwelling foley catheter, e) bedside commode or urinal, f) toileting practices or regime followed like an every 2-3 hour schedule, g) assistance with personal care after incontinent episode, h) refuses to wear or use any incontinent product, i) nothing used at this time.

List what the Adult Care Home is doing now to deal with the incontinence or wetness:

DSS 6221 Service Plan

Based on the information gathered using this tool write a service plan on the Adult and Family Service Plan, DSS 6221. For example, the resident may need a home health referral to further evaluate the incontinence and arrange for incontinent supplies; the resident may have night time only incontinence and could benefit from a bedside commode and assistance getting up at night; the resident may be experiencing confusion related to dementia and needs to be taken to the bathroom on a regular schedule; the resident may need a PT referral to increase muscle strength and transfer ability in order to get on and off the commode daily.

Name of ACH/CM Assessor: _____ Date of Assessment: _____
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