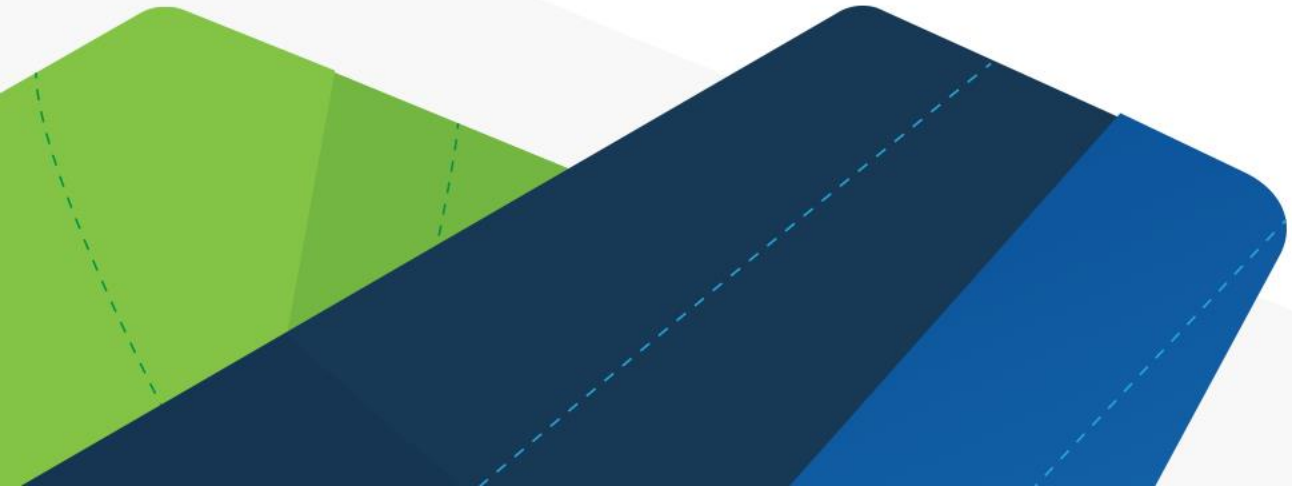
Queensland Health

How to Complete a Continence Assessment

Medical Aids Subsidy Scheme



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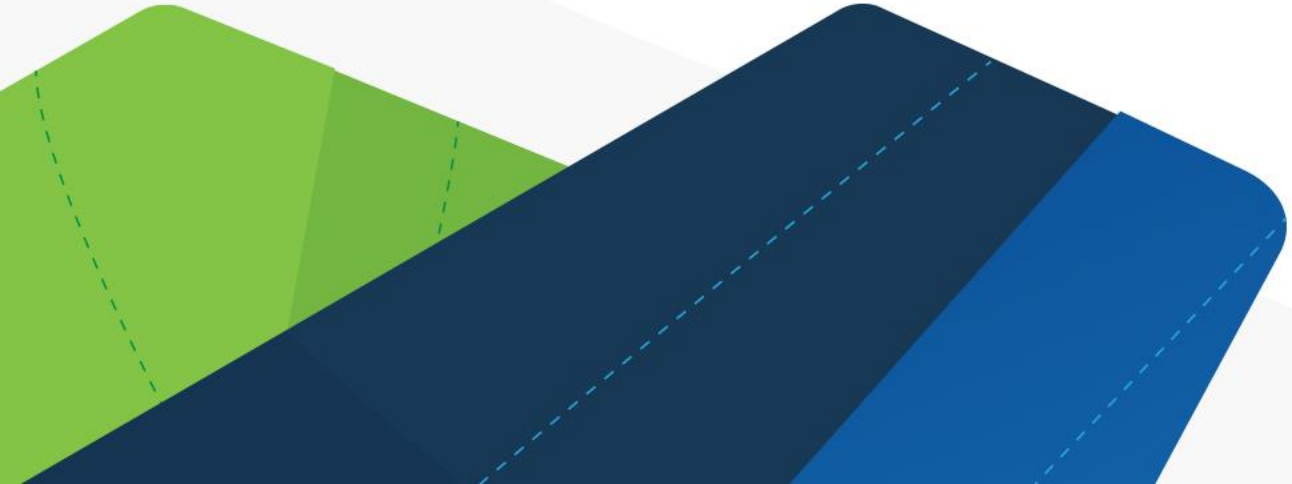
Overview

- What is Involved in a Continence Assessment
- MASS Guidelines for Continence Aids
- Resources and Education
- Case Study from a Community Continence Advisor

Continence Assessments



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Requirements for a Continence Assessment for a New MASS Client

- Types of incontinence
- Relevant medical conditions
- Evidence that condition/s are stabilised and long-term
- Associated functional issues impacting on incontinence
- Bowel / bladder habits
- Medication
- Current management plan / strategies
- Referrals considered / given or confirmation client is wanting conservative management
- Trial of aids
- If under 65 y.o., include reasons why client ineligible for NDIS
- If needing a long-term catheter or using disposable catheter, how long client has had incontinence or bladder dysfunction

Possible formats

- **Continence assessment template**
- **Word document with above**
- **GP Care plan with above**

But I Don’t Have an Assessment Form…

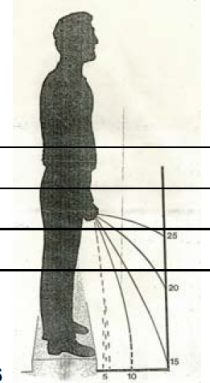
- Some freely available online
- Network with others to build your own for your client group, e.g. paediatric, adults with functional incontinence, men over 50y.o., peri-menopausal women, etc.
- Download Continence Foundation of Australia Continence Assessment and Care Plan

EnableNSW

Post Micturition Dribbling	**Do you leak immediately after voiding?** yes☐ no ☐	☐ few drops ☐ 50c piece ☐ moderate ☐ large

Male Stream (see diagram) ☐ <5 ☐ 5-10 ☐ 10-15 ☐15 – 20 ☐ 20 – 25

Comments: _____



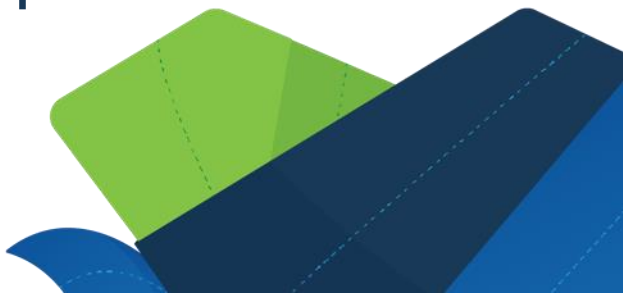
Ref: R Millard 1996

Sourced from EnableNSW
https://aci.health.nsw.gov.au/__data/assets/pdf_file/0007/155905/enable_bladder_assessment.pdf

Requirements for a Basic Continence Assessment

Client's Description of Current Problems

- The person's story on their present bladder/bowel problems
- Does the person have any social factors to consider?
- How long has the person had the incontinence (years/months)?
- Description of how they are currently managing the problems



History

- Medical and Surgical
- Neurological conditions
- Obstetric
- Mental Health
- Medications
- Drug or alcohol use

Medical Conditions

- Respiratory
- Arthritis
- Heart Disease
- Neurological
- Diabetes
- Prostate enlargement
- Mobility
- Cognitive
- Cancer
- Mental health
- Obesity
- Pelvic organ prolapse

Women

- Hormones
- Childbirth
- Menopause
- Pelvic structure
- Urethra

Men

- Enlarged Prostate
- Long urethra - risk of narrowing damage

Normal prostate

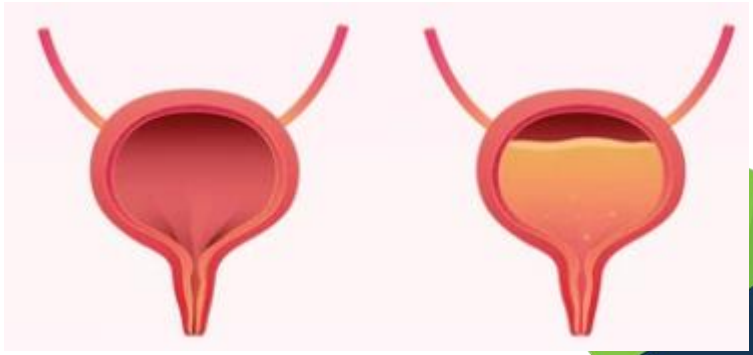
Enlarged prostate

Other Considerations

- Client's BMI / weight and height
- What aids is the client currently buying or getting from MASS?
- How many aids are used day and night and is urine loss the same day and night?
- Current mobility / dexterity issues or falls
- Current cognitive status or recent changes
- Any current skin issues
- Any pain associated with urinary tract, abdominal area, anus, on bowel movement? (Refer on to GP)

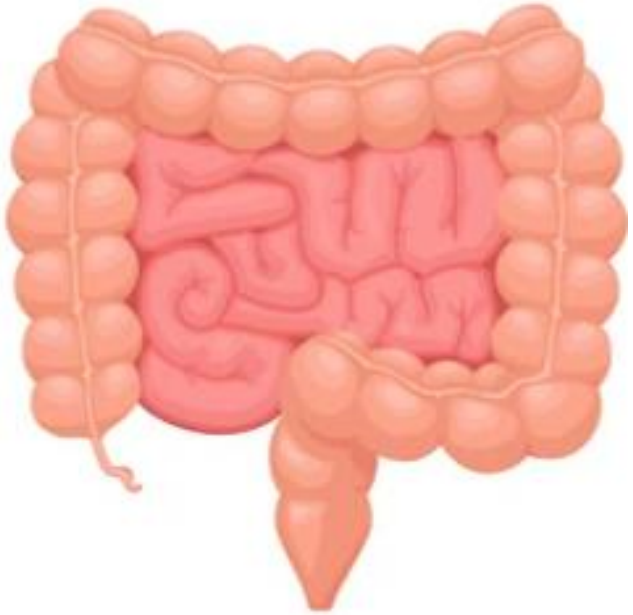
Bladder Assessment [1, 3]

- Stress Urinary Incontinence
- Urge Urinary Incontinence
- Mixed Urinary Incontinence (Stress and Urge)
- Functional Incontinence / Disability associated Urinary Incontinence
- Overflow/ Obstructive Urinary incontinence
- Nocturia
- Polyuria



Bowel Assessment [1, 3]

- Faecal Leakage
- Faecal Urgency
- Constipation
- Faecal Impaction



Bowel Assessment Considerations

- Past and current medical history including current medications
- Neurological conditions and coordination of sphincter muscles
- Chronic diseases
- Colonic disorders or inflammatory bowel disease
- Anorectal disorders (past surgery or trauma)
- Food and fluid intake
- Mobility and cognition
- Environment
- Physical examination
- Past investigations ie: Previous colonoscopy, GP review, Dietitian, Physiotherapist or Colorectal Specialist

Best Toileting Position For Bowel Movement

[Squatty Potty Australia]

Reproduced by the kind permission of Ray Addison, Nurse Consultant in Bladder and Bowel Dysfunction, Wendy Ness, Colorectal Nurse Specialist, n.d.)

Red Flags During Bowel Assessment

- Persistent diarrhoea
- Rectal bleeding
- Pain associated with passing a motion / anal or pelvic
- Sudden changes in bowel motions

Is a Bladder or Bowel Diary Appropriate?

- Consider if the person or carer is able to manage a diary record safely and without causing higher care strain or client stress
- If yes, a bladder diary could be useful over 2-3 days
- A bowel diary could be useful over one week

MASS Bladder Diary

Please complete your bladder diary each day for three (3) continuous days.

Name: _____

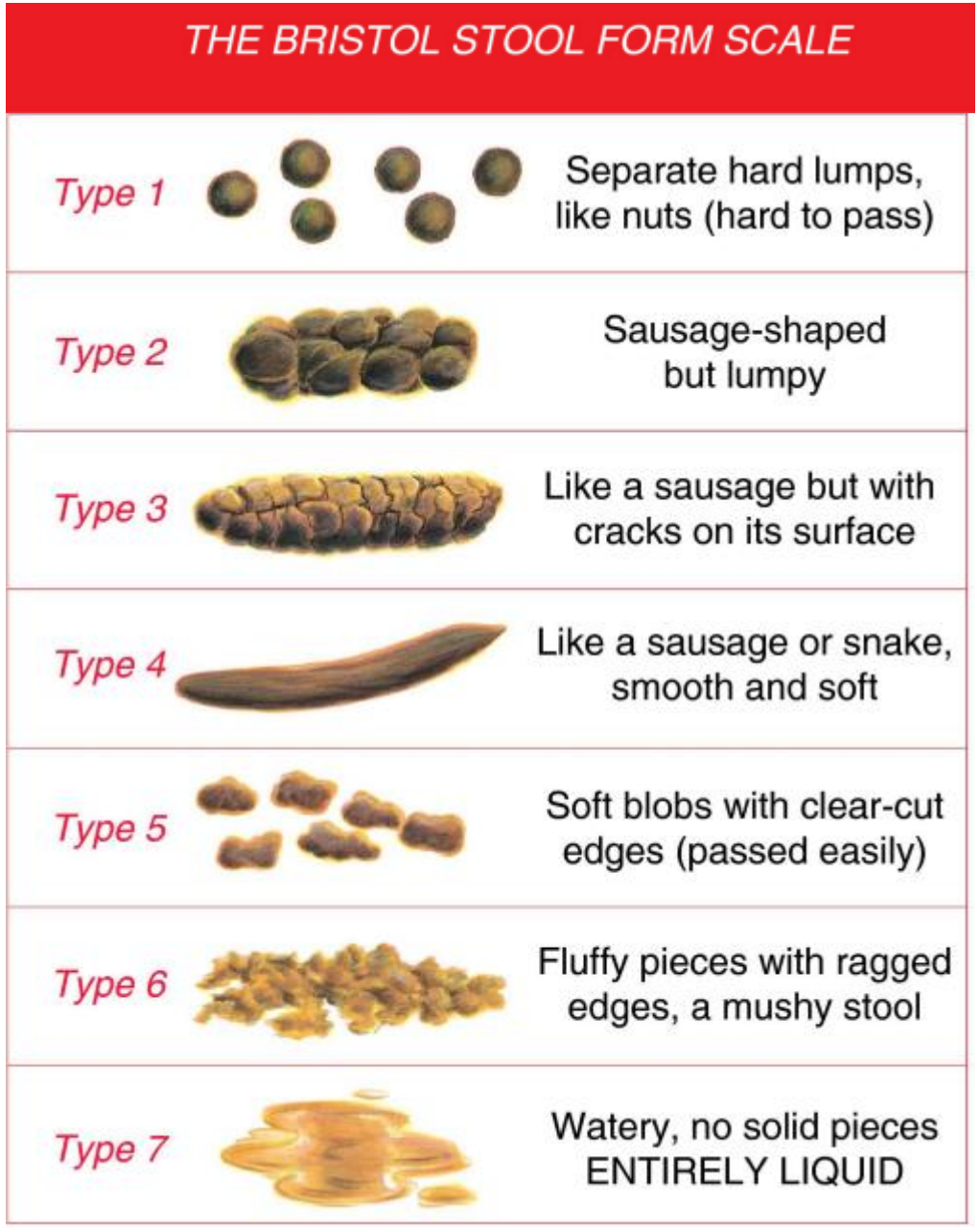
URINE					DRINKS		
Date/Time	**Amount in mL**	**How strong was the urge to go? 0, +, ++**	**Did you experience accidental leakage?**	**Comments? What were you doing?**	**Time**	**Amount in mL or cups**	**Type – what kind?**
Tuesday 6:30am	*150mL*	0	☐ Yes ☒ No	Got out of bed	7:00am	*500mL 2 cups*	*Tea*
The above "sample" line shows you how to use your diary.							
			☐ Yes ☐ No				
			☐ Yes ☐ No				

MASS Bowel Habit Diary

Please complete your bowel diary each day for seven (7) continuous days.

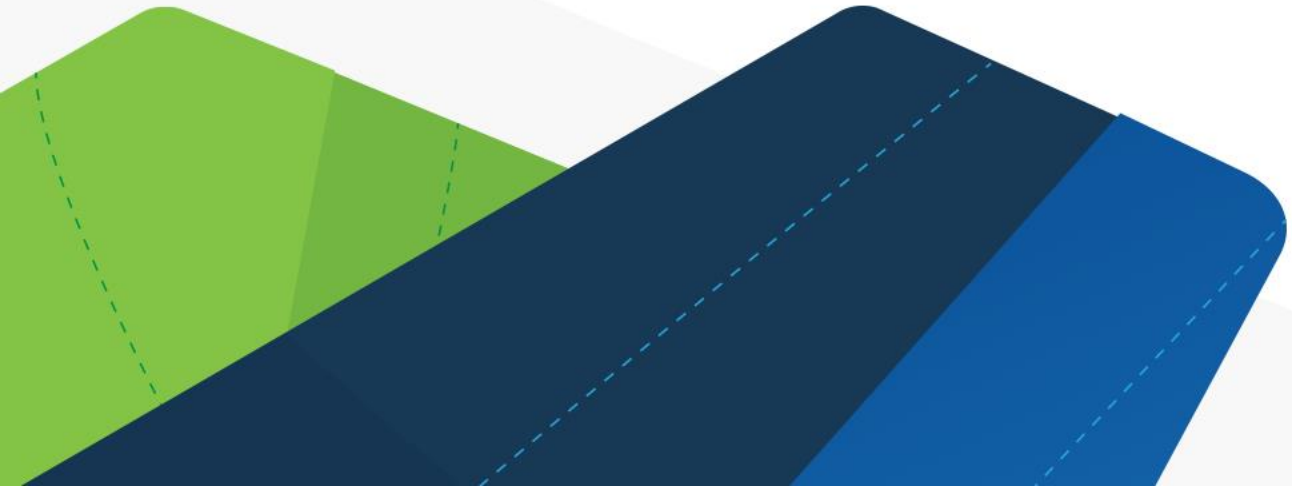
Name: _____

Date/Time	Bowel opened Bristol Stool Form Scale Type (note the number)	Did you feel the sensation to go?	Did you have accidental soiling?	Did you change your pad or clothing?	Comments (laxatives, flatulence, urgency, etc)
Monday 8 am	*3*	☒ Yes ☐ No	☐ Yes ☒ No	☐ Yes ☒ No	*Sat on toilet after breakfast*
The above "sample" line shows you how to use your diary.					
		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	



The Bristol Stool Form Scale. Reproduced by kind permission of the late Dr K W Heaton, Reader in Medicine at the University of Bristol. © 2000 Norgine Pharmaceuticals Ltd

Applying for MASS Continence Aids



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Eligibility for MASS

	Non-palliative	Palliative	Excluded
Administrative eligibility	• Permanent Queensland resident • Concession card or Queensland Government Seniors card holder   	• Permanent Queensland resident • MASS Palliative Care Confirmation Form signed by a Palliative Specialist	Eligible for continence aids through; • NDIS • NIISQ • DVA • Transition Care • HCP level ¾ • Residential Aged Care • Inpatient Under the age of 5 years for pads or nappies
Clinical eligibility	• Permanent and stabilised condition • Supporting clinical information for the following: ➢Medical condition(s) ➢Other contributing factors ➢Physical, sensory, cognitive, communication skills ➢Height and weight for mobility/daily living/continence aids ➢Assessment and management/care plans	• Palliative condition with prognosis less than 6 months • Supporting clinical information for the following: ➢Medical condition(s) ➢Height and weight ➢Consideration of rapid disease progression and/or weight loss	

Medical Aids Subsidy Scheme (MASS) General Guidelines

MASS Designated Prescribers for Continence

- Continence Specialist Registered Nurse
- Registered Nurse
- Occupational Therapist
- Physiotherapists
- Specialists (Urologists, Urogynaecologists, Geriatricians, Paediatricians)

GPs are not designated prescribers

When Selecting a Continence Aid, Consider:

- Quantity of loss
- Type of loss
- Type of aid
- Total capacity versus working capacity
- Size of the aid
- Skin integrity
- The client's expectations and lifestyle
- The client's ability to manage the aid
- Environmental needs
- Carer needs

Remember: MASS has a no exchange policy. Incorrect prescriptions go back to the prescriber!

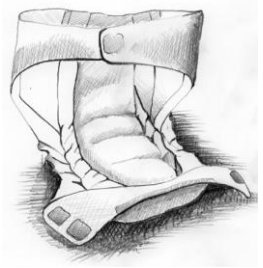
Continence Aid Types

- Containment
- Conduction
- Occlusive

Approved MASS Continence Products

Containment Aids

- Reusable absorbent pants
- Disposable pants/nappies for a child
- Disposable adhesive pads
- Disposable non adhesive pads with reusable stretch pants



- Disposable pull on style pants adult
- Disposable all-in-one tab style pads adult
- Reusable bed and chair pads

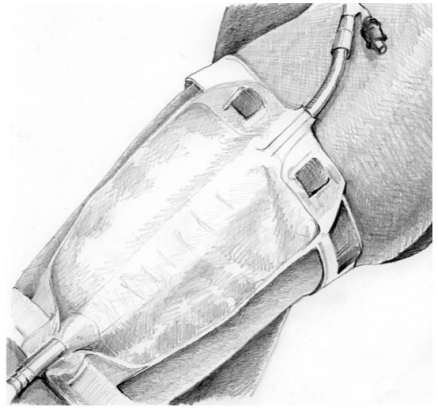
Conduction and Occlusive Aids

Conduction Aids

- Disposable catheters
- Indwelling catheters
- Penile sheaths
- Night urinary drainage bags/leg drainage bags

Occlusive Aids

- Catheter valves



Conclusion of Continence Assessment

- Outcome of trial of aids
- What strategies could be useful for client to manage UI/FI better to improve QOL
- What financial assistance client requires(MASS or CAPS)
- Letter to GP with overview and referrals needed (OT, Physio, Dietitian, Exercise Physiologist, Continence Advisor)

MASS Continence Aids – Website Information

Applicant resources

Applicant Information Sheet for Continence Aids (PDF 193 kB)

Application Guidelines (including current subsidy amounts)

Application Guidelines for Continence Aids (PDF 148 kB)

Application form

MASS-eApply (online applications). To register click here or for further information click here.

Login to MASS-eApply to complete online Continence Aids Application

Approved products

Approved suppliers

Clinical guidelines and resources

Advice and clinical support

- Contact the MASS Continence Service
- Contact the National Continence Helpline on 1800 33 00 66 (Mon to Fri, 8am to 8pm)

MASS Webinar Recordings for Further Learning

- What's Involved in a Bowel Motion and Strategies to Improve Bowel Dysfunction - May 2021 (1hr 8mins)
- The Role of Allied Health in Continence Management - October 2020 (1hr 28mins)
- Applying for Continence Aids through MASS eApply – September 2022 (1hr 11mins)
- Overview of Products in the new MASS Continence Standing Offer Arrangement (SOA) - October 2022 (1hr 20mins)

Other Education

- Continence Foundation of Australia https://www.continencelearning.com/login/index.php
  - Low-cost modules
  - Free / open access courses / recorded webinars (e.g. prostatectomy, prolapse, trauma, dementia)
- Blue Care 2 Day Continence Course
- Postgraduate
  - Curtin University: Grad Cert / Dip in Wound, Ostomy & Continence Practice
  - Australian College of Nursing: Continence Management (single unit)

References

1. Yates, A. (2019),‘Basic continence assessment: what community nurses should know’, *Journal of Community Nursing*, 33 (3), 52-55.
2. Yates, A. (2021), ‘Part 2:Continence assessment and investigations’, *Journal of Community Nursing*, 35 (2), 30-37.
3. Haylen, B. (2023, March 1). ICS Glossary. *International Continence Society*. https://www.ics.org/glossary

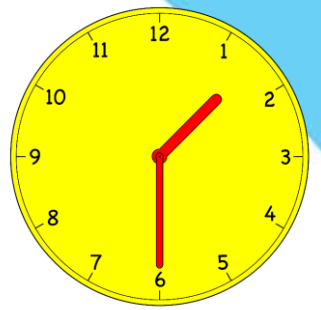
Thank you!

MASS-ContinenceAids@health.qld.gov.au

Assessment Case Study

Tricia-Lee Wairau - Continence Advisor

Assessments Take Time



- Good assessment tool and being an investigator
- Preferred in their home
- Most crucial part is to do a in-depth assessment by listening to the client, carers then verify what they said and meant
- Asking the right questions and wording so understood
- Red flags
- Holistic overview, visual inspection
- Refer on to other health professional when needed and consented
- Family, friends, supports, environment, social activities, lifestyle
- Most important incontinence concerns for the client, family/carer
- Carer strain

History Over Three Home Visits

- 70 year old male, business man, retired early due to Parkinson's, wife works part time
- Height 178 cm; weight 80 kg; waist 95cm
- Married, adult children, grandchildren, own home
- Parkinson's Disease 2010, with associated mobility decline, esp. last 12 months, dexterity, coordination, memory, REM sleep, prostatectomy cancer, falls with previous # ribs, back pain, KJR
- Since prostatectomy, some stress, urge incontinence, urinary frequency, constipation at times
- Taught but not doing PFE
- Last 12 months increased of all above, plus nocturnal enuresis, constipation
- Now alarmed time doses of Parkinson's medication

History Continued

- Client was independent PADL, but requires some assistance with bathing, grooming, dressing, toileting tasks are effortful and take increased time
- Resent medication review, no new medications
- Mobilising with stick, furniture walking, holding onto wife
- Free fluids and normal diet, reviewed by speech pathologist 4 years ago, changes now, coughing, swallowing
- Frustrated, embarrassed, worried about increased urinary incontinence, loss of control, getting exhausted
- Constipation, no soiling, but straining stool type 1-2-3
- Increased urine loss, aids not effective
- Cost of products - at time was entitled to MASS and CAPS, being reviewed for package

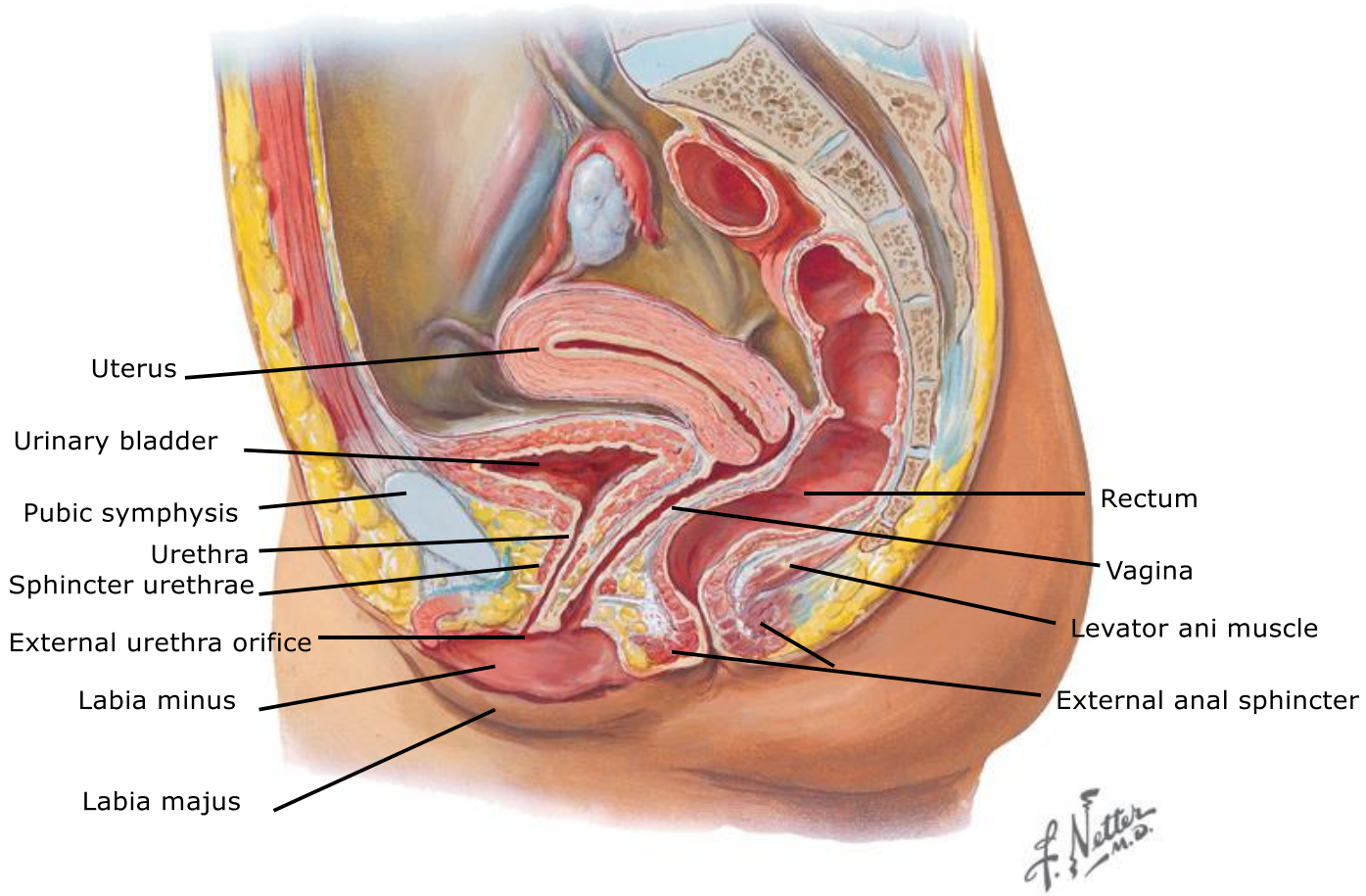
Assessment

- Helping Tony and his wife feel validated, and listened to with all concerns
- Education is very important, knowledge is empowering and can reduce stress and anxiety
- I don’t focus on the Diagnoses or Disease, more on the symptoms and what happening now and any new changes
- I use pictures and diagrams to explain normal/ dysfunctional bowel and bladder function
- Medical summary from GP, read any reports available
- Good history if you can get it!

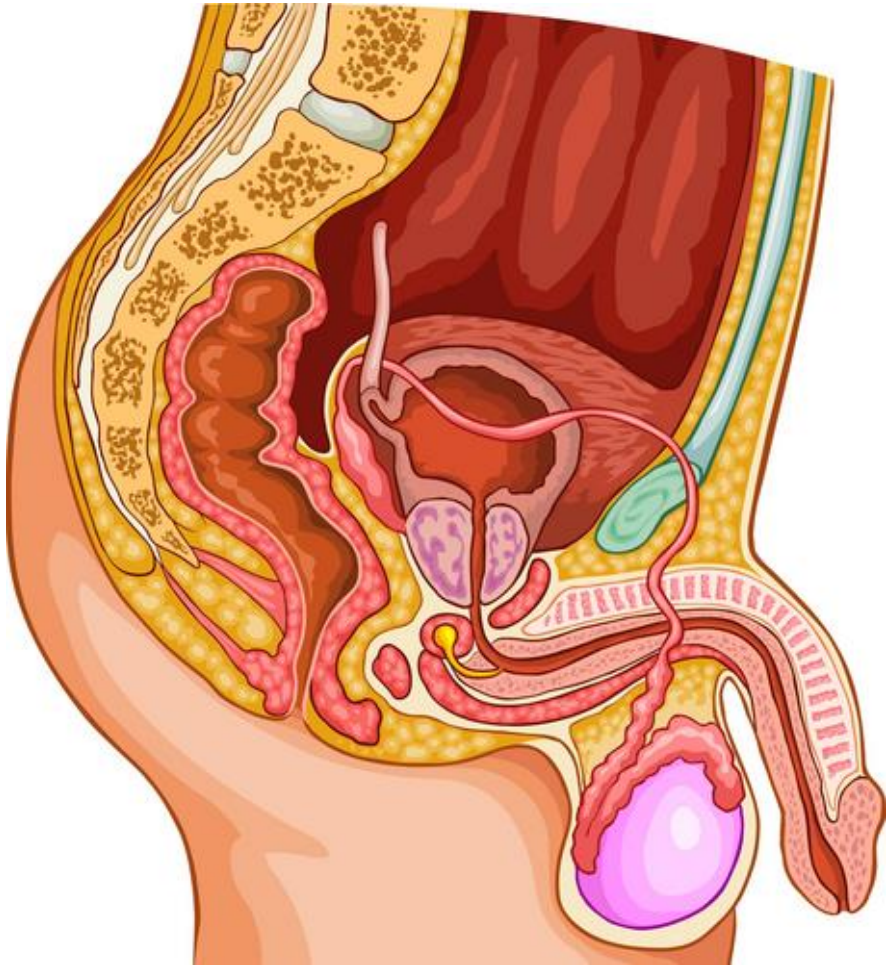
Referrals

- Sometimes the client is incontinent of either urine or faeces, or both
- Please assess and provide funding!!!
- ???
- What tests and investigations have been done?

Female Lower Urinary Tract



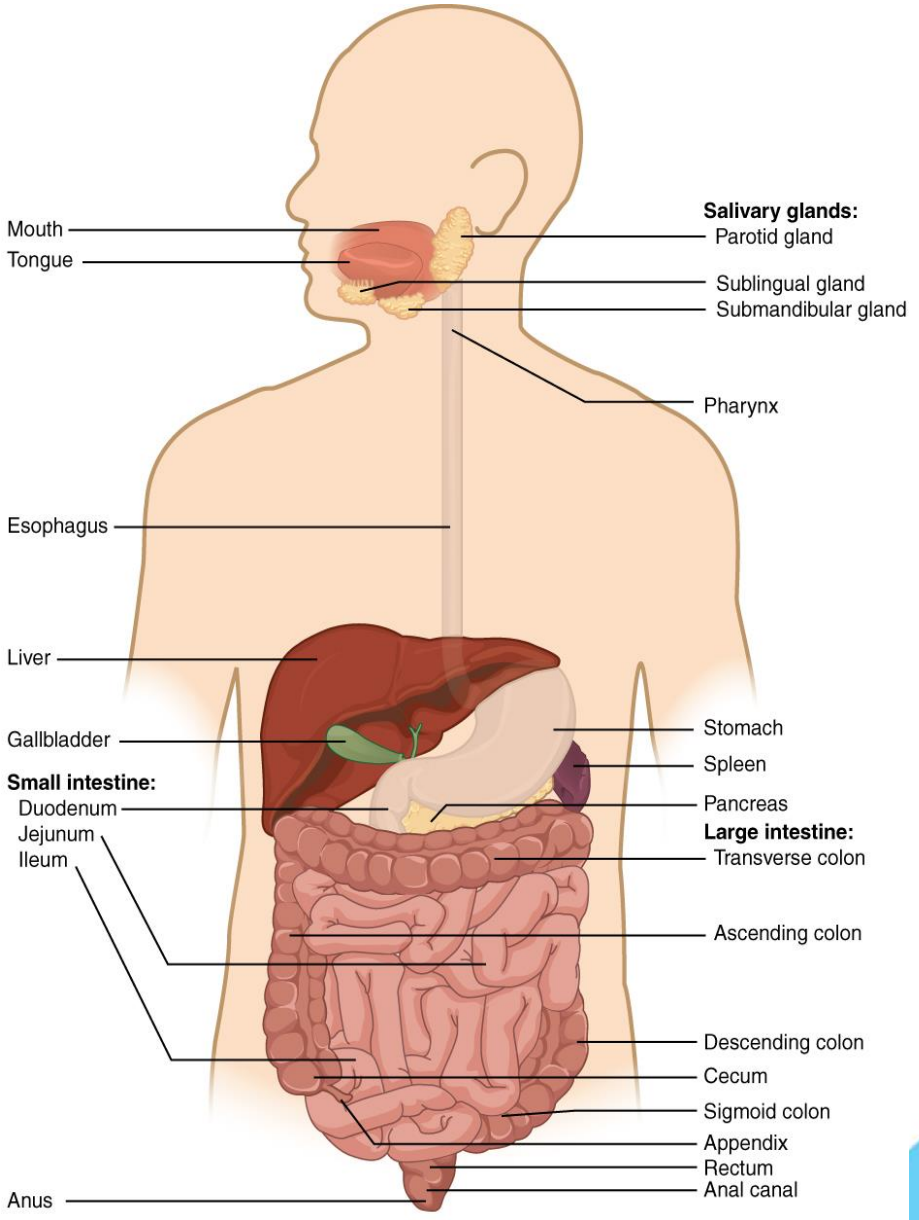
Male Urinary System



Tools

Bristol Stool Chart

Type 1		Separate hard lumps, like nuts (hard to pass)
Type 2		Sausage-shaped but lumpy
Type 3		Like a sausage but with cracks on its surface
Type 4		Like a sausage or snake, smooth and soft
Type 5		Soft blobs with clear-cut edges (passed easily)
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces. **Entirely Liquid**



Gathering Information/Education

- 3 day bladder diary explained, he was capable/safe with the help of his wife
- Pre and Post void bladder scan, refer for ultra sound if no scanner available
- 2-3 week bowel diary
- Short term products options with increased capacity until all information gathered.
- Was buying DRF for men large night, using 2-3 a male level one pads a day, firm underwear?, PJ, bed had been wet some nights
- No Funding

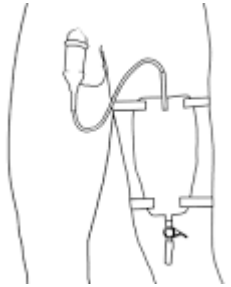
Products What & Why

- Discussed options to trial products, including uridomes
- Why uridomes?
- Sizing guides used 2 companies, no retraction of penis, intact skin, circumcised
- Ordered samples and educational brochures

- One piece uridomes, silicone for visibility, standard length, (shorter lengths available), leg and night bags shown, trialled, changing and washing bags, bag stand, hook or bucket

Products Containment & Conduction

- Male disposable pads higher capacity
- Male pants higher capacity
- Uridomes/Sheaths
- Bed protection



Trial of Products/Education

- In home demonstration of uridomes, trimming not shaving of pubic hair
- Personal hygiene and skin care, barrier creams
- Uridomes up to 24 hour use, safe removal with warm soapy water
- Waist and hip measurements
- Lifestyle and types of clothing, zips, belt, shorts, long pants
- Ability to use products, remove, change and dispose of
- More absorbent disposable pants, male pads

Diary & Information Gathered

- Bowels, opening every 2-4 days, type 1-2, straining, feeling of incomplete empting, no visible haemorrhoids, some fresh blood on paper, no anal leaking or fissures on inspection
- Slight incontinence-associated dermatitis (IAD)
- Diet lacking fibre and fresh fruit, due to changes in chewing and swallow
- Decreased fluids
- Bladder diary - small volume voids 30-55 mls, up to12 voids day leaking on way to toilet, and passive, woken at night to void 3-4 times or NE
- Exhausted, leading to day time difficulties, falls risk
- Input up to 1200 mls
- Pads & DRF saturated most days
- Check where leakage is, side of pants

Outcome of Assessment

- GP updated of all results and red flags, referrals
- Osmotic laxatives started, then were able to be reduced
- Referrals Speech Pathology, OT, Physio, Dietitian
- A shower chair was recommended for showering due to his blood pressure changes and safety
- Parkinson's group support for both client and wife
- Uridomes not successful day but working well night
- When any skin irritation occurs on penis, back to pull ups higher capacity night products, with barrier creams until resolved
- Increased fibre and fluids - 2 litres a day
- Some bowel accidents with loose stools with higher laxative dose, resolved once titrated

Outcome of Assessment

- Bowels opening daily to second day, stool type 3-4 or 5
- PFE started with bladder training, not successful by themselves so started on anticholinergics with good outcome
- Side effects of anticholinergics discussed
- Monitoring of cognitive memory decline, hallucinations, constipation, dry mouth, blurred vision
- Squatty Potty helpful for complete rectal emptying
- Mattress and bed pad protection
- Funding

Squatty Potty

Review - Six Months

- Reviewed again in six months to monitor any decline or continued improvement
- This client had a very positive outcome, he went on to have deep brain stimulation
- Improvements in both physical and cognitive abilities
- Bladder capacity improved and less frequent voids and urine loss
- Both him and his wife getting better sleep as not up to change wet beds or help her husband to the toilet or to use a urinal
- More social again as more confident
- Options to stop uridomes and just use lighter weight products in future

Questions

Thank you!

Link to Continence assessment webinar feedback

MASS-Education@health.qld.gov.au