

6. URINARY INCONTINENCE AND INDWELLING CATHETER

Review of Indicators of Urinary Incontinence and Indwelling Catheter

	Modifiable factors contributing to transitory urinary incontinence	Supporting Documentation (Basis/reason for checking the item, including the location, date, and source (if applicable) of that information)
✓		
☐	• Delirium (C1300) (See Delirium CAA)	
☐	• Urinary Tract Infection (I2300)	
☐	• Atrophic vaginitis in postmenopausal women (I8000)	
☐	• Medications (see below)	
☐	• Psychological or psychiatric problems (I5700-I6100)	
☐	• Constipation/impaction (H0600, clinical record)	
☐	• Caffeine use	
☐	• Excessive fluid intake	
☐	• Pain (J0300)	
☐	• Environmental factors	
☐	— Restricted mobility (G0110.1.A-F. = 2, 3,4)(G0110.2.A-F.=2, 3) (See ADL CAA)	
☐	— Lack of access to a toilet	
☐	— Other environmental barriers (such as pads or briefs)	
☐	— Restraints (P0100)	
✓	Other factors that contribute to incontinence or catheter use	
☐	• Excessive or inadequate urine output	
☐	• Urinary urgency AND need for assistance in toileting (G0110.1.I = 2, 3, 4)	
☐	• Bladder cancer (I0100) or stones (I8000)	
☐	• Spinal cord or brain lesions (I8000)	
☐	• Tabes dorsalis (I8000)	
☐	• Neurogenic bladder (I1550)	
✓	Laboratory tests	
☐	• High serum calcium	
☐	• High blood glucose	
☐	• Low B12	
☐	• High BUN or creatinine	

		Supporting Documentation (Basis/reason for checking the item, including the location, date, and source (if applicable) of that information)
✓	Diseases and conditions	
<input type="checkbox"/>	• Benign prostatic hypertrophy (I1400)	
<input type="checkbox"/>	• Congestive Heart Failure (CHF), pulmonary edema (I0600)	
<input type="checkbox"/>	• Cerebrovascular Accident (CVA) (I4500)	
<input type="checkbox"/>	• Transient Ischemic Attack (TIA) (I4500)	
<input type="checkbox"/>	• Diabetes (I2900)	
<input type="checkbox"/>	• Depression (I5800)	
<input type="checkbox"/>	• Parkinson's disease (I5300)	
<input type="checkbox"/>	• Prostate cancer (I0100)	

✓	Type of incontinence	
<input type="checkbox"/>	• Stress (occurs with coughing, sneezing, laughing, lifting heavy objects, etc.)	
<input type="checkbox"/>	• Urge (overactive or spastic bladder)	
<input type="checkbox"/>	• Mixed (stress incontinence with urgency)	
<input type="checkbox"/>	• Overflow (due to blocked urethra or weak bladder muscles)	
<input type="checkbox"/>	• Transient (temporary/occasional related to a potentially improvable/reversible cause)	
<input type="checkbox"/>	• Functional (can't get to toilet in time due to physical disability, external obstacles, or problems thinking or communicating)	

✓	Medications (from medication administration record and preadmission records if new admission; review by consultant pharmacist)	
<input type="checkbox"/>	• Diuretics(N0410G)– can cause urge incontinence	
<input type="checkbox"/>	• Sedative hypnotics (N0410B, N0410D)	
<input type="checkbox"/>	• Anticholinergics – can lead to overflow incontinence — Parkinson's medications (except Sinemet and Deprenyl) — Disopyramide — Antispasmodics — Antihistamines — Antipsychotics (N0410A) — Antidepressants (N0410C) — Narcotics	
<input type="checkbox"/>	• Drugs that stimulate or block sympathetic nervous system	
<input type="checkbox"/>	• Calcium channel blockers	

✓	<p>Use of indwelling catheter (H0100 is checked): (Presence of situation in which catheter use <i>may</i> be appropriate intervention after consideration of risks/benefits and after efforts to avoid catheter use have been unsuccessful</p>	<p>Supporting Documentation (Basis/reason for checking the item, including the location, date, and source (if applicable) of that information)</p>
☐	<ul style="list-style-type: none"> • Coma (B0100) 	
☐	<ul style="list-style-type: none"> • Terminal illness (O0100K) 	
☐	<ul style="list-style-type: none"> • Stage 3 or 4 pressure ulcer in area affected by incontinence 	
☐	<ul style="list-style-type: none"> • Need for exact measurement of urine output 	
☐	<ul style="list-style-type: none"> • History of inability to void after catheter removal 	

Input from resident and/or family/representative regarding the care area. (Questions/Comments/Concerns/Preferences/Suggestions)
(Empty space for input)

Analysis of Findings		Care Plan Considerations
Review indicators and supporting documentation, and draw conclusions. Document: <ul style="list-style-type: none"> • Description of the problem; • Causes and contributing factors; and • Risk factors related to the care area. 	Care Plan Y/N	Document reason(s) care plan will/ will not be developed.
(Empty space for analysis)		

Referral(s) to another discipline(s) is warranted (to whom and why): _____

Information regarding the CAA transferred to the CAA Summary (Section V of the MDS):

Yes No

Signature/Title: _____ Date: _____