

Table 7: Practice Notes from the Expert Panel

COMPONENTS OF ASSESSMENT	DETAILS OF ASSESSMENT
<p>Obtain a history of urinary incontinence</p>	<ul style="list-style-type: none"> ■ Obtaining a general health history can include the following: <ul style="list-style-type: none"> □ Identifying factors, including co-morbid conditions, to determine the possible underlying causes of urinary incontinence. □ For a list of factors (including co-morbid conditions) that can cause or contribute to urinary incontinence, please see Appendix I. □ Conducting a medication review of prescription and over-the-counter (OTC) medications and supplements to evaluate if they contribute to urinary incontinence. Perform the medication review in conjunction with the prescriber and/or pharmacist. For a list of medications that can cause or contribute to urinary incontinence, please see Appendix J. □ Assessing the functional and cognitive status of persons experiencing urinary incontinence. ■ Obtaining a clinical history can include the following: <ul style="list-style-type: none"> □ Type and amount of daily fluid intake, including caffeine and alcohol. □ Type, onset and duration of symptoms. □ Daily use of incontinence products (i.e., adult briefs). □ A perineal skin assessment to determine the impact of urinary incontinence on the physical aspects of quality of life. □ Degree of bother caused by urinary incontinence and the impact on the social, psychological and sexual aspects of quality of life. □ Identification of barriers to successful toileting. □ Assessment for any red and/or yellow flags associated with urinary incontinence. <ul style="list-style-type: none"> ● “Red flags” are high-alert clinical indicators that require reporting to the appropriate member of the interprofessional team and/or a continence specialist. Examples of red flags include (but are not limited to): <ul style="list-style-type: none"> ○ pain with urination; ○ blood in urine; or ○ person describing feelings of pressure in the vagina. ● “Yellow flags” are concerning clinical indicators that require ongoing assessment (i.e., monitoring) and reporting to the appropriate member of the interprofessional team and/or a continence specialist. Examples of yellow flags include (but are not limited to) urinary incontinence potentially caused by delirium, infection, medications, reduced mobility or stool impaction. <p>Note: Health providers may ask a person’s support network to collect assessment data if a person is unable to provide such details.</p>

RECOMMENDATIONS

COMPONENTS OF ASSESSMENT	DETAILS OF ASSESSMENT
<p>Obtain a voiding record</p>	<ul style="list-style-type: none"> ■ A three-day voiding record could be used to collect accurate details on: <ul style="list-style-type: none"> □ frequency, amount and severity of incontinence; and □ use of incontinence products. ■ Record all voiding events for three consecutive days beginning when the person starts the day on day one and ending when the person starts the day on day four. ■ Prior to initiating toileting strategies, identify the person’s pattern of incontinence using a three-day voiding record. ■ For a sample voiding record, please see Appendix K.
<p>Assess urinary urgency</p>	<ul style="list-style-type: none"> ■ For a list of validated questionnaires and scales to assess urinary urgency, please see Appendix L. ■ For those persons who are able, an option is to have them complete a validated questionnaire on symptoms and effects of incontinence on quality of life.
<p>Use a dipstick urinalysis as a screening tool</p>	<ul style="list-style-type: none"> ■ A dipstick urinalysis should not be used to diagnose a UTI; however, it can be a tool to determine if further assessment is needed, especially if a new onset of urinary incontinence is suspected. ■ A dipstick urinalysis should only be used in accordance with the policies and procedures of the local setting.
<p>Measure PVR volume</p>	<ul style="list-style-type: none"> ■ Measurement of PVR is indicated to know how well the bladder is emptying (e.g., a PVR of less than 50–100 ml is normal with a voided volume of 100 ml or more). ■ Direct care providers report a measure of voided volume prior to the measurement of PVR volume. ■ Measurement of PVR volume should be based on an order from a physician or nurse practitioner.

COMPONENTS OF ASSESSMENT	DETAILS OF ASSESSMENT
<p>Report findings</p>	<ul style="list-style-type: none"> ■ A comprehensive assessment⁶ of urinary incontinence is to be conducted by a continence specialist. ■ Based on the individual needs of the person, findings can be reported to: <ul style="list-style-type: none"> □ A member of the interprofessional team who may place a referral to a continence specialist following the initial assessment (as necessary). Examples include: <ul style="list-style-type: none"> ● general practitioners; ● nurse practitioners; and ● dietitians. □ Continence specialists, including: <ul style="list-style-type: none"> ● gynecologists/urogynecologists; ● urologists; ● nurse continence advisors (NCA); ● nurses specialized in wound, ostomy and continence (NSWOC); and ● pelvic health physiotherapists. ■ The reporting process also may be individualized based on the needs and wishes of persons and their support networks.

Supporting Resources

RESOURCE	DESCRIPTION
<p>Identifying continence issues. In: Victoria State Government [Internet]. Victoria (AU): Victoria State Government; c2017-2020. Available from: https://www2.health.vic.gov.au/hospitals-and-health-services/patient-care/older-people/continence/continence-identifying</p>	<ul style="list-style-type: none"> Website that outlines information on identifying continence issues in older adults. It includes initial admission screening questions, assessment of contributing factors, details on taking history and more.
<p>LeBlanc K, Christensen D, Robbs L, Johnston V, Cleland B, Flett N. Best practice recommendations for the prevention and management of incontinence-associated dermatitis. <i>Wound Care Can.</i> 2010; 8(3): 6-23.</p> <p>The journal article is available from: https://www.woundscanada.ca/docman/public/wound-care-canada-magazine/2010-vol-8-no-3/376-wcc-2010-v8n3-best-practice-english/file</p>	<ul style="list-style-type: none"> An open access journal article which includes a validated four-item perineal assessment tool that assesses risks contributing to incontinence associated dermatitis (please see Table 2).
<p>Locate a Professional. In: The Canadian Continence Foundation [Internet]. Peterborough (ON): The Canadian Continence Foundation; c2020. Available from: https://www.canadiancontinence.ca/EN/locate-a-professional.php</p>	<ul style="list-style-type: none"> Website that outlines various types of continence specialists (and their respective roles) to care for persons living with urinary incontinence. Allows persons in Canada to locate the appropriate professional within their city.
<p>Registered Nurses' Association of Ontario (RNAO). Delirium, dementia, and depression in older adults: assessment and care [Internet]. Toronto (ON): RNAO; 2016. Available from: https://rnao.ca/sites/rnao-ca/files/DDD_BPG.pdf</p>	<ul style="list-style-type: none"> The BPG includes various resources on completing a cognitive assessment for older adults. See Appendix H on screening and assessment tools for persons with delirium and dementia.
<p>Senior friendly care learning series. In: Regional Geriatric Program of Toronto [Internet]. Toronto (ON): Regional Geriatric Program of Toronto; c2020. Available from https://www.rgptoronto.ca/resources/senior-friendly-care-learning-series/?search=Urinary%20incontinence</p>	<ul style="list-style-type: none"> Includes resources for clinicians on bladder physiology, medications that contribute to urinary incontinence, patient and caregiver handout, and more.