

## Sample Care Plan: Urinary Incontinence

Mrs. Fuller is an 84 year old widow, who recently came to live at Northland Nursing Facility, after her husband's death. Her daughter lives in the area and visits regularly. Mrs. Fuller has Osteoarthritis, clinical depression, and approximately eight episodes of incontinence daily. She takes Celebrex for arthritis, Lexapro for depression, and Benadryl as a sleep aid. Mrs. Fuller has an order for Tylenol and Hydrocodone as needed, for pain. Mrs. Fuller eats a regular diet. She drinks coffee with each meal. On assessment, Mrs. Fuller has a stage I pressure ulcer on her sacrum. She reports she has a "moderate" amount of pain, but prefers not to take medication. "I do not want to get hooked." Regarding episodes of incontinence Mrs. Fuller tearfully states, "It is just easier to wear these diapers. It is difficult to get to the bathroom in time. I am not as quick as I use to be." Mrs. Fuller's progress notes document wandering at night with disorientation to place. She is often wet.

Nursing Diagnosis: Functional Incontinence related to impaired mobility

Goal	Expected Outcome	Intervention	Rationale
Mrs. Fuller will have reduced episodes of incontinence within one week.	Mrs. Fuller will report a 50% decrease in episodes of incontinence within the first week of the plan.	<p>Nurse will assess barriers to successful implementation of plan, including appropriateness and side effects of medications</p> <p>A 3-day voiding record will be completed for Mrs. Fuller.</p> <p>An educational program for Mrs. Fuller, her caregivers and her family will be implemented.</p>	<p>Inadequate lighting, inaccessibility to bathroom, inaccessibility to bathroom modifications, pain medications and knowledge deficits may contribute to episodes of incontinence.</p> <p>A 3-day voiding pattern will establish Mrs. Fuller's normal voiding pattern.</p> <p>Information on myths related to incontinence, pain management, and best practice guidelines on continence promotion will facilitate and interdisciplinary approach.</p>



Quality Monitoring Program

[www.dads.state.tx.us/providers/qmp/evidence-based-best-practices/continence-promotion.html](http://www.dads.state.tx.us/providers/qmp/evidence-based-best-practices/continence-promotion.html)

Goal	Expected Outcome	Intervention	Rationale
<p>Mrs. Fuller will have reduced episodes of incontinence within one week.</p>	<p>Mrs. Fuller will report a 50% decrease in episodes of incontinence within the first week of the plan.</p>	<p>Implement an individualized prompted voiding schedule based on Mrs. Fuller's needs, and as determined by the 3-day voiding record.</p> <p>Nurse will educate Mrs. Fuller about behavior modification.</p> <p>The interdisciplinary team will evaluate the effectiveness of the prompted voiding program and other interventions, modifying when appropriate.</p>	<p>Prompted voiding schedules will encourage Mrs. Fuller to empty her bladder before the usual; "need" to go, and avoid the fear of not getting to the bathroom in time.</p> <p>Correct practice of pelvic floor muscle exercises, re-training the bladder and decreasing caffeine intake are noninvasive treatments for urinary incontinence.</p> <p>Continuous documentation and monitoring of voiding records and input from Mrs. Fuller, family and staff will be necessary to track and trend voiding patterns and measure outcomes/progress toward goals.</p>

Please note: This is not an actual care plan. The purpose of this care plan is to capture key elements of best practice regarding an individualized approach to implementation. This information can be used in the development of individualized care plans for continence promotion; additional columns may be helpful to evaluate the effectiveness of interventions and progress toward goals.



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