

Evidence-Based Best Practice: Promoting Continence

Obtain a history of the individual's incontinence.

Gather information on:

- The amount, type, and time of daily fluid intake, paying particular attention to the intake amount of caffeine and alcohol
- The frequency, nature, and consistency of bowel movements
- Any relevant medical or surgical history which may be related to the incontinence problem, such as, but not limited to, diabetes, stroke, Parkinson's disease, heart failure, recurrent urinary tract infections, or previous bladder surgery
- Review the individual's medications to identify those which may have an impact on the incontinence. Identify the individual's functional and cognitive ability.

Identify attitudinal and environmental barriers to success.

Barriers include:

- Proximity and availability of the nearest bathroom
- Accessibility of commode
- Use of restraints
- Staff expectation that incontinence is an inevitable consequence of aging
- Staff belief that few interventions exist to promote continence

Evaluate the resident to determine if infection is present.

Determine how the individual perceives their urinary incontinence and if they will benefit from a continence promotion plan: scheduled toileting, prompted voiding or bladder re-training. Before initiating a continence promotion plan, identify the resident's pattern of incontinence using a 3-day voiding record.

Ensure that constipation and fecal impaction are addressed. Ensure an adequate level of fluid intake (1,500 to 2,000 ml per day), and minimize the use of caffeinated and alcoholic beverages where possible.

Initiate an individualized continence promotion plan based on the individual's needs, and as determined by a 3-day voiding record. Initiate a 3-day voiding record, a minimum of 3 weeks and a maximum of 8 weeks, after initiating the continence promotion plan.



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Implement an educational program on promoting continence using prompted voiding. The program should be structured, organized, and directed at all levels of health care providers, individuals served, family, and caregivers. The educational program should identify a nurse with an interest in continence care to be responsible for providing the educational program. The program should be updated on a regular basis to incorporate any new information.

The program should include information on:

- Myths related to incontinence and aging
- Definition of continence and incontinence
- Types of continence promotion plans: Prompted voiding, schedule toileting and bladder re-training
- Continence assessment and developing individualized continence promotion plans, use of voiding records to identify incontinence patterns
- The impact of cognitive impairment on continence and strategies to manage aggressive behaviors
- Relation of bowel hygiene care to healthy bladder functioning

Successful implementation of prompted voiding requires:

- Management support
- Opportunities for education and training
- Active involvement of key clinical staff
- Gradual implementation of the prompted voiding schedule
- Collection of baseline information about individuals, resources, and existing knowledge
- Interpretation of this data and identification of problems
- Development of implementation strategy
- Monitoring of the program

Organizations are encouraged to establish an interdisciplinary team approach to continence care.

Nursing best practice guidelines can be effectively implemented only where there are adequate planning, resources, organizational and administrative support, as well as the appropriate facilitation of the change process by skilled facilitators.

