

Long-Term Care Survey Alert

Care Planning: To Develop The Right Care Plan, Ask The Right Questions And Person

Here's the secret to avoid an 'F' (tag) in care planning for incontinence.

If you want to cut to the chase in creating top-notch continence care plans, go to the source: the resident.

"Asking the resident how she managed her incontinence in the community setting may give you some helpful care plan hints," says **Steven Littlehale, MS, RNC, CS**, chief clinical officer, **LTCQ Inc.** in Lexington, MA.

"For example, you can get information about the types of devices or absorbent products that the resident found helpful," he says.

Consider asking the resident or his caregiver in the community these additional questions:

1. Has the person tried medication for urge incontinence - and did it help?
2. What foods or beverages (for example, caffeine) aggravate the person's incontinence and is he willing to eliminate or reduce them?
3. How did the person avoid toileting accidents in public places or during social events?
4. Did the resident learn to take his diuretic at a certain time of day to avoid toileting accidents?
5. Is the woman taking hormone replacement therapy? Studies show that oral hormone replacement therapy tends to aggravate UI, but a transdermal hormone patch or transvaginal estrogen ring can help urinary incontinence.

Tip: You may find out the resident was using unhelpful - or even harmful - strategies that you want to head off at the pass. The resident may say she takes her friend's prescription pills for incontinence or she restricted fluids to the point of being dehydrated, notes Littlehale.

Honor Residents' Wishes

As part of your assessment for care planning, determine the resident/family's goals for continence and their preferences for managing the problem, advises nurse attorney **Janet Feldcamp** with **Benesch Friedlander Coplan & Aronoff LLP** in Columbus, OH.

The good news: Some interventions that facilities may have shied away from in the past - such as use of a urinal or bedpan for night-time voiding - actually fit well in an individualized plan of care reflecting resident preferences and customary routines, says Feldcamp. "For example, some residents may say they prefer to use a urinal or bedpan in lieu of getting up at night and coming fully awake. That's a quality of life issue, but facilities have to document it carefully and make it part of the plan of care."

MDS tip: Paying close attention to MDS Section AC (customary routine) performed at admission can pay off by improving a resident's continence and coding in Section H. That section asks whether the resident awakens to toilet most nights. This information can give night-shift caregivers a "heads up" so they may be able to assist the resident to the toilet before he has an incontinent episode, says Littlehale.

Editor's Note: For the in's and out's of how the rules have changed for indwelling catheters under F315, see the August Long-Term Care Survey Alert.