

Long-Term Care Survey Alert

Clip 'N' Save: All Incontinence Is Not Created Equal

Find out how CMS defines the various types of urinary incontinence.

Facilities need to identify the resident's type of incontinence in order to develop a plan of care. Here's how the advance copy of survey guidance for F315 defines the types of incontinence:

1. **Urge Incontinence** characterized by abrupt urgency, frequency, and nocturia (part of the overactive bladder diagnosis). It may be age-related or have neurological causes (e.g., stroke, diabetes mellitus, Parkinson's Disease, multiple sclerosis) or other causes such as bladder infection, urethral irritation, etc.
 2. **Stress Incontinence** is the loss of a small amount of urine with physical activity such as coughing, sneezing, laughing, walking stairs or lifting.
 3. **Mixed Incontinence** is the combination of urge incontinence and stress incontinence.
 4. **Overflow Incontinence** occurs when the bladder is distended from urine retention caused by a number of problems, including an enlarged prostate, prostate cancer or urethral stricture. In overflow incontinence, post void residual (PVR) volume (the amount of urine remaining in the bladder within 5 to 10 minutes following urination) exceeds 200 milliliters (ml). Normal PVR is usually 50 ml. or less.
 5. **Functional Incontinence** refers to incontinence that is secondary to factors other than inherently abnormal urinary tract function. It may be related to physical weakness or poor mobility/dexterity (e.g., due to poor eyesight, arthritis, deconditioning, stroke, contracture), cognitive problems (e.g., confusion, dementia, unwillingness to toilet), various medications (e.g., anti-cholinergics, diuretics) or environmental impediments (e.g., excessive distance of the resident from the toilet facilities, poor lighting, low chairs that are difficult to get out of, physical restraints and toilets that are difficult to access). Refer to 42 CFR 483.15(e)(1) for issues regarding unmet environmental needs (e.g., handicap toilet, lighting, assistive devices).
- NOTE: Treating the physiological causes of incontinence, without attending to functional components that may have an impact on the resident's continence, may fail to solve the incontinence problem.
6. **Transient Incontinence** refers to temporary or occasional incontinence that may be related to a variety of causes - for example: delirium, infection, atrophic urethritis or vaginitis, some pharmaceuticals (such as sedatives/hypnotics, diuretics, anticholinergic agents), increased urine production, restricted mobility or fecal impaction.