

MDS Alert

Clip and Save: Use The RAP To Identify, Address Causes Of Incontinence

Incontinence is a care and quality of life issue.

If the resident has urinary incontinence or an indwelling urinary catheter, check out what the resident assessment protocol suggests evaluating as potential causes and testing.

Possible reversible problems to be reviewed in evaluating incontinence or need for catheter:

- **Conditions:** Delirium [B5], Fecal Impactions [H2d], Depression [I1ee], UTI [I2j], Edema [J1g].
- **Environment:** Locomotion [G1c,d,e,f], Lack of access to toilet, Barriers [observation], Restraints [P4].
- **Diagnoses:** Diabetes [I1a], CHF [I1f], CVA [I1t], Parkinson's [I1y].
- **Medications:** Diuretics [O4e], Parkinson's meds, Disopyramide, Antispasmodics, Antihistamines, Drugs that stimulate or block sympathetic nervous system, Calcium channel blockers (verapamil, nifedipine, diltiazem), Narcotics [from record].
- **Psychoactive Medications:** Antipsychotics, Antianxiety, Antidepressants, Hypnotics, [O4a,b,c,d].

Other potential factors contributing to incontinence or use of catheter:

- **Conditions:** Pain [J2]
Excessive or inadequate urine output
Atrophic vaginitis
Cancer of bladder, prostate, brain, or spine, tabes dorsalis [from record or exam].
- **Abnormal Lab Values:**
High blood calcium
High blood glucose, Low B12
High BUN or Creatinine [P9; from record].

Final evaluation if incontinence persists:

- **Specific Tests:**
Post-void Residual
Bladder stress test for females
Reflux test (kidney ultrasound for males with PVR>100 ml)

[Note: Tests not indicated when Comatose [B1] or when No memory recall [B3e] AND Dependent in Transfer, Locomotion [G1b,c,d,e,f] are both present.]

Final evaluation for residents with indwelling catheters:

If indwelling catheter [H3d], do Voiding Trial unless Untreatable urethral blockage [I3]
Terminal illness [J5c] or
Stage 3 or 4 pressure ulcer [M2a] present.