

## MDS Alert

### Reader Question: Don't Confuse Cognition with Continence

**Question:** One of the residents at my facility has a very high brief interview for mental status (BIMS) score but doesn't want to use the toilet to urinate. He instead chooses to urinate in his briefs and then asks for help (and needs physical assistance) changing his briefs later, after they're wet. It seems like he's choosing to urinate in the briefs instead of the toilet or a urinal, and that he is, therefore, continent; however, it's hard for me to understand why someone who had full cognitive function would choose this instead of using the bathroom. Do I code this resident as continent or incontinent?

California Subscriber

**Answer:** While it's difficult to know whether a resident in this situation is continent or incontinent, the contingencies you need to address - care planning, toileting program, attention to skin care - remain the same. Care planning this behavior is crucial, so staff are aware of the attention they'll need to pay to keep the resident dry.

When you're documenting this behavior, make sure you quote directly anything the resident says, such as "I don't mind going in briefs" or "It's just easier for everyone if I go this way." Statements like this suggest continence, if you're looking at MDS item H0300 (Urinary Continence) - and also suggest that your resident may indeed prefer to use the toilet or a urinal but needs more staff support to do so safely and doesn't want to take up those resources. When you write a toileting program, focus on how staff interventions and assistance can help the resident achieve other means for sanitary urination.

But most importantly, figure out what's going on and get to the root of the problem, which may involve reevaluating staff scheduling or assignments.

"I am also concerned if this resident is saying it is easier for everyone - why is he saying that? Does he not get help as quickly as he needs it? Does he have suggestions, so he is not voiding in his brief? A continent resident should not be in briefs, so this really needs to be explored," says **Jane Belt, Ms, Rn, RAC-MT, RAC-MTA, QCP**, curriculum development specialist at **American Association of Post-Acute Care Nursing (AAPACN)** in Denver.