

OASIS Alert

Try These Incontinence Intervention Strategies

Did you know: Incontinent patients experience more frequent falls?

As a patient advocate, you should initiate interventions to mitigate incontinence whenever possible, says **Pat Jump, MA, BSN, RN, COS-C**, with Rice Lake, Wis.-based **Acorn's End Training & Consulting**. Not only can incontinence be an embarrassment for the patient, but it can also be hazardous. Patients who are incontinent are known to experience more frequent falls, often resulting in long-term disabilities.

Incontinence can contribute to fall risk by creating hazards in a variety of ways. Not making it to the toilet in time can cause slippery wet floor surfaces. Rushing to the toilet due to urge incontinence can put a patient at risk. And patients with nocturia (waking to void at night) suffer from interrupted sleep which can be another fall risk.

If you are caring for a patient who is incontinent, consider the following intervention strategies, Jump suggests:

- Further assessment using a pelvic floor questionnaire.

Consider pelvic floor biofeedback.

Consider physical therapy for strengthening the pelvic floor (unless known structural incompetence of urethral sphincter).

- The effect of medication on incontinence.

Diuretics may contribute to incontinence.

Medications may be used to treat urgency.

- Assessing fluid intake type and amounts.

Caffeine, carbonated beverages and alcohol may increase bladder irritability and urgency.

Encourage proper fluid intake.

- Bladder retraining.
- Occupational therapy for exercise to rebalance the pelvic rotator cuff to manage leakage.
- Targeted patient education related to incontinence.