



Continence Resource Folder

July 2024

BCHC referral process (for patients discharged home)?

BCHC referral process (for current inpatients)?

The term Moisture-Associated Skin Damage (MASD) commonly referred to as moisture lesions (Young, 2012) has been introduced to describe the damage that occurs in response to the prolonged exposure of a patient's skin to perspiration, urine, faeces or wound exudate (Dowsett & Allen, 2013).

MASD can be caused by several conditions, including incontinence associated dermatitis, intertriginous dermatitis, peri-wound moisture-associated dermatitis and peristomal moisture-associated dermatitis. Identifying the cause can help to ensure appropriate prevention and management interventions are implemented.

It is important to recognise the difference between MASD and pressure ulcers.

It is vital to consider that once MASD occurs, there is a high risk of pressure ulcer development as well as an increased risk of infection and morbidity (Young, 2012).

References:


Young T (2012) The causes and clinical presentation of moisture lesions. Wounds UK 8(2) S9-S10



Dowsett D, Allen L (2013) Moisture-associated skin damage made easy. Wounds UK 9(4). Available from: www.wounds-uk.com/made-easy

Appendix ? : Online e-learning:



<https://academieshm.essity.uk>


Appendix ? : Useful websites

Product Name & Pack Size	Illustration	NHS Order Code	Working Absorbency	Description	Price Per Piece
Male Products: Light – Moderate Incontinence (to be worn with tight fitting underwear)					
TENA Men Level 2 (20)		CFP213	200mls	Stress incontinence To be worn in the patient's own underwear.	21p
Shaped Products: Light – Moderate Incontinence (to be worn with tight fitting underwear)					

TENA Comfort Mini Extra (30)		CFP2165	250mls	Stress incontinence To be worn in the patient's own underwear.	8p
Shaped Products: To be worn with fixation pants					
TENA Comfort Normal (42)		CFP2146	450mls	Light to moderate urinary and faecal incontinence.	11p
TENA Comfort Plus (46)		CFP2147	650mls	Moderate urinary and faecal incontinence.	15p
TENA Comfort Super (36)		CFP2149	950mls	For heavy urinary and faecal incontinence Also ideal for night-time management.	20p

Product Name & Pack Size	NHS Order Code	Waist Size	Price Per Piece
Shaped pads need to be worn with Net fixation pants 24 hours a day for good containment			
Attends Stretch Pants Medium	CFP1563	70 – 100cm	29p
Attends Stretch Pants Large	CFP1565	90 – 120cm	29p
Attends Stretch Pants Extra Large	CFP1566	110 – 135cm	34p
Attends Stretch Pants XXL	CFP1568	130cm	34p

Product Name & Pack Size	Illustration	NHS Order Code	Working Absorbency	Description	Price Per Piece
All In One Product: Measure hip size					
TENA Slip Plus Extra Small (30) 49 – 74cm		CFP1826	600mls	Management of heavy urinary and faecal incontinence in low BMI adults.	17p
Belted Products: Moderate – Heavy incontinence (measure hip size)					
TENA Flex Plus Small (30) 61 - 87cm		CFP2136	700mls	For moderate to heavy urinary and faecal incontinence. Incontinence of bed bound/hoisted patients.	27p
TENA Flex Plus Medium (30) 71 - 102cm		CFP2137	750mls		32p
TENA Flex Plus Large (30) 83 - 120cm		CFP2138	900mls		36p
TENA Flex Plus Extra Large (30) 105 - 153cm		CFP2139	1100mls		53p
High absorbency products are available in the TENA Flex range, but must be authorised by Amanda Penzer before orders are placed.					
Pull Ups: Measure hip size					
TENA Pants Normal Small (15) 65 - 85cm		CFP1843	450mls		32p

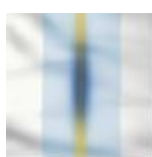
TENA Pants Normal Medium (18) 80 – 110cm		CFP2279	400mls	For light to moderate urinary and double incontinence. For confused and mobile patients where a 2 piece system is unsuitable.	34p
TENA Pants Normal Large (18) 100 – 135cm		CFP2291	450mls		36p
TENA Pants Normal Extra Large (15) 120 - 160cm		CFP1817			45p

Wetness Indicators (TENA Flex, TENA Comfort and TENA Slip)

Before use



After use *The wetness indicator is reliable and easy to see.*



These indicators are found on the reverse of the product in a white strip near the colour coding.

Encourage patients to check the wetness indicators are two thirds blue before changing the product.



Continence Pathways for Product Assessment

Continence Assessment Completed

Need for products identified?
Refer to Trust policy/order form

Physical/cognitive abilities to be assessed
Consider carer input

Follow most appropriate pathway

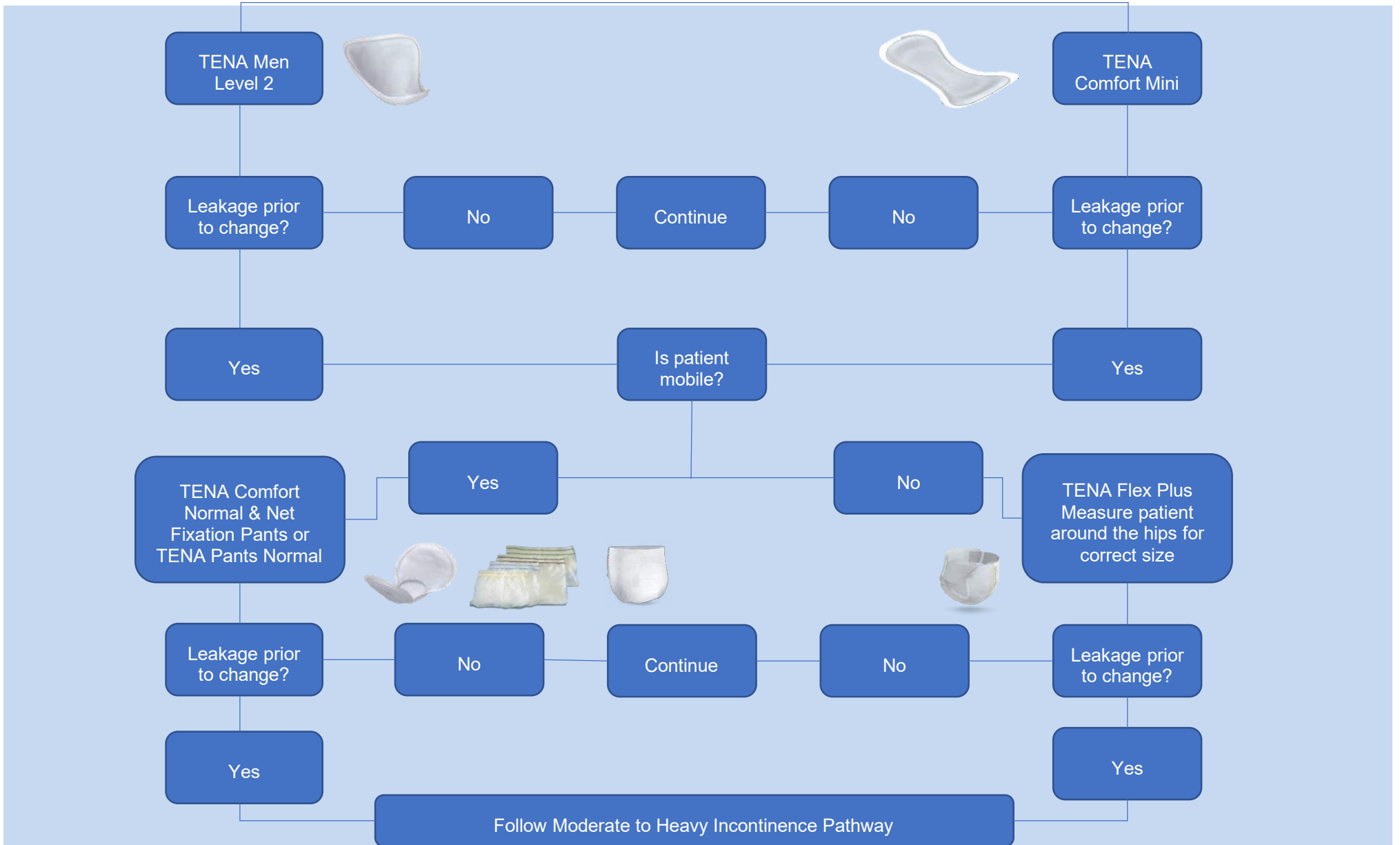
Light to Moderate
Incontinence

Moderate to Heavy
Incontinence

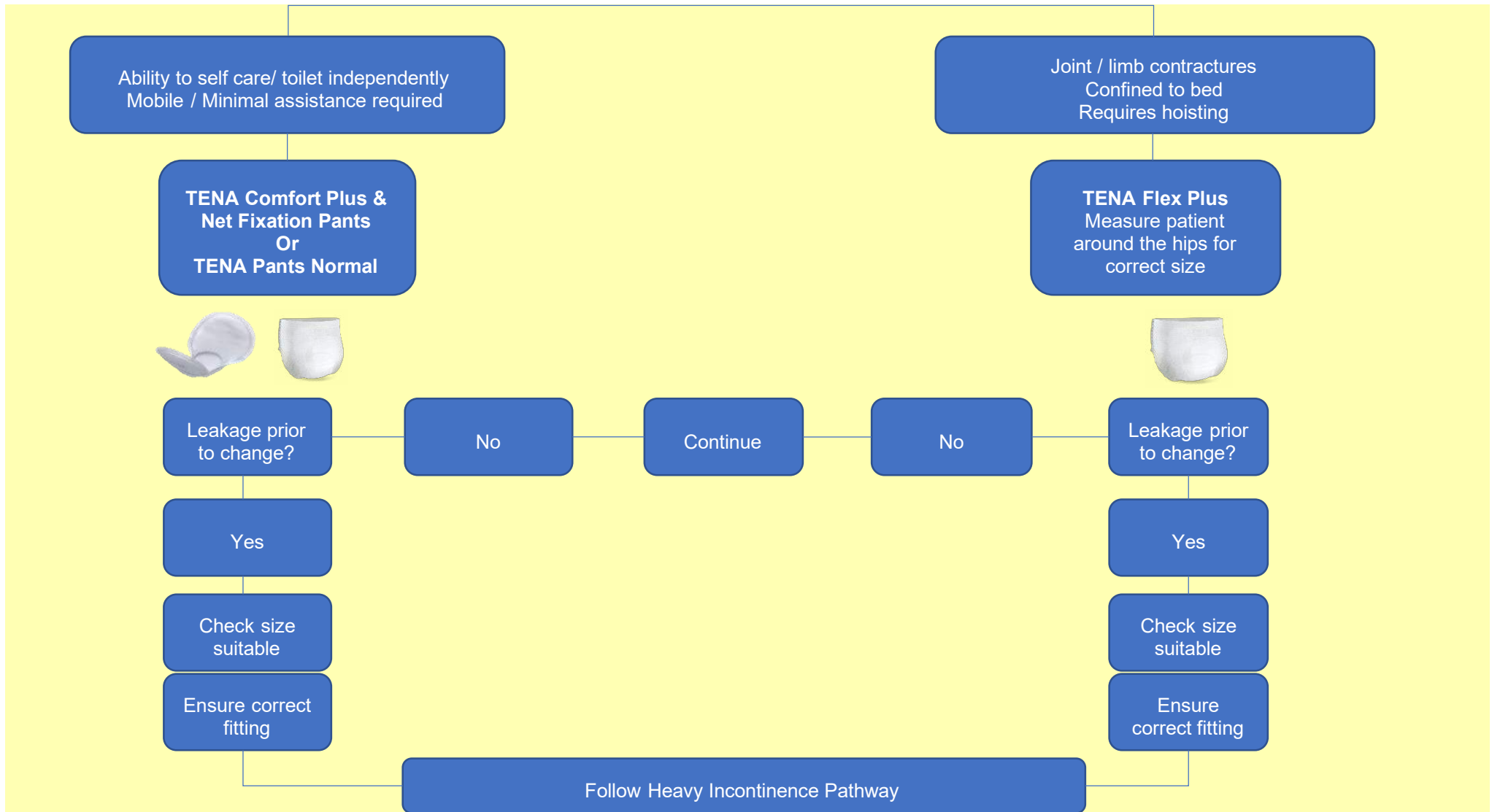
Heavy Incontinence

Faecal
Incontinence

Light to Moderate Incontinence Pathway



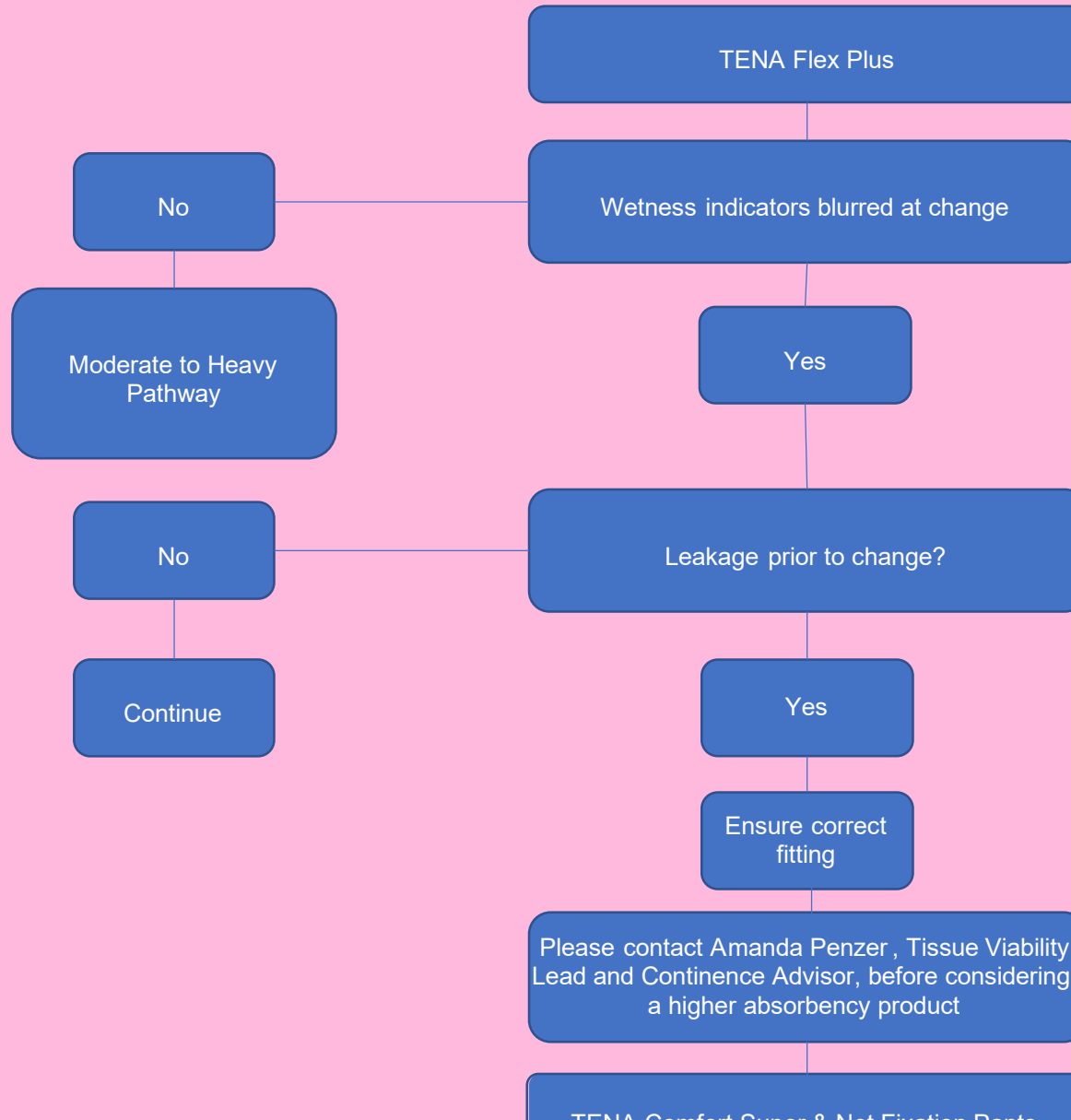
Moderate to Heavy Incontinence Pathway



When using Net Fixation Pants - measure patients' waist to assess for the correct size. When using TENA Pants Normal - measure Patients' hips to assess for the correct size.



Heavy Incontinence Pathway



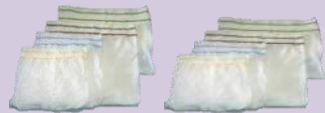


Faecal Incontinence Pathway



Faecal smearing / Formed stools

TENA Comfort Normal & Net Fixation Pants



Semi Formed / Soft stools

TENA Comfort Plus & Net Fixation Pants



Very loose watery stools

TENA Flex Plus



Use lowest absorbency to contain faeces which is appropriate for urinary output.
When using Net Fixation Pants - measure patient waist to assess for the correct size.
When using TENA Flex - measure patient hips to assess for the correct size.

Continence sample care plan 1

I need assistance to go to the toilet approx. every 2 hours during the day, before bedtime and on rising. I am no longer able to recognise what the toilet is for so need help to take me to the toilet and explain what is required.

Toilet habits chart needs to be completed by carers in order to establish whether there is a pattern of when I tend to use the toilet.

I get embarrassed about carers assisting me in private areas and prefer a female does this. If the female carer gently sings well known songs to me this seems to ease my anxieties.

When I am at home I usually wear a TENA Comfort pad during the day with 'net' knickers during the day. My waist measures xxxxxx centimetres so I will need to wear net knickers in xxxx size.

At night I wear TENA Comfort Super with net knickers (small).

It is planned that if I am taken to the toilet regularly whilst in hospital I may be able to reduce episodes of incontinence thereby maintaining my dignity. If I have been incontinent of urine, cleanse my skin using TENA Wash Cream applied with a dry wipe, followed by application of Cavilon cream to protect my skin.

I am prone to constipation but eating bran each morning and fresh fruit helps to reduce this.

Sample care plan 2

I need help to maintain my continence.

Clues that indicate that I may need to use the toilet are that I start to hold my legs together tightly, and I may grimace or appear anxious.

I am unable to find my way around the unit so need help to direct me to my room.

I am scared to go into enclosed spaces so don't like going into the toilet as there may be spiders in there. I need to be provided with a commode in my bedroom which I will use, as long as I can see it is there.

In case of small urinary accidents, I wear a TENA Discreet pad in my own underwear. I feel reassured by wearing these.

Sample care plan 3

My usual routine to ensure I have my bowels opened is to have a cup of tea when I get up with a cigarette.

This usually stimulates my bowels. If I do not do this I may have to take laxatives which I do not like.

I am aware of the need to go to the toilet and will tell you "I need the lavvy" but cannot find my way around the unit so staff need to show me where to go else I may void in the wrong place.

I am able to undress myself to use the toilet as long as I wear loose trousers without any belts.

I am prone to urine infections so need to drink adequately and will need to be monitored for this.

At night I will find my way to the toilet if you leave the light on in my ensuite toilet so that I can see it or provide me with a commode next to my bed. I do not wear any continence pads as I am not incontinent if the above plan is put into action.

Birmingham & Solihull

MH

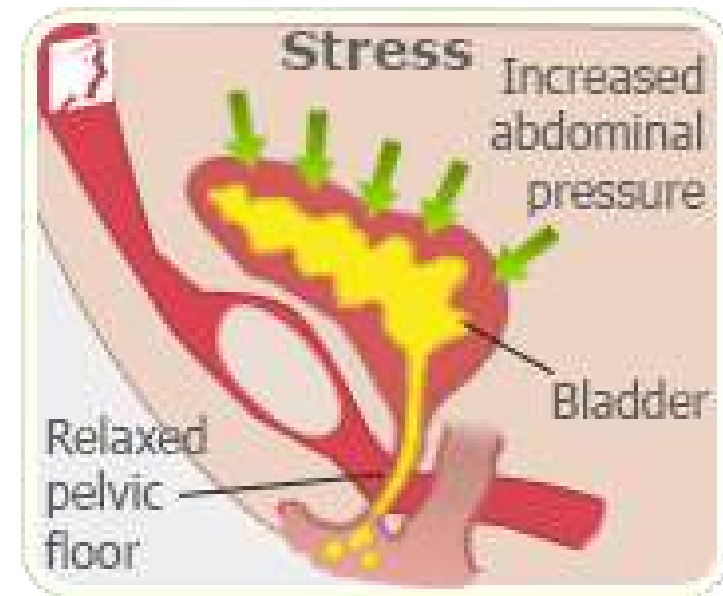
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Quick Reference guide to types of incontinence



Stress Incontinence

- Stress incontinence - 'the complaint of involuntary leakage during effort or exertion, or on sneezing or coughing'
- It is the most common form of urinary incontinence in women. Men can also be affected by stress urinary incontinence, but this is very rare
- Stress urinary incontinence occurs when the support for the urinary tract and bladder is not functioning correctly



Urge Incontinence

- Urge incontinence - 'the complaint of involuntary leakage accompanied by or immediately preceded by urgency
- Urgency is a sudden compelling desire to pass urine which is difficult to defer
- The urge can be very sudden and lead to different forms of incontinence.
- Urge incontinence comes in different symptomatic forms and levels
- A risk of falls is associated with this type of incontinence



Functional Incontinence

- People with functional incontinence usually have normal voiding ability, but will sometimes experience incontinence due to physical, cognitive or environmental issues.
- A person who experiences functional incontinence can also have other types of incontinence.

Common issues that contribute to functional incontinence include:

- Dementia
- Decreased dexterity
- Toilet distance or location
- Impaired mobility

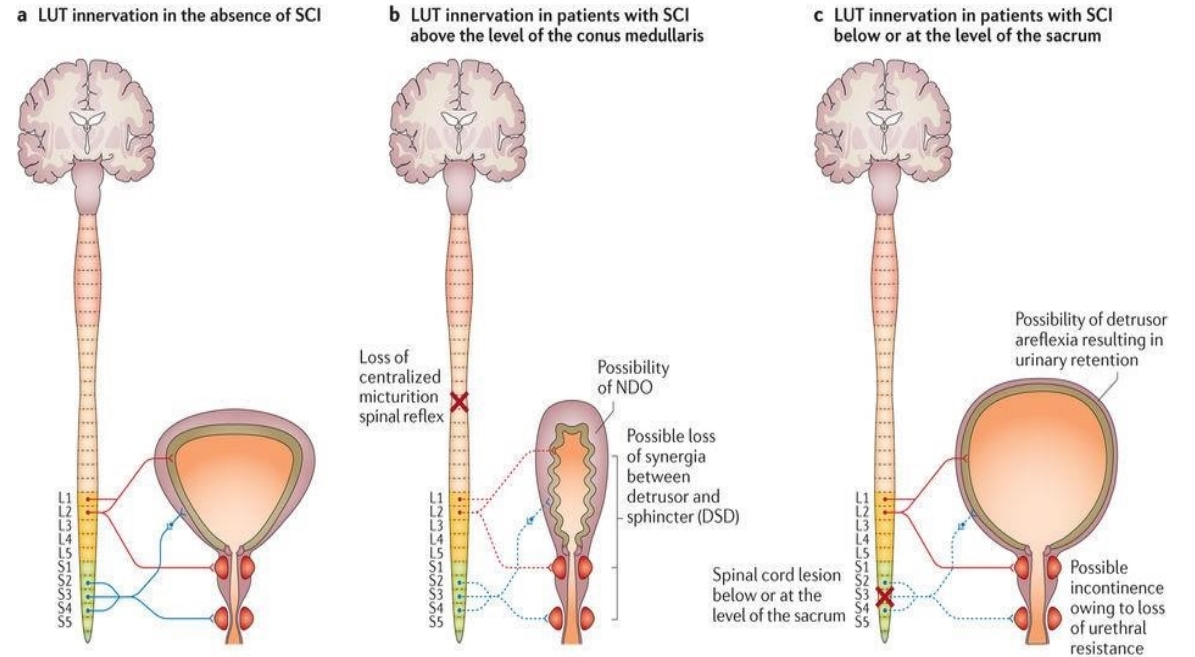


Reflex incontinence

The bladder fills and empties in a reflex cycle, similar to that of a baby, prior to acquisition of continence.

Reflex urinary incontinence occurs when this cycle is interrupted, as a result of one of the following:

- Loss of co-ordination between detrusor
- Contraction and urethral sphincter relaxation (detrusor sphincter dyssynergia)
- Dementia
- Stroke
- Multiple Sclerosis



- Parkinson's Disease
- Other neurological conditions/spinal injuries

Nocturnal Enuresis

Nocturnal incontinence occurs when there is a loss of bladder control while sleeping, This can be triggered by:

- Overactive or unstable bladder
- UTI
- Stress/ anxiety
- Lack of anti diuretic hormone
- Alcohol intake
- Night sedation
- Congenital abnormalities



Overflow incontinence

Overflow incontinence occurs as a result of incomplete emptying of the bladder with poor stream, hesitancy and continuous dribble. factors including:

- Enlarged prostate gland
- Faecal impaction
- Urethral stricture
- Recurrent UTI
- Hypotonic/ atonic / flaccid bladder





DEMENTIA AND FRAILTY CONTINENCE PROMPT SHEET

Under each of the headings below there are some prompts to consider in relation to a person's continence needs.

ENVIRONMENT	
<p>Where are the toilets located in relation to the seating areas, bedrooms? Signage – is it clear, simple (in words & pictures). Are there directions to the toilets? Is the signage the correct height for people with dementia i.e. mounted no more than 1.2m high? Accessibility – is there a clear path to the toilets or are there obstacles along the way? Lighting / Temperature – is there adequate lighting leading to & in the toilets? Is it too hot / cold? Privacy and dignity issues - does the toilet door lock easily? Can sounds be heard by others in the near vicinity? Is the toilet clean?</p>	
MOBILITY	TOILETING BEHAVIOUR
<p>Is the person independently mobile? Do they use a walking aid? Is the aid within easy reach? Do they mobilise slowly? Do they have prosthesis?</p>	<p>What is the person's normal toileting routine? What is their preferred language / words in reference to their toileting needs?</p>
CLOTHING	DEXTERITY / SENSORY IMPAIRMENT
<p>Do they wear clothing which is easy to adjust? Do they wear several layers? Does their clothing fit? Males – do they prefer trousers or jogging bottoms? Is their footwear suitable / does it fit properly? Does the person have problems dressing/ undressing?</p>	<p>Does the clothing have buttons / zips / clasps? Do they wear glasses / a hearing aid? Do they have any sensation deficits?</p>
PHYSICAL HEALTH / CHANGES	MENTAL HEALTH / CHANGES
<p>Any infections / skin conditions / respiratory problems? Any conditions which may affect the bladder / bowels? Are they in pain? Do they have poor nutrition intake? Do they have joint problems e.g. arthritis?</p>	<p>Any changes in mood? Are they experiencing any psychotic symptoms at present? Are they anxious / agitated?</p>
MEDICATION	COGNITION
<p>Are they taking medication which may result in an urgent need to go to the toilet? Are they taking medication which may affect ability to go to the toilet?</p>	<p>Does the person have problems with their memory? Does the person have visual / spatial agnosia / expressive or receptive dysphasia?</p>

23.8.18

Chair: Sue Davis, CBE

Chief Executive: John Short

PALS Patient Advice and Liaison Service Customer Care

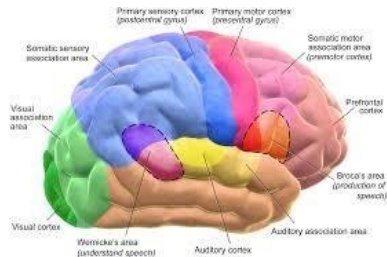
Mon – Fri, 8am – 8pm

Tel: 0800 953 0045 Text: 07985 883 509 Email: pals@bsmhft.nhs.uk Website: www.bsmhft.nhs.uk





Big words.....



- **Visual agnosia** – a disorder of recognition which results in an inability to identify an object e.g. a toilet, by vision alone.
- **Spatial agnosia** – An inability to find one's way around even in familiar places.
- **Ideational apraxia** – Disorder of movement and coordination that is not the result of physical or sensory deficits which means that a person cannot perform a sequence of interrelated actions.
- **Dressing apraxia** – Disorder of movement and coordination resulting in a person being unable to dress in not only the right sequence but also place garments on the body in the correct way. Garments may be put on upside down, back to front or in the wrong order.
- **Anosognosia** – one sided neglect of body which results in a person not “seeing” their body as a whole or not acknowledging objects on their “blind side”.



- **Expressive dysphasia** – the loss of ability to express speech due to brain damage.
- **Receptive dysphasia** – the loss of ability to understand what is being said due to brain damage

Points to consider when care planning:

Difficulty	Points to consider
Passive incontinence	Encouragement and prompting.
Urge incontinence	Seating arrangements nearby toilet, clear signage, route to toilet is accessible & clutter free.
Stress incontinence	Be aware that this may increase during physical activity.
Nocturnal enuresis	Adequate lighting, nearby a toilet or commode.
Dribbling/ leakage incontinence	Use of most appropriate product, refer to physiotherapy for exercise programme.
Lacking motivation	Gentle prompts by staff to remind people they may need to use the toilet. Building self esteem
Reduced physical strength and steadiness	The person needs to be sat in a chair that promotes ability to stand safely (i.e. correct height with arm rests) Ensure mobility aids are positioned within reach. Ensure person has been screened for risk of falls and any actions required are taken e.g. referral to physio. Encourage exercising to promote strength via physio Consider if referral to chiropody required



Environment	Floor coverings – different textures Distance Furniture Outstretched legs/ other obstacles Proximity of toilet to others within hearing distance (privacy) Space available within toilet area Height of toilet and availability of ‘grab’ rails Ensure sensory aids are used e.g. glasses to assist in finding the toilet
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Points to consider (cont.)

Maintaining privacy and dignity	Ensure cleanliness of toilet Easily accessible facilities Lockable doors Single sex Curtains where necessary
Dexterity and coordination	Appropriate loose fitting clothing e.g. Velcro fastenings or large buttons. Avoid lots of layers of clothes. less nimble Hand washing facilities with taps etc. suitable for fingers Ability to use continence aids e.g. sheaths, pads



Difficulties locating the toilet	Easily identifiable door colours for bathroom facilities Good written and pictorial signage Signage/ pathfinder arrows within corridors Good lighting which is left on when toilet not in identification and reduce fear and disorientation Staff recognizing non verbal cues use to aid
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TENA Comfort Fitting Guide – Standing and Lying



Fold the pad in half lengthways before opening it out to secure a bowl shape. The front of the pad is the smaller area. Place larger area at the back.



Pull fixation pants to mid-thigh then turn waistband down to the knees. Pass pad from front to back.



Pull pad up into position. The wetness indicators are the blue lines across the pad.



Ease leg elastics into the groin area for secure fixation and leakage security.



Fan-out the product to the sides (front and back) to ensure a close-body and comfortable fit.



Fold the pad in half lengthways before opening it out to fit to secure a bowl shape. The front of the pad is the smaller area. Place larger area at the back.



Pass pad from front to back. The wetness indicators are the blue lines across the pad.



Pull fixation pants up over the pad.



Ease leg elastics into the groin area for secure fixation and leakage security.



Fan-out the product to the sides (front and back) to ensure a close-body and comfortable fit.

TENA Flex Fitting Guide – Standing and Lying



Fully open up the pad. Fold the pad in half lengthways to create a bowl shape.



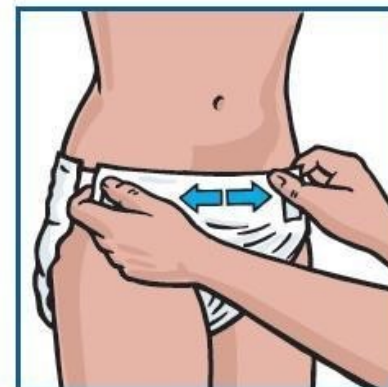
Slide the belt around the hips and secure at the front with the hook-in-line tabs.



With the user standing, pull the pad between the legs by stretching the hook-in-line tabs so that they reach the belt.



Stretch the front of the pad up towards the waist and out at each side. Attach the hook-in-line tabs to the belt with soft pressure.



Double-check the hook-in-line tabs are fixed securely and that there's a close fit in the groin area.



Fully open up the pad. Fold the pad in half lengthways to create a bowl shape.



With the user on their side and the pad at the back, crumple the belt and slide it through below the waist.



With the user lying down, pull the pad between the legs by stretching the hook-in-line tabs so that they reach the belt.



Stretch the front of the pad up towards the waist and out at each side. Attach the hook-in-line tabs to the belt with soft pressure.



Double-check the hook-in-line tabs are fixed securely and that there's a close fit in the groin area.

How to fit TENA Slip - Standing & Lying



With the user standing, place the pad between the legs from front to back.



Fit both the bottom tapes, one at a time, angled slightly upwards.



Then fit both top tapes, one at a time angled slightly downwards. Check for comfort and fit. The pad allows for multiple refastening and adjustment of the tapes.



Gently press and smooth the tapes on to the textile-like back-sheet.



Give a gentle pull to anchor the tapes into the fibres of the back-sheet. This ensures the secure fixation.



With the user lying on their side, slide the pad between the legs from front to back.



Smooth out the pad.



Fit both the bottom tapes, one at a time, angled slightly upwards and then fit both top tapes, one at a time angled slightly downwards. Check for comfort and fit. The pad allows for multiple refastening and adjustment of the tapes.



Gently press and smooth the tapes on to the textile-like back-sheet.



Give a gentle pull to anchor the tapes into the fibres of the back-sheet. This ensures the secure fixation.