



Assessment of Urinary and Faecal Incontinence Procedure

Procedure Number

CHC-PN-0016

Version Nos:

5

1. Purpose

The aims of urinary and faecal incontinence assessment are to:

- establish the cause of incontinence;
- establish a treatment plan to assist the client to achieve continence or improved management of continence;
- help the client to achieve the best quality of life;
- keep a record of assessment for follow-up.

2. Application

This Procedure is to be followed by all nursing staff throughout the West Coast District Health Board (WCDHB).

3. Definitions

There are no definitions associated with this Procedure.

4. Staff Authorised To Perform Procedure

This Procedure shall be performed by a:

- i) registered nurse under the supervision/direction of a continence nurse; or
- ii) continence nurse specialist;
- iii) physiotherapist trained as a continence adviser

5. Resources Required

This Procedure requires:

- i) an appropriate assessment form for urinary and faecal incontinence.

6. Process

- 1.00 The client may be referred to the Continence Service by their GP, practice nurse or appropriate health care professional.
- 1.01 Response time for each referral will be based on the level of risk of the client which will be assessed based on the information provided with the referral. (See Guidelines)
- 1.02 The Continence Nurse will phone the client and arrange a mutually suitable time to visit the client either at their home or at an outpatient clinic.
- 1.03 The assessment interview will require approximately 30 – 45 minutes to complete. It is important to ensure a private and comfortable setting to enable the client to be relaxed.
- 1.04 The assessment may include:
 - clinical history and current management techniques;



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- fluid and dietary intake and fluid output records;
- urinalysis;
- pelvic floor observations;
- post void residuals;
- rectal examination;
- mobility/disability;
- observation of home toilet facilities;
- assessment of social/motivational factors;
- the risk of deterioration of the client's health status.

- 1.05 If continence supplies are required these will be supplied by the assessor.
- 1.06 Where the client's clinical situation requires the input from other health services/professionals, the assessor will refer the client to other health professionals/services, and make the necessary arrangements for this to occur.
- 1.07 If further investigation is required, this will be organised by the assessor and an appropriate appointment made.
- 1.08 A prescription card is written out and given to the client, and the assessment process and outcome will be documented by the assessor.
- 1.09 If the outcome of the assessment is that the client requires short-term treatment from the Continence Service, an outcome-orientated care plan will be developed and documented by the Continence Service within 24 hours of the assessment being completed.
- 1.10 If the outcome of the assessment is that the client requires long-term treatment from the Continence Service, an outcome-orientated initial care plan will be developed and documented by the Continence Service within 24 hours of the assessment being completed, and then a long term care plan is to be developed within 3 weeks of the development of the initial care plan.
- 1.11 The assessor is to arrange for a follow up reassessment is to be undertaken 6 weeks after the initial assessment.
- 1.12 A written report is to be sent to the referrer, and a continence registration form is sent to Community Services Administration and Surgical Supplies Manager.

7. Precautions And Considerations

- ➔ Ensure facilities for conducting the assessment are private and comfortable
- ➔ A follow up reassessment is arranged for 6 weeks after the initial assessment
- ➔ Response time for each referral will be based on the level of risk of the client



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MoH Service Specifications DOM104 Continence Service

9. Related Documents

- CHC Entry To Continence Service Criteria
- CHC Continence Education For Client And Carers Procedure
- CHC Continence Education For Staff And Community Procedure
- CHC Discharge Planning For Continence Clients Procedure
- CHC Management And Supply Of Continence Products Procedure
- CHC Monitoring and Maintenance Of Continence Clients Procedure

10. Guidelines

RISK ASSESSMENT FRAMEWORK

High Risk – Failure To Provide Service May Result In The Client:

- being in unnecessary pain
- imminently being admitted as an inpatient for symptom control
- experiencing irreversible deterioration of their health status requiring long-term inpatient medical/surgical management
- no longer being able to stay in their own residence

Medium Risk - Failure To Provide Service May Result In The Client:

- being unable to self-manage with resulting dependency on alternative options which may compromise their health status
- having to be referred to a specialist for consultation and/or management of a health condition
- continuing with compromised health status which is not life threatening but if left permanently unmanaged would lead to extensive and/or addition problems
- being unable to self-manage thus placing significant pressure on family/caregiver which may cause their health status to be compromised
- being admitted to short-term care to provide respite for the caregiver

Low Risk - Failure To Provide Service May Result In The Client:

- living with a limited degree of compromised health status which is not in any way life threatening but intervention would enable them to return to optimal health status and/or function safely and independently

RESPONSE TIMES

The response time for each client is to be based upon the level of assessed risk of the client, as determined from the information provided with the referral:

Initial Contact

Low Risk – within 5 working days of referral receipt

Medium Risk - within 2 working days of referral receipt

High Risk – within 24hrs of referral receipt

Face-To-Face Contact

Low Risk – within 14 working days of referral receipt

Medium Risk - within 10 working days of referral receipt

High Risk – within working days of referral receipt



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Revision History	Version:	5
	Developed By:	Bobby Davidson
	Authorised By:	Director of Nursing
	Date Authorised:	October 2001
	Date Last Reviewed:	October 2007
	Date Of Next Review:	October 2009