Urinary Incontinence Assessment

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WHY: Urinary incontinence (UI), the involuntary loss of urine, is estimated to affect over 13 million Americans. UI increases with age, but is not a normal part of the aging process. It is the second leading risk factor for institutionalization; 80% of long-term care residents require assistance with toileting, and 54% are incontinent. UI may be transient. Persistent UI may be classified as urge, stress, overflow, functional, or a combination of these. Successful individualized treatment options are available. Nurses, traditionally the “hands-on” caregivers, are in the ideal position to assess and intervene to help improve and restore continence.

BEST ASSESSMENT: The bladder diary is the recommended tool to collect information regarding UI. A sample bladder diary is provided on the next page. In addition, screening questions and a helpful mnemonic such as DIAPPERS, as discussed on the next page, provide a framework for guiding assessment of presence and risk of UI.

TARGET POPULATION: UI screening is appropriate at any age, but especially for older adults due to increased prevalence. The at-risk patient population includes those with: immobility, impaired cognition, medications, morbid obesity, smoking, fecal impaction, delirium, low fluid intake, environmental barriers, high-impact physical activities, diabetes, stroke, estrogen depletion, and pelvic muscle weakness.

VALIDITY/RELIABILITY: The Agency for Health Research and Quality (previously known as the Agency for Health Care Policy and Research) expert panel recommends the use of bladder diaries as a method for assessment of incontinence, supporting the validity of this measure.

STRENGTHS AND LIMITATIONS: While bladder diaries and suggested questions and screening frameworks help to identify the risk and presence of incontinence, these instruments do not shed light on the impact of incontinence on an individual’s quality of life. UI’s impact on quality of life may vary based on the type of UI, leading clinicians to choose appropriate Health Related Quality of Life (HRQOL) questionnaires that measure specific UI symptomatology. A strength of HRQOL questionnaires is they may be self-administrated, but clinicians must take care in appropriate selection for targeted populations; culturally sensitive UI research continues to expand.

MORE ON THE TOPIC:


Urinary Incontinence Assessment

SUGGESTED QUESTIONS
Do you ever lose control of your urine? Do you ever leak?
Can you tell me about the problems you are having with your bladder?
Can you tell me about the trouble you are having holding your urine (water)?
How often do you lose urine when you do not want to?
When do you lose urine when you do not want to?
   Do you leak when coughing, sneezing, laughing, or lifting objects?
   Do you leak when hurrying to the bathroom?
How often do you wear a pad, diaper, undergarment-shield?
Do you use any other type of protection from leaking urine?
How long have you had this bladder problem?

SAMPLE BLADDER RECORD - Should track a 24-hour time period for several days

<table>
<thead>
<tr>
<th>Time Interval</th>
<th>Urinated in Toilet</th>
<th>Incontinent Episode (++small; +++=large)</th>
<th>Reason for Incontinent Episode</th>
<th>Type and Amount of Liquid Intake</th>
<th>Bowel Movement</th>
<th>Pad/Diaper Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>8-9 AM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>7-8 AM</td>
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<tr>
<td>Expand Chart to reflect a 24-Hour Time Period</td>
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</tbody>
</table>


POSSIBLE CAUSES OF TRANSIENT URINARY INCONTINENCE

Delirium
Infection (Urinary Tract)
Atrophic urethritis or vaginitis
Pharmacology (i.e. diuretics, anticholinergics)
Psychological disorders (especially depression)
Endocrine disorders (i.e. diabetes)
Restricted mobility (i.e. post-operative)
Stool Impaction