



## Complete Summary

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### GUIDELINE TITLE

Urinary incontinence.

### BIBLIOGRAPHIC SOURCE(S)

Dowling-Castronovo A, Bradway C. Urinary incontinence. In: Mezey M, Fulmer T, Abraham I, Zwicker DA, editor(s). Geriatric nursing protocols for best practice. 2nd ed. New York (NY): Springer Publishing Company, Inc.; 2003. p. 83-98. [26 references]

### GUIDELINE STATUS

This is the current release of the guideline.

## COMPLETE SUMMARY CONTENT

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## SCOPE

### DISEASE/CONDITION(S)

Urinary incontinence

### GUIDELINE CATEGORY

Evaluation  
Management  
Treatment

### CLINICAL SPECIALTY

Geriatrics  
Nursing

## **INTENDED USERS**

Advanced Practice Nurses  
Nurses

## **GUIDELINE OBJECTIVE(S)**

- To present a nursing standard of practice protocol for urinary incontinence (UI)
- To discuss the transient and established etiologies of UI
- To describe the core components of a nursing assessment for UI in hospitalized elders
- To identify major treatment strategies for UI
- To provide indications for indwelling catheter use

## **TARGET POPULATION**

Older adults hospitalized for acute care

## **INTERVENTIONS AND PRACTICES CONSIDERED**

### **Evaluation for Urinary Incontinence (UI)**

1. Review medical and social history
2. Question patient/caregiver about possible urinary incontinence including time of onset, frequency and severity. Inquire about symptoms such as nocturia, hematuria, and hesitancy. Determine patient's current management strategy
3. Perform abdominal, genital, rectal, and skin examination  
Valsalva maneuver for women (if not medically contraindicated)
4. Determine presence/absence of indwelling catheter. If present, determine whether use is indicated
5. Complete functional, environmental, and mental status assessment
6. Review medications and diagnostic test results
  - Urinalysis and urine cultures
  - Bladder sonography or catheter insertion to evaluate post-void residual urine
7. Complete bladder diary or voiding record  
Staff training in use/interpretation of bladder diary

### **Treatment/Management**

1. Scheduled voiding or habit training
2. Patient/caregiver, nursing staff education regarding urinary incontinence
  - Crede maneuver (deep suprapubic palpation)
  - Double voiding technique
  - Pelvic muscle exercises
3. Modification of environment to facilitate continence
  - Call bells within reach
  - Commode, urinal, bedpan
4. Nutrition/hydration management

5. Referral to interdisciplinary team members (e.g., pharmacology, surgery, therapy) as indicated
6. Catheterization only as indicated
7. Avoidance of medications that may contribute to UI

#### **MAJOR OUTCOMES CONSIDERED**

- Number of episodes of urinary incontinence (UI)
- Number of complications associated with UI

### **METHODOLOGY**

#### **METHODS USED TO COLLECT/SELECT EVIDENCE**

Searches of Electronic Databases

#### **DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE**

Medline, CINAHL, and MDConsult were the databases used.

#### **NUMBER OF SOURCE DOCUMENTS**

Not stated

#### **METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE**

Not stated

#### **RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE**

Not applicable

#### **METHODS USED TO ANALYZE THE EVIDENCE**

Review

#### **DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE**

Not stated

#### **METHODS USED TO FORMULATE THE RECOMMENDATIONS**

Not stated

#### **RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS**

Not applicable

## **COST ANALYSIS**

A formal cost analysis was not performed and published cost analyses were not reviewed.

## **METHOD OF GUIDELINE VALIDATION**

Internal Peer Review

## **DESCRIPTION OF METHOD OF GUIDELINE VALIDATION**

Not stated

# **RECOMMENDATIONS**

## **MAJOR RECOMMENDATIONS**

### **Assessment Parameters**

- Document the presence/absence of urinary incontinence (UI) for all patients on admission.
- Document the presence/absence of an indwelling urinary catheter. Determine appropriate indwelling catheter use: severely ill patients, patient with Stage III to IV pressure ulcers of the trunk, urinary retention unresolved by other interventions.
- For patients who are incontinent:
  - Determine whether the problem is transient, established, or both.
  - Identify and document the possible etiologies of the UI.
  - Elicit assistance with assessment and management from interdisciplinary team members.

### **Nursing Care Strategies**

- General principals that apply to prevention and management of all forms of UI:
  - Identify and treat causes of transient UI.
  - Identify and continue successful pre-hospital management strategies for established UI.
  - Complete bladder diary.
  - Develop an individualized plan of care using data obtained from the history and physical examination, and in collaboration with other team members.
  - Avoid medications that may contribute to UI.
  - Avoid indwelling urinary catheters whenever possible.
  - Monitor fluid intake and maintain an appropriate hydration schedule.
  - Modify the environment to facilitate continence.
  - Provide patients with usual undergarments in expectation of continence, if possible.
  - Prevent skin breakdown by providing immediate cleansing after an incontinent episode and utilizing barrier ointments.
  - Use absorbent products judiciously.

- Strategies for specific problems:

#### *Stress UI*

- Teach pelvic muscle exercises (PME).
- Provide toileting assistance and bladder training.
- Consider referral to other team members if pharmacologic or surgical therapies are warranted.

#### *Urge UI*

- Implement bladder training or habit training.
- Teach pelvic muscle exercises to be used in conjunction with the above strategy.
- Consider referral to other team members if pharmacologic therapy is warranted.
- Initiate referrals for those patients who do not respond to the above.

#### *Overflow UI*

- Allow sufficient time for voiding.
- Instruct patients in double voiding and Crede maneuver.
- Consider use of external collection devices for men.
- Provide sterile intermittent or indwelling catheterization.
- Initiate referrals to other team members for those patients requiring pharmacologic or surgical intervention.

#### *Functional UI*

- Provide scheduled voiding or habit training.
- Provide adequate fluid intake.
- Collaborate with other team members to eliminate any medications adversely affecting continence.
- Refer for physical and occupational therapy.
- Modify environment to be conducive to maintaining independence with continence.

### **Follow-up to Monitor the Condition**

- Provide patient/caregiver discharge teaching regarding outpatient referral and management.
- Incorporate continuous quality improvement (CQI) criteria into existing program.
- Identify areas for improvement and enlist interdisciplinary assistance in devising strategies for improvement.

### **CLINICAL ALGORITHM(S)**

None provided

## EVIDENCE SUPPORTING THE RECOMMENDATIONS

### TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of supporting evidence is not specifically stated for each recommendation.

## BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

### POTENTIAL BENEFITS

#### Patients Will Demonstrate:

Fewer or no episodes of urinary incontinence (UI) or complications associated with UI

#### Health Care Providers Will Demonstrate:

- Documented continence status at admission and throughout hospital stay
- Interdisciplinary expertise and interventions to assess and manage UI during hospitalization
- Inclusion of UI in discharge planning needs and referral as indicated

#### Institution Will Demonstrate:

- Decreased incidence and prevalence of acute UI
- Hospital policies requiring assessment and documentation of continence status
- Access to the Agency for Health Care Policy and Research (AHCPR) Guidelines for Managing Acute and Chronic UI
- Administrative support and ongoing education regarding assessment and management of UI for staff

### POTENTIAL HARMS

Urinary catheterization can be associated with urinary tract infections. Patients requiring indwelling urinary catheters may have a higher incidence rate of infection than patients requiring sterile intermittent catheterization.

## QUALIFYING STATEMENTS

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Decisions regarding catheterization require careful consideration of the benefits and burdens associated with their use.

## IMPLEMENTATION OF THE GUIDELINE

### DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

## INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

### IOM CARE NEED

Getting Better

### IOM DOMAIN

Effectiveness  
Patient-centeredness

## IDENTIFYING INFORMATION AND AVAILABILITY

### BIBLIOGRAPHIC SOURCE(S)

Dowling-Castronovo A, Bradway C. Urinary incontinence. In: Mezey M, Fulmer T, Abraham I, Zwicker DA, editor(s). Geriatric nursing protocols for best practice. 2nd ed. New York (NY): Springer Publishing Company, Inc.; 2003. p. 83-98. [26 references]

### ADAPTATION

Not applicable: The guideline was not adapted from another source.

### DATE RELEASED

2003

### GUIDELINE DEVELOPER(S)

Hartford Institute for Geriatric Nursing - Academic Institution

### GUIDELINE DEVELOPER COMMENT

The guidelines were developed by a group of nursing experts from across the country as part of the Nurses Improving Care for Health System Elders (NICHE) project, under sponsorship of The John A. Hartford Foundation Institute for Geriatric Nursing.

### SOURCE(S) OF FUNDING

Supported by a grant from The John A. Hartford Foundation.

### GUIDELINE COMMITTEE

Not stated

## **COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE**

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## **FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST**

Not stated

## **GUIDELINE STATUS**

This is the current release of the guideline.

## **GUIDELINE AVAILABILITY**

Copies of the book *Geriatric Nursing Protocols for Best Practice*, 2nd edition: Available from Springer Publishing Company, 536 Broadway, New York, NY 10012; Phone: (212) 431-4370; Fax: (212) 941-7842; Web: [www.springerpub.com](http://www.springerpub.com).

## **AVAILABILITY OF COMPANION DOCUMENTS**

None available

## **PATIENT RESOURCES**

None available

## **NGC STATUS**

This summary was completed by ECRI on February 2, 2004. The information was verified by the guideline developer on February 26, 2004.

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