**Guidance and advice to support completed Screening Tool**

Please review completed screening tool and consider actions according to most ticks.

**If further advice or support is required please contact the Bladder and Bowel Team via SPA 01904 721200.**

**Question 1**

**Possible urine infection?**

If two or more symptoms, request urine specimen from patient. Dipstick if under 65 years old, if urine infection indicated send MSU.

Do not dipstick, if over 65 years old as not reliable. Send MSU only**.** Please ensure symptoms are recorded on the Microbiology form.

**Question 2-5**

Consider referral to Occupational/Physio Therapist, Social Services etc.

**Question 6**

Consider the following:

Is the patient drinking well, 6/8 mugs or 10-12 cups per day, avoiding fizzy drinks and caffeine and eating a well-balanced diet?

Provide written advice/leaflets and education about fluid intake and diet.

**Question 7**

**Has pressure ulcer screen been completed?**

Are barrier creams in use? Consider Derma-S.

**Question 8**

Does the patient need a medication review by Pharmacist or GP? Please request and record on S1or own documentation.

**Question 9**

Consider impact of allergies when deciding outcomes.

**Question 12**

Is the issue stopping normal activities? Consider referral to Social Prescribers, Social Services.

**Question 13**

**Stress Incontinence.**

* Likely history of pelvic floor damage from pregnancy/childbirth.
* Discuss fluid intake 6-8 mugs or 10-12 cups in 24hrs. Discuss the effects that alcohol, fizzy drinks & caffeine have on bladder.
* Treat any existing urinary tract infection/constipation/diarrhoea and monitor the improvement in symptoms.
* Give the patient a copy of the **‘Pelvic Floor Exercise’** leaflet. Explain the contents and provide reassurance.
* If the patient is unable to understand/comply with pelvic floor exercises, then refer to the Continence Specialist Nurse for further advice and treatment. A further referral for specialist physiotherapy may be helpful/electrical stimulation/biofeedback.
* Skin must be clean and dry after any incontinent episode. Do not use barrier creams as these affect the absorbency of continence pads; use of a water based cream such as Derma-S.
* Pelvic Floor Exercises alone may not solve the problem in all cases.
* Review in 3/12 and consider referral to Sp. Bladder & Bowel Service if no improvement.

**Question 14**

**Urgency and Frequency**

* Provide Overactive Bladder booklet.
* Pelvic Floor Exercises may be helpful, provide **‘Pelvic Floor** **Exercise’** leaflets and explain the contents.
* Refer to Bladder & Bowel Specialist Nurse for further information, advice or to confirm type of continence problem if needed.
* If diagnosis of Bladder Pain Syndrome, discuss with Bladder & Bowel Specialist Nurse.
* Continence products, e.g. Sanitary Pads, small stick in pad inside normal underwear; Skin must be clean and dry after any incontinent episode. use of a water based cream such as Derma-S.
* Reduced mobility may cause urge so consider need for higher absorbency pad.
* For male patients with urge/functional loss symptoms – consider a sheath.
* Bladder scan and complete template below or care plan on S1.

|  |
| --- |
| Has consent been obtained Yes/No Does the patient require a chaperone? Yes/No Pre void amount: Free textPost void amount: Free TextBladder scan shows large full bladder, if over 300 mls consider catheterisation. Refer to Bladder Scanning pathway if applicable |

**Inpatient Units:** If residual 300 ml or above immediately post void, liaise with Medical team as may require intermittent catheterisation (first line) or indwelling catheter.

Refer to Bladder Scanning pathway, if applicable

Refer to Bladder & Bowel Specialist Nurse for further assessment, if necessary.

**Question 15**

**Overflow** bladder not emptying.

Perform bladder scan template below or care plan on S1.

|  |
| --- |
| Has consent been obtained? Yes/No Does the patient require a chaperone? Yes/No Pre void amount: Free text Post void amount: Free textBladder scan shows large full bladder, if over 300 mls consider catheterisation. Refer to Bladder Scanning Pathway, if applicable |

**Inpatient Units** If residual 300ml or above immediately post void, liaise with Medical team as may require intermittent catheterisation (first line) or indwelling catheter.

Refer to Bladder Scanning Pathway, if applicable

* The patient should drink between 6-8 mugs or 10-12 cups per day. Discuss the effects that alcohol, fizzy drinks and caffeine have on the elimination system.
* The patient may need to double void.
* Consider intermittent or indwelling catheter as recommended by the Bladder & Bowel Specialist Nurse.
* Alpha blockers may be appropriate for patients with Benign Prostate enlargement – seek medical advice or GP.
* Continence products may be needed until diagnosis and treatment has commenced.
* Skin must be clean and dry after any incontinent episode. Do not use barrier creams, as these affect the absorbency of continence pads; use a water based cream e.g Derma-S.
* Indwelling/Intermittent catheter.

If experiencing Catheter problems, consult Procedure/Protocol for Catheterisation and Catheter Care or the Bladder & Bowel Specialist Team, if necessary.

**Question 16**

**Functional Loss/Reflex**

* The patient should drink between 6-8 mugs or 10-12 cups per day, could be more or less depending on weight – see fluid matrix. Discuss the effects that alcohol, fizzy drinks and caffeine have on the elimination system and timing of fluid intake.
* If the patient is unable to recognise the need to go to the toilet, a regular toileting regime following meals and fluids may be helpful. Discuss with patient/carer.
* If the patient demonstrates some recognition of needing to go to the toilet then adequate toilet facilities/commodes/urinals should be provided at appropriate times following meals and fluids and assistance with mobility/hygiene requirements and maintain privacy and dignity at all times.
* Any pad management must be appropriate to the patients needs (ie. dexterity, mobility, mental ability). Consider high absorbency pads secured with appropriate underwear or wrap around products.
* Skin must be clean and dry after any incontinent episode. Do not use barrier creams as these affect the absorbency of continence pads; use a water based cream e.g Derma-S
* For male patients, consider a sheath or contact Continence Specialist Nurse for further advice regarding alternative appliances.

Refer to Bladder & Bowel Specialist Nurse, if complex and problem not managed by treatment plan above.

Discuss containment products and provide sample containment products

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| --- |
| Details of containment products required, type, size, absorbency and amount required over 24 hoursDate ordered: |

**Question 17**

**Bowel Symptoms/faecal incontinence**

Identify bowel dysfunction or combination.

* Passive faecal incontinence(unaware of leakage).
* Urge faecal incontinence.
* Constipation.
* Functional incontinence.
* Involuntary bowel emptying (cognitive problems**).**
* Dietary advice.
* Fluid advice.
* Advice on exercise.
* Toileting regime/positioning/opportunity.
* To commence Laxatives.
* Enema/suppositories.
* Medication review.
* Rectal irrigation/digital removal of faeces.
* Containment products.
* Bowel examination
* Provide ‘Understanding your bowels’ leaflet**.**

|  |
| --- |
| Details of containment products required, type, size, absorbency and amount over 24hrsDate ordered:  |

Refer to Bladder & Bowel Specialist Nurse if rectal irrigation is considered.

**Digital removal of faeces is a last resort procedure (unless spinal injury involved) and should only be done if other methods of bowel interventions are inappropriate.**

**NB If spinal injury involved and manual evacuation is already undertaken at home this needs to continue in Inpatient environment to prevent constipation and autonomic dysreflexia**

Any additional information or advice given?