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About this toolkit

The SF7 Toolkit is a Senior Friendly Care (sfCare) resource that supports clinical best practices for healthcare providers across the sectors of care and includes self-management tools for older adults and their caregivers. Senior Friendly 7 focuses on seven clinical areas that support resilience, independence, and quality of life.

The toolkit is available by individual topic, or bundled together. All SF7 toolkit options are available on our website: https://www.rgptoronto.ca/resources/

Use of this toolkit
The content for older adults and their family or caregivers is not intended to replace the advice of a physician or other qualified healthcare providers.

The toolkit provides a common practice framework that complements the unique skills and practices of the various care providers helping older adults. The content is provided for guidance, and is not intended to be exhaustive.

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Acknowledgments
The toolkit was created by the RGP of Toronto, and was informed by over 200 people, including clinical subject matter experts, older adults and their caregivers, and frontline healthcare providers who participated in co-creation events.

The RGP gratefully acknowledges the clinical review of this toolkit by Cathy McCumber, RN, BScN, MN, GNC (C), CRN (C), Nursing Practice Leader, Nursing Professional Practice Team at Bruyère Continuing Care.
Urinary incontinence is defined as involuntary loss of bladder control causing the release of urine.

Urinary incontinence is under-reported. Older adults may not want to discuss the issue, and healthcare providers may not ask.

Men and women of all ages

Urinary incontinence can occur in adults of all ages. Approximately 5% of men and 7% of women experience daily urinary incontinence.[7]

>84 years of age

The prevalence of urinary incontinence increases with age. After age 84, approximately 15% of men and 24% of women are reported to have urinary incontinence.[7]

Older adults in institutions

The prevalence of urinary incontinence for older adults in institutions (such as long term-care homes or hospitals) is approximately 37% for both men and women.[7]

Urinary incontinence can have a significant impact on quality of life including:

- depression
- falls
- social isolation
- pressure sores
- loss of sexual intimacy
- financial burden
Assessing urinary incontinence

Assessing for urinary incontinence can be challenging due to:

- Embarrassment, stigma or the misconception that urinary incontinence is a normal part of aging. This may prevent older adults from recognizing or discussing their symptoms.

- Misunderstanding of what urinary incontinence is due to different definitions and terminology used.

- No validated screening tools. However, the following questions may be helpful to initiate a conversation about urinary incontinence in a non-judgmental way:
  
  ✓ Does your bladder cause you concern or embarrassment?
  
  ✓ Do you leak urine before getting to the toilet? How often does this happen? Has this happened today?
  
  ✓ Are you rushing to the toilet or looking for a toilet frequently?


Urinary incontinence is not a normal part of aging!

It is often a symptom of an underlying health problem.

It can be treated or managed.
### Types of urinary incontinence

<table>
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<th><strong>Functional incontinence</strong></th>
<th>Not being able to get to the toilet in time due to an issue outside the urinary system (e.g. mobility issues, cognition, medications).</th>
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| **Transient incontinence** | Caused by reversible factors and can resolve or improve if the cause is treated. Eight reversible factors of urinary incontinence are:  
1) Delirium  
2) Infection (urinary, symptomatic)  
3) Atrophic urethritis and vaginitis  
4) Pharmaceuticals  
5) Psychological disorders, esp. depression  
6) Excessive urine output (e.g. from heart failure)  
7) Mobility  
8) Constipation |
| **Stress incontinence** | Leakage of small amounts of urine due to increased intra-abdominal pressure sometimes associated with sudden exertion (e.g. sneezing) and muscle weakness in the urinary system. |
| **Urge incontinence** | An inability to delay urination due to sudden bladder contractions causing uncontrollable urges, frequently at night; also referred to as unstable or overactive bladder. |
| **Overflow incontinence** | Dribbling of urine associated with a distended bladder causing difficulty with voluntary voiding possibly caused by blockage or neurologic conditions. |
| **Total incontinence** | Due to the complete absence of urinary control which may cause continuous leakage or periodic, uncontrolled emptying. |

Urinary incontinence care decision tree for healthcare providers

Clinical Assessment

Symptoms

Types of Incontinence

Intervention

Evaluation

1. New onset urinary incontinence
2. Risk factors identified
   - Delirium, confusion
   - Infection, urinary symptoms
   - Atrophic vaginitis, urethritis
   - Pharmaceuticals
   - Psychological disorders
   - Endocrine disorders
   - Restricted mobility
   - Stool impaction

- Frequency
- Nocturia
- Enuresis
- Moderate to large amount of urine loss

- Small amount of urine loss
- Associated with activity, coughing, or sneezing

- Frequency
- Post void dribbling
- Retention
- Hesitancy
- Sensation of fullness or pressure in abdomen
- Urine loss without urge

Unable to get to toilet in time

URGE

- Medical referral as required
- Bladder training
- Kegel exercises
- Continence liners or briefs if needed
- Environmental modifications
- Provide urinal or commode at bedside

STRESS

- Medical referral as required
- Bladder diary to establish routine
- Kegel exercises
- Bladder training
- Continence liners or briefs if needed

OVERFLOW

- Medical referral as required
- Allow patient sufficient time to void
- Encourage double void
- Measure post void residual using bladder scanner
- Contact physician if appropriate for in/out catheterization or indwelling catheterization order
- Provide urinal or commode at bedside
- Medication review

- OT and/or PT assessment
- Scheduled toileting
- Avoid restraints
- Ensure toilet is accessible
- Provide urinal or commode at bedside
- Modify fluid intake pattern
- Modify environment e.g. remove obstacles
- Ensure adequate lighting

FUNCTIONAL

- Subjective and objective report of improvement
- Decrease use of liners or briefs

- Monitor weekly
  - Subjective report of ↓ in incontinence episodes
- ↓ Post void residual

- Monitor daily, then weekly
- ↓ Post void residual

- Monitor weekly
  - Subjective and objective report of ↓ in incontinence episodes

Adapted with permission. “Urinary Incontinence Care Decision Tree”, Donna Ruffo, RN(EC), 2018
Urinary continence information for older adults + family

Understand your urinary patterns and symptoms

Consider using the following tools to better understand your urinary patterns and symptoms:
- **The Continence Symptom checklist** ([The Canadian Continence Foundation](https://www.canadiancontinence.org)) is a quick questionnaire that will help you to identify the symptoms that you may be experiencing.
- **The Bladder Diary** ([The Canadian Continence Foundation](https://www.canadiancontinence.org)) helps you document your daily bladder routine over a few days. These two tools provide valuable information for your care provider to help assess and manage your symptoms.

Speak to a healthcare provider

- While you may be embarrassed to discuss your urinary symptoms, your primary healthcare provider can help you manage this health condition by determining the cause of your symptoms and creating a care plan.

Maintain healthy bladder habits

Consider the following healthy bladder habits:
- Drink at least 6-8 cups of non-caffeinated fluids per day because concentrated urine can be more irritating to the bladder.
- Reduce caffeine intake including: coffee, tea, or cola.
- Avoid or limit alcohol.
- Eat more fiber to avoid constipation.
- Avoid pushing when urinating.
- Empty your bladder completely every 3-4 hours during the day and before going to sleep whether you feel the urge to go or not.
- Maintain a healthy weight.
- Stay physically active.
- Avoid smoking.

Learn more about urinary incontinence

- You can learn a lot about continence and how to manage it in this comprehensive guide: **The Source – Your guide to better bladder control** ([Canadian Continence Foundation, 2018](https://www.canadiancontinence.org)).
- You may find it useful to download this app on your phone **Go Here Washroom Locator** which offers assistance with finding public washrooms across Canada.
Urinary continence in home and community care

Assess

- Older adults may be reluctant to discuss symptoms of urinary incontinence, so it is important for healthcare providers to broach the subject as a routine part of their care.
  - Be aware of signs that an older adult may be having bladder problems such as the smell of urine in the room, or soiled bed linens or undergarments.
  - Screen for urinary incontinence periodically even if no signs are present. (see page 5 for screening questions).

Manage

- If the answer to any of the screening questions is yes, encourage and assist the older adult with:
  - completing a Bladder Diary and/or
  - completing The Continence Symptom checklist and
  - making an appointment to discuss symptoms with their primary care provider.
- Reinforce and encourage healthy bladder habits (see page 8).

Communicate

- Communicate bladder concerns within the circle of care (healthcare team).
- Provide educational materials to older adults such as The Source – Your guide to better bladder control (Canadian Continence Foundation, 2018).
- Encourage the older adult to discuss their symptoms with their primary care provider. You may also want to let them know about Nurse Continence Advisors (NCAs), available through the Canadian Continence Foundation. NCAs are registered nurses with specialty certification who can assess, diagnose and treat people with urinary and/or fecal incontinence (some may provide services in the home).

Resource: Incontinence – Frailty e-learning module. (RGPs of Ontario & Geriatrics Interprofessional Interorganizational Collaboration (GiiC). This free training module provides home and community care providers with information on how to assess and provide care for frail older adults with incontinence.
Urinary continence in primary care

Older adults may be reluctant to discuss symptoms of urinary incontinence, so it is important for healthcare providers to broach the subject as a routine part of their care.

- Be aware of signs that an older adult may be having bladder problems such as the smell of urine.
- Screen for urinary incontinence periodically even if no signs are present. (see page 5 for screening questions).
- If incontinence is present, consider using the Urinary Continence Decision Tree to assess type (see page 7).

If the answer to any of the screening questions is yes, encourage the older adult to complete a Bladder Diary and/or The Continence Symptom checklist.

- If incontinence is present, consider using the Urinary Continence Decision Tree to inform the care plan (see page 7).
- Consider referral to a Nurse Continence Advisors (NCAs) available through the Canadian Continence Foundation. NCAs are registered nurses with specialty certification who can assess, diagnose and treat people with urinary and/or fecal incontinence (some may provide services in the home).

Communicate bladder concerns and continence care plan within the circle of care (healthcare team).

- Provide educational materials to older adults such as The Source – Your guide to better bladder control (Canadian Continence Foundation, 2018).
Urinary continence in hospital

Assess

- On admission, establish the older adult’s baseline for continence. Consider using urinary incontinence screening questions (see page 5).
- If incontinence is present, consider using the Urinary Continence Decision Tree to assess type (see page 7).

Manage

- If incontinence is present, consider using the Urinary Continence Decision Tree to inform the care plan (see page 7).
- Assess for and proactively manage factors that can cause previously continent older adults to become incontinent such as:
  - Physical barriers - catheters, IV poles, monitors, height of hospital bed, bed rails being up.
  - Treatment / consequences of treatments - medications (such as diuretics, opioids, sedatives), IV fluids, surgery, catheter-associated urinary tract infection.
- Establish an appropriate toileting plan with the older adult which supports their baseline bladder control, and maximizes their independence with using the toilet (or bed pan / urinal / commode). All plans should include maximizing mobility (mobilizing at least 3 times per day), and reducing use of indwelling catheters.
  - For patients with dementia or delirium consider that the need for toileting can be a cause of responsive behaviours. As part of their toileting plan, consider using prompted voiding – an evidence-based behavioural technique using verbal and physical cues for toileting. See RNAO’s Nursing Best Practice Guidelines (2005) for Promoting Continence Using Prompted Voiding.

Communicate

- Include a continence care plan in discharge plans and in communications within the circle of care (healthcare team).
- Optimize continence support for the older adult on discharge by providing resources such as: the Continence Symptom Checklist, Bladder Diary and The Source – Your guide to better bladder control (all from Canadian Continence Foundation). Encourage the older adult to follow up with their primary care provider. You may also want to let them know about Nurse Continence Advisors (NCAs) available through the Canadian Continence Foundation. NCAs are registered nurses with specialty certification who can assess, diagnose and treat people with urinary and/or fecal incontinence (some may provide services in the home).
Urinary continence in long-term care

Assess

- On admission, establish the older adult’s baseline for continence. Consider using urinary incontinence screening questions (see page 5).
- If incontinence is present, consider using the Urinary Continence Decision Tree to assess type (see page 7).

Manage

- If incontinence is present, consider using HQO’s Long Term Care Incontinence Best Practices (2015) to create an appropriate care plan.
- Establish an appropriate toileting plan with the older adult which supports their baseline bladder control, and maximizes their independence with using the toilet (or bed pan / urinal / commode). All plans should include maximizing mobility (mobilizing at least 3 times per day), and reducing use of indwelling catheters.
  - For patients with dementia or delirium consider that the need for toileting can be a cause of responsive behaviours. As part of their toileting plan, consider using prompted voiding – an evidence-based behavioural technique using verbal and physical cues for toileting. See RNAO’s Nursing Best Practice Guidelines (2005) for Promoting Continence Using Prompted Voiding.
- Encourage and support the older adult in maintaining healthy bladder habits.

Communicate

- Communicate bladder concerns and continence care plan within the circle of care (healthcare team).
- Encourage the older adult to discuss their symptoms.
References


8. HQO. Health Quality Ontario Long-Term Care Incontinence: Health Quality Ontario's Quality Compass; 2015 [Available from: https://qualitycompass.hqontario.ca/.


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