

Documentation Checklist: Process Guideline for Urinary Incontinence
May 9, 2005

Resident: _____

Date: _____

If a concern related to urinary incontinence is triggered during the survey process, the facility will be given the opportunity to demonstrate that it has followed the steps in this checklist, as evidence to support an appropriate care process related to urinary incontinence. Evidence of appropriate care process will be considered in determining whether an adverse event (a negative outcome), or the potential for an adverse event, related to the management of urinary incontinence can be attributed to a deficient facility practice. If attributable to a preventable (avoidable) deficient facility practice, this checklist may also be used in analyzing the severity of the deficiency, if a citation should result.

F-tags, which could be associated with urinary incontinence concerns, are provided for each of the Tables. Other tags may also be appropriate.

DOCUMENTATION CHECKLIST:

PROCESS GUIDELINE FOR URINARY INCONTINENCE

May 9, 2005

PROCESS INDICATORS	Yes	No	N/A
ASSESSMENT/PROBLEM RECOGNITION May relate to F- 272, 278, 310, 315, 316			
1. Did the staff and physician seek and document risk factors for urinary incontinence and any history of urinary incontinence?			
2. Did staff identify residents with signs and symptoms of urinary incontinence?			
3. Did the staff and practitioner follow-up on residents who have urinary incontinence on admission or whose incontinence persists for more than one month, despite pertinent interventions?			
DIAGNOSIS/CAUSE IDENTIFICATION May relate to F-226, 315, 316, 327, 329, 353, 498			
4. Did the practitioner and staff seek causes of urinary incontinence or indicate why causes could not or should not be sought or identified?			
TREATMENT/PROBLEM MANAGEMENT May relate to F- 241, 279, 309, 310, 312, 315, 316, 327			
5. Did the staff and practitioner identify and initiate appropriate general interventions?			
6. Did the staff and practitioner address transient causes of incontinence?			
7. Did the staff initiate a toileting or "check and change" program for an incontinent resident, especially if incontinence remains after addressing transient causes?			
8. Did the staff and practitioner identify residents who might be candidates for bladder retraining or pelvic floor muscle rehabilitation?			
9. Did the staff and practitioner justify and manage use of medications, where indicated, to treat incontinence?			
10. Did the staff and practitioner justify and manage use of incontinence products and catheters?			
MONITORING May relate to F- 279, 280, 385, 429, 441, 444			
11. Did the staff appropriately implement approaches to incontinence management?			
12. Did the staff and physician evaluate and document the progress of a resident's continence and justify continuing existing approaches?			
13. Did the staff and practitioner monitor, and address, complications of incontinence and of higher risk interventions such as indwelling catheters and medications?			

Signature of person completing the form

Date