








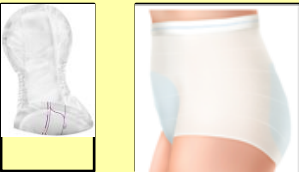













# Community Care Continence Support & Management Product Selection Guide

This document is to guide the development of a person-centered continence care plan based upon the client's cognition, physical capability & usual urinary/fecal continence pattern which will support the client's quality of life, dignity, independence, preference, as well as, use of minimal product.  
If there is a change in the client's usual continence pattern, then re-assessment is required.

<p>Is the client cognitively &amp; physically able to participate in their care plan for both day &amp; night?</p> <p>Braden Risk Moisture Sub-Scale Score = 4, 3 or 2</p>	<p>Nurse to Consider</p>	<div><div><p>Toilet</p></div><div><p>Urinal Male</p></div><div><p>Urinal Female</p></div><div><p>Commode</p></div><div><p>Urinal Female</p></div><div><p>Urinal Female</p></div></div> <p>&amp; if needed</p>	<p>Protective Pad to be worn with resident/person-in-care's underwear</p> <p>For containment of dribbles or small amounts of urine loss or fecal leakage. Resident may choose a higher level of absorbency or different product for night-time.</p> <div><div><p>Female or Male</p></div><div><p>Male</p></div></div>	<p>For the ADL Sheet &amp;/or Continence Management Plan</p> <p>Indicate client's continence schedule.</p> <p>Indicate toileting method, and whether client is independent or needs prompting.</p> <p>Indicate if a pad is needed (use the smallest pad to meet absorbency need).</p>
<p>Is the client cognitively able to participate, but is physically able to participate in their care plan during the day?</p> <p>Braden Risk Moisture Sub-Scale Score = 4, 3 or 2</p>	<p>Nurse to Consider</p>	<div><div><p>Prompting to use Toilet</p></div><p>&amp;</p><div><p>Incontinence Pad with Knit Pant</p></div><p>or</p><div><p>Pull-Up Brief</p></div><p>or</p><div><p>Male Condom</p></div><p>&amp;</p><div><p>Choose a night-time brief (tabbed or belted) or male external catheter or urine pouch (see below).</p></div></div>	<p>For the ADL Sheet &amp;/or Continence Management Plan</p> <p>Indicate when client is to be prompted/changed.</p> <p>Indicate which product for day and night.</p>	
<p>Is the client not cognitively &amp;/or physically able to participate in their care plan for either day or night?</p> <p>Braden Risk Moisture Sub-Scale Score = 1</p>	<p>Nurse to Consider</p>	<div><div><p>Condom Catheter</p><p>Male only</p></div><div><p>Penile Wrap</p><p>Male only</p></div><p>One of these with a disposable linen protector</p><div><p>Urine Pouch</p><p>Male &amp; Female</p></div><div><p>External Catheters</p><p>Male &amp; Female</p></div><p>or</p><div><p>Tabbed Brief</p><p>Only</p></div><div><p>Belted Brief</p><p>Only</p></div><p>or</p><div><p>Containment for uncontrolled bladder/bowel.</p></div><div><p>Containment for uncontrolled bladder/bowel &amp; for those with contractures &amp;/or behavioral concern.</p></div></div>	<p>For the ADL Sheet &amp;/or Continence Management Plan</p> <p>Indicate client's change schedule.</p> <p>If condom/pouch/wrap, indicate the size to be used if needed.</p> <p>For brief, indicate a day &amp; night brief if different brief needed</p>	