## **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.

Is the client cognitively & physically able to participate in their care plan for both day & night?

> **Braden Risk Moisture Sub-Scale** Score = 4, 3 or 2

Nurse to Consider



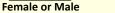
& if needed

**Protective Pad** to be worn with resident/person-in-care's underwear



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.





Indicate if a pad is needed (use the smallest pad to meet absorbency need).

For the ADL Sheet &/or

**Continence Management Plan** 

Indicate client's continence schedule.

Indicate toileting method, and

wHether client is

independent or needs prompting.

Is the client cognitively not able to participate, but is physically able to participate in their care plan during the day?

**Braden Risk** Moisture Sub-Scale Score = 4, 3 or 2

Nurse to Consider



&



Brief or



Pull-Up

Male Condom



or

Male

Choose a night-time brief (tabbed or belted) or male external catheter or urine pouch (see below).

For the ADL Sheet &/or **Continence Management Plan** 

Indicate when client is to be prompted/changed.

Indicate which product for day and night.

Is the client not cognitively &/or physically able to participate in their care plan for either day or night?

**Braden Risk Moisture Sub-Scale** Score = 1

Nurse to Consider



Penile Wrap Male only



One of these with a disposable linen protector



**External Catheters** Male & Female

**Tabbed Brief** Containment for uncontrolled bladder/ bowel.

or



**Belted Brief** 

**Containment for** uncontrolled bladder/ bowel & for those with contractures &/or behavioral concern.



**Continence Management Plan** Indicate client's change schedule.

For the ADL Sheet &/or

If condom/pouch/wrap, indicate the size to be used if needed.

For brief, indicate a day & night brief if different brief needed

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