


























Long Term Care Continence Support & Management Product Selection Guide

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

<p>Is the resident/person-in-care cognitively & physically able to participate in their care plan for both day & night?</p> <p>Braden Risk Moisture Sub-Scale Score = 4, 3 or 2</p>	<p>Nurse to Consider</p>	<p>Toilet </p> <p>Commode </p> <p>Urinal Male </p> <p>Urinal Female </p> <p> </p>	<p>& if needed</p>	<p>Protective Pad to be worn with resident/person-in-care's underwear</p> <p> </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> <p> Female or Male</p> <p> Male</p>	<p>For the ADL Sheet &/or Continence Management Plan</p> <p>Indicate resident/person-in-care's continence schedule.</p> <p>Indicate toileting method, and whether resident/person-in-care 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 resident/person-in-care cognitively not 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>	<p>Prompting to use Toilet </p> <p></p>	<p>&</p>	<p>Incontinence Pad with Knit Pant </p> <p>Containment when unable to hold urine when urge felt or larger amount of fecal leakage.</p> <p> </p>	<p>or</p>	<p>Pull-Up Brief </p> <p>Containment when unable to hold urine when urge felt.</p> <p></p>	<p>or</p>	<p>Male Condom </p> <p></p>	<p>&</p>	<p></p> <p>Choose a night-time brief (tabbed or belted) or male external catheter or urine pouch (see below).</p>	<p>For the ADL Sheet &/or Continence Management Plan</p> <p>Indicate when resident/person-in-care is to be prompted/changed.</p> <p>Indicate which product for day and night.</p>
---	---------------------------------	--	--------------	--	-----------	--	-----------	--	--------------	--	---

<p>Is the resident/person-in-care not cognitively &/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>	<p>Condom Catheter </p> <p>Male only</p>	<p> </p> <p>One of these with a disposable linen protector</p>	<p>Urine Pouch  </p> <p>Male & Female</p>	<p>or</p>	<p>External Catheters  </p> <p>Male & Female</p>	<p>or</p>	<p>Tabbed Brief   or  Only</p> <p>Containment for uncontrolled bladder/bowel.</p> <p></p>	<p>or</p>	<p>Belted Brief   or  Only</p> <p>Containment for uncontrolled bladder/bowel & for those with contractures &/or behavioral concern.</p> <p></p>	<p>For the ADL Sheet &/or Continence Management Plan</p> <p>Indicate resident/person-in-care's change schedule.</p> <p>For brief, indicate a day & night brief if different brief needed</p> <p>If condom/pouch/wrap, indicate the size to be used if needed.</p>
---	---------------------------------	--	---	--	-----------	---	-----------	--	-----------	--	---

