URINARY

Alert

Report immediately to the registered nurse

Resident who displays these signs and symptoms

- Increased respiratory rate
- Shivering and cold
- Aggressive, agitated and/or at risk of harming themselves or others
- Increased heart rate, above 90 bpm

URINARY INCONTINENCE

The complaint or observation of involuntary leakage of urine at any time. Incontinence is common but not a normal sign of ageing. Where possible, residents should be encouraged to use the toilet to maintain dignity and quality of life.

URINARY TRACT INFECTIONS

A urinary tract infection (UTI) is an infection in any part of your urinary system (kidneys, ureter, bladder or urethra).

INCONTINENCE

OBSERVE

Signs and symptoms

- Frequent wet underwear
- Dribbling/leaking or flooding on standing
- Frequent passing of urine at night
- Regular trips to the toilet and leaking urine on the way (urge incontinence)
- Frequent falls in or accessing the toilet
- Current continence products not absorbent enough

INCONTINENCE

IDENTIFY

TYPES OF INCONTINENCE

Stress incontinence

The leaking of urine that may occur during exercise, coughing, laughing and lifting. The leakage of urine occurs due to the pressure on the bladder causing it to leak urine. This is more common in women, although it can occur in men. In women, pregnancy, childbirth, menopause and being overweight are the main contributors. In men, this is often caused by prostate issues

Urge incontinence

A sudden and strong need to urinate with involuntary urine leakage. The bladder muscle becomes irritable and leakage occurs on the way to the toilet. It is associated with frequency day and night, and is often due to having an over-active or unstable bladder, neurological conditions, constipation, enlarged prostate or a history of poor bladder habits

Mixed incontinence

A combination of stress and urge incontinence and is most common in older women

Overflow incontinence

A result of bladder outflow obstruction or injury. Constipation, an enlarged prostate and some neurological conditions can cause an increase in the number of bladder accidents

Functional incontinence

Associated with limitations in thinking, moving and communicating about the need to reach the toilet

INCONTINENCE

ACTION

Assessment

- **New or worsened urinary incontinence** – report to the registered nurse
- **Collect urinary sample for laboratory** - if urinary tract infection is suspected
- **Bowel chart** – constipation can cause urinary retention, overflow and urgency by aggravating bladder function
- **Vital signs** – see *Delirium Care Guide*

Assess mobility – resident can take themselves to the toilet or requires assistance and supervision

REPORT

Report any new or worsened symptoms to the registered nurse

RECORD

RESIDENT CARE PLAN

- **Skin integrity** – cleaning and monitoring of skin integrity to prevent skin breakdown
- **Scheduled toileting regime** (reduces the frequency, urgency and thereby the level of incontinence)
- **Ensure call bell is always in easy reach**
- **Reduce caffeine intake** – caffeine can irritate the bladder
- **Maintain good fluid intake** – concentrated urine can irritate the bladder
- **Easy access to the toilet**, commode or urinal; improve access to and provide supervision or assistance, if required
- **Monitor** for constipation and report to registered nurse

URINARY TRACT INFECTIONS

OBSERVE

Signs and symptoms

RED FLAGS

1. **Acute dysuria** – pain passing urine
2. **Fever** > 37˚C
3. **Flank pain** – lower back pain
4. **Suprapubic pain** – location – lower stomach
5. **Haematuria** – blood in the urine
6. **New/increased incontinence**, urgency and frequency

GENERAL

- Confusion and disorientation
- Increased difficulty with showering, dressing, grooming
- Aggression – verbal and physical
- Weakness
- Sleepiness
- Nausea/vomiting
- Smelly urine, discoloured urine, visible blood
- Mobility – falls, unsteady
- Fever/cold

RESIDENT COMPLAINS OF THESE SYMPTOMS

- "I don't feel well"
- Burning and stinging when passing urine
- Pain in back or stomach

IDENTIFY

Assessment (suspected UTI)

- Vital signs – pulse, blood pressure, respiratory rate, temperature, oxygen saturations
- Collect urine sample if requested by the registered nurse

URINARY TRACT INFECTIONS

ACTION

Report immediately to the registered nurse

RESIDENT WHO DISPLAYS THESE SIGNS AND SYMPTOMS

- Difficult to wake, sleepy
- Temperature below 35˚C and/or above 37˚C
- Low blood pressure
- Increased heart rate, above 90 bpm
- Increased respiratory rate
- Shivering and cold
- Aggressive, agitated and/or at risk of harming themselves or others

INTERVENTIONS

- Close supervision and monitoring of resident who has delirium due to a urinary tract infection (see *Delirium Care Guide)*
- Monitor urine output, report if resident is not passing urine or urine is cloudy
- Encourage fluids, record on fluid chart
- Ensure residents with an indwelling catheter have the catheter emptied each shift and amount is recorded as per infection control standards

REPORT

Report any new signs and symptoms to the registered nurse, nurse practitioner or general practitioner

URINARY TRACT INFECTIONS

RECORD

CARE AND MANAGEMENT

- **Hydration** – good fluid intake each day – aim for 1.5 litres a day unless on a fluid restriction
- **Good hygiene** – thorough washing and rinsing around the genital area, regular changing of underwear
- **Good cleaning after an episode** of urinary and/or faecal incontinence
- **Good cleaning practice** after moving bowels – women wipe from front to back to avoid contamination
- **Avoid constipation**
- **Good nutrition**
- **Regular two hourly toileting** regime if reliant on health care assistants for help to and from the toilet
- **Prompt toileting assistance**

Observe the resident's behaviour

Identify any changes in health status or abnormalities

Report new signs and symptoms to the registered nurse, nurse practitioner or general practitioner

Record and document changes in health status – new signs and symptoms in the progress notes