



Title	Incontinence Product Provision
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1. Introduction

The aim of this policy is to clarify the criteria for the provision of incontinence products by NHS Borders.

Urinary incontinence occurs in 30% of women and 5% of men (Berghmans et al 1998) and faecal incontinence is experienced by 1-2% of adults (Norton 1997). Urinary incontinence is estimated to cost the National Health Service about £423,000,000 per annum (Best Practice Statement 2005).

The primary aim of the NHS Borders Continence service is to promote continence by offering advice, treatment and management options where possible prior to products being issued.

The cause of the incontinence must be identified and onward referral for specialist investigations may be required.

Where appropriate conservative interventions such as pelvic floor exercises, bladder retraining, intermittent self catheterisation and anticholinergic medication should be tried.

NHS Borders Continence Service aims to meet the needs of all individuals, respecting culture, diversity, ethnicity and sexuality.

2. The Continence Service

NHS Borders Continence Service provides the following services:

A. Continence clinics for adults and children at various locations within the NHS Borders area. These clinics may be either physiotherapist or nurse lead.

B. Education and training for all health and social care staff in continence care.

C. Information on continence related issues.

D. Management and facilitation of the provision of continence products to client's homes, hospitals, nursing and residential homes.

3. Referring to the Continence Service

A referral pathway to the Continence service is available for use by GP's, consultants and other health care professionals.

Referrals will be accepted from the following sources:

GP

Hospitals

Nurses and other health care professionals

Social services

Nursing/Residential homes.

Self referral

Continence product assessments will only be accepted by nurses, health care professionals and assistants who have received the appropriate training.

Patients must be assessed using the NHS Borders Continence Pad Assessment Tool. (Appendix A).

All sections must be completed and a frequency volume chart **MUST** accompany each assessment. If the patient is unable to complete this, the reason or reasons must be clearly marked on the assessment sheet to prevent the assessment being returned.

If an assessment is not fully completed the assessment will be sent back to the assessor. There will be exceptions to this eg dementia, alzheimers and these will need to be marked clearly on the form.

Patients presenting with more complex needs will be invited to attend either a specialist physiotherapy or nursing clinic. These specialists will offer an in depth assessment and will initiate an appropriate treatment programme which may include medication being prescribed (SIGN 79 2004).

4. Provision of Continence Products

Products for the containment of incontinence will only be supplied following a continence product assessment using the Continence Pad Assessment Tool which must be sent to the Continence service.

On receipt of the fully completed assessment and frequency volume chart the specialist continence nurse will review the assessment and products selected and amend if needed.

Products may be issued in exceptional circumstances without an assessment being carried out e.g. in palliative or terminally ill patients. This will be at the discretion of the Continence Service.

All patients and or carers must be shown how to use the product and how to re-order products.

A full re-assessment of each patient receiving products must be carried out every 12 months to ensure the patient's clinical needs have not changed. This assessment should be carried out by the healthcare professional that carried out the initial assessment wherever possible.

A **maximum of 4** pads per 24 hours will be supplied to new patients.

Patients who wish to purchase extra supplies will be given information which will allow them to do so.

4.1 Eligibility to Receive Products

Adults

The level of incontinence must be enough to require **2** or more products per **24 hours**.

Patients who only require one pad per day will be expected to provide their own.

If the patient has moderate or severe nocturnal enuresis or faecal incontinence, **2 pads per 24 hours** may be supplied at the discretion of the Continence Service.

To qualify to receive pads the patient must live within the NHS Borders area. In cases of cross border patients i.e. patients who live in England but have a Scottish GP we are unable to provide these patients with pads.

If a patient is not re-assessed every 12 months the supply of products will be suspended.

Children

A child must be at least age **5 years old**, have a physical or learning disability and be under the care of a paediatrician in order to be eligible to receive products. There will be exceptions to this and these must be discussed with the Continence service.

Children aged over 16 who are not in full time education will be transferred to the adult service.

4.2 Availability of products

The Continence Service provides a range of both re-usable and disposable products.

- a) **Disposable Pads a maximum of 4 per 24 hours.**
- b) **All in one pads a maximum of 4 per 24 hours.** These will only be provided to new patients that have a severe physical or mental impairment. Existing patients will continue to receive their current allocation.

Palliative patients may also be considered for these products after discussion with the Continence Service before being requested.

- c) **Nappies a maximum of 6 nappies per 24 hours will be provided to children who meet the criteria.**
- d) **Net Pants 10 pairs per year** to appropriate patients.
- e) **Washable Pants 6 pairs initially and then a further 6 pairs every 6 months on request for patients with mild incontinence** on the advice of the Continence Service.
- f) Reusable, absorbent bed sheets will only be provided at the discretion of the Continence Service.
These cases must be discussed individually with the Continence Service

If appropriate a combination of disposable and reusable products for day and night may be provided at the discretion of the continence service.

Parents or carers of children will be asked to sign a disclaimer stating that on receipt of reusable products they waive their right to the provision of disposable products for 12 months.

Disposable pull up pants are occasionally the most appropriate product for the patient. These products will only be issued in exceptional circumstances after the patient has been assessed by the Continence Service.

A maximum of **4 pull up pants** can be provided per 24 hours. If necessary a night time product may also be provided.

In adults and young people pull up pants may be provided if there is a clinical need i.e. to allow a stroke patient to use the toilet independently, a child with a severe physical or learning disability or a client with dementia who is unable to use an alternative pad.

Pull up pants will not be provided to children to facilitate toilet training. Washable pants may be provided at the discretion of the continence service in these cases.

If the patient requests more than the maximum supply of pads, they can be supplied with the information to enable them to purchase extra themselves.

Male patients with mild/moderate urinary incontinence will be issued with specific male products.

Advice regarding other forms of continence management may be given where appropriate e.g. use of sheaths and intermittent self catheterisation.

4.3 Supply to Patients

The responsibility for continence product supply lies with the Continence Service. Products provided by NHS Borders will be those of the current contracted supplier, working within national contracts.

Once an assessment is received it will be triaged by a Continence Nurse and the prescription for products will be signed.

The order will then be processed and forwarded to the supplier. The order will be delivered, discreetly wrapped, direct to the patient's home address on the next available delivery date for that area.

Where the patient has specified the parcel can be left at an alternative delivery point e.g. in the garage or with a neighbour. If delivery is not possible and the patient has not specified an alternative delivery point, a card will be left and the carrier firm will attempt to deliver within the next 48 hours where possible. If this is not possible the product will be delivered the following week.

For a flow chart of the process (see Appendix B).

Patients will be sent a letter with their first order explaining how to re-order. Patients are asked to phone the supply company and place their order 7 days before they are due to run out. Any orders received more than 7 days before the patient is due to re-order will not be processed until the due date.

Patients receiving Micro products will receive a 16 week supply.

Patients receiving Flex products will receive a 12 week supply.

If a patient requests that their product is increased either in number or absorbency they will be directed back to the health professional that carried out the initial assessment.

If a patient requests fewer or lower absorbency products the Continence Service will amend the order and inform the healthcare professional involved.

4.4 Supply to Hospitals

Products will be ordered and supplied on a weekly basis using the continence product request form. (See Appendix C).

Orders will be reviewed and amended if needed by the Continence Service.

Wards must have their order in by Wednesday pm at the latest in order to receive products the following week.

Discharge from Hospital

The ward must assess the patient prior to discharge using the NHS Borders Continence Pad Assessment Tool. This will enable the service to continue to provide the patient with appropriate products after discharge.

Completed forms must be sent to the Continence Service.

Patients discharged must be supplied with 7 days of supply of product unless the continence service has been contacted and an alternative arrangement agreed.

4.5 Supply to Residential and Care Homes

Residential and nursing homes will receive a 4 week supply.

In order to receive continence products from NHS Borders care home residents must be assessed by a health care professional using the NHS Borders Continence Assessment Tool. The assessor does not need to be a qualified nurse but does need to have completed the product supply training which the supply company will provide.

The completed tool and a frequency volume chart must be sent to the Continence Service. If both are not received the assessment will be returned to the care home. If the patient is unable to complete a frequency chart the reason for this must be clearly stated on the assessment sheet. If this is not made clear then the assessment will be sent back to the assessor.

On receipt of the fully completed assessment and frequency chart the continence nurse will review the assessment and products selected and amend if needed.

Any resident receiving products should have their continence requirements re-assessed by the care home on a regular basis in order to ensure that requirements have not changed.

A full continence re-assessment must be carried out every 12 months by a health care professional to ensure that the resident's continence requirements have not changed.

Residents will receive a 4 week supply, delivered direct to the care home. The delivery must be checked immediately and in case of order discrepancies the

product supply company must be contacted within 24 hours. If this is not done then any shortages will not be corrected until the following month.

A flow chart of the order process can be viewed in Appendix D.

If the care home requests an extra delivery this may be arranged but the extra delivery fee will be charged to the care home.

The product allocation is the property of the resident registered to receive it and must not be used for any other person. All pads belonging to a resident must go with them on transfer to another unit.

It is the care homes legal responsibility to contact the Continence Service regarding any deaths or transfers of any clients receiving products. This must be done each month, prior to the care home order being processed. The Continence Service must be contacted 10-14 days before the delivery date even if there are no changes. If the Continence Service is not contacted then no order for that care home for that month will be processed.

It is illegal to continue ordering continence products for a patient who is either deceased or no longer resident in the home.

Orders received after the delivery date will be subject to a delivery charge which will be charged to the care home.

5. Education and Support

The Continence Service and the continence products supplier will be responsible for providing the education and training of staff on continence issues e.g. Promoting continence, conservative management options and product information.

Training dates will be agreed with the home and as many members of staff as possible should be encouraged to attend.

Reference List

Berghmans, L.C.M. et al (1998) Conservative treatment of stress urinary incontinence in women: a systemic review of randomised controlled trials. *British Journal of Urology*, 82(2), pp 181-191.

Norton, C.,(1997) Faecal incontinence in adults 2: treatment and management. *British Journal of nursing*, 6(1), pp.23-26.

NHS Quality Improvement Scotland (2005) Best Practice Statement, Continence-adults with urinary dysfunction.

Royal College of Physicians. (1994) Management of urinary incontinence. Scottish Intercollegiate Guidelines Network, 79, Edinburgh

Patient Details

Continence Assessment Form

Assessed By: _____

GP Practice: _____

Assessment Date: _____

Review Date: _____

Title: Mr / Mrs/ Miss / Master / Other	
Surname:	
First Name:	
Dob:	
CHI:	
Address:	Previous Address:
Postcode:	
Telephone:	

-----Please complete all sections of this form -----

Nature of Problem

Urinary	<input type="checkbox"/>
Faecal	<input type="checkbox"/>
Both	<input type="checkbox"/>

When did the problem start

Number of weeks	_____
Number of Months	_____
Number of Years	_____

Is it getting worse

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

Medical History

Diabetes	<input type="checkbox"/>
MS	<input type="checkbox"/>
Parkinson's	<input type="checkbox"/>
Dementia	<input type="checkbox"/>
CVA	<input type="checkbox"/>
Spinal Injury	<input type="checkbox"/>
Learning disability	<input type="checkbox"/>
Other (please state)	_____

Surgical History

Cystoscopy	<input type="checkbox"/>
Bladder Surgery	<input type="checkbox"/>
TURP	<input type="checkbox"/>
Hysterectomy	<input type="checkbox"/>
Pelvic Floor Repair	<input type="checkbox"/>
Bowel Surgery	<input type="checkbox"/>
Haemorrhoid Surgery	<input type="checkbox"/>
Fistula Surgery	<input type="checkbox"/>

Any known allergies _____

Special Diet - Details _____

Caffeine Intake

(>2 cups in 24hrs) Yes / No

Useful information and relevant medication (including over the counter)

How does the problem affect your life?

	Yes	No
Unbearable	<input type="checkbox"/>	<input type="checkbox"/>
Inconvenient	<input type="checkbox"/>	<input type="checkbox"/>
Tolerable	<input type="checkbox"/>	<input type="checkbox"/>
Not affected	<input type="checkbox"/>	<input type="checkbox"/>
Is your sex life affected	<input type="checkbox"/>	<input type="checkbox"/>

Physical Examination

	Yes	No
Skin Condition: Generally Healthy?	<input type="checkbox"/>	<input type="checkbox"/>
Skin Condition: Groins: red or sore?	<input type="checkbox"/>	<input type="checkbox"/>
Leakage on coughing?	<input type="checkbox"/>	<input type="checkbox"/>
Evidence of prolapse?	<input type="checkbox"/>	<input type="checkbox"/>
Rectal Examination?	<input type="checkbox"/>	<input type="checkbox"/>

Urinalysis

	Yes	No
Midstream Specimen of urine:	<input type="checkbox"/>	<input type="checkbox"/>
Sent for C&S:	<input type="checkbox"/>	<input type="checkbox"/>

Fluid intake
Cups in 24 Hrs _____

3 Day Bladder Chart:
Bowel Charting:

Urinary Symptoms

Symptoms of Stress Incontinence

Does the patient leak when they laugh, cough, sneeze, move or lift?

Yes	No

Symptoms of Frequency / Urge Incontinence

How long can the patient hold on after they feel the desire to pass water?

Is the desire so great that they would be wet if you did not get to the toilet immediately?

Does the patient feel an urgent desire to pass urine when they hear running water or put a key in the front door?

Does the patient get up to go to the toilet more than twice per night?

Symptoms of Overflow Incontinence

Does the patient have strain?

Has the patient noticed if their stream is weaker than it used to be?

Does the patient leak immediately after they think they are finished?

Does the patient feel that their bladder is full even after emptying?

Has the patient had recurrent UTI's in the last 6 months?

Does the patient's bladder empty without warning?

Passive Incontinence

Is the patient confused?

Is the patient depressed?

Does the patient have a learning disability?

Functional Incontinence

Do you have restricted mobility?

Are you unable to manage clothes easily and quickly?

Faecal Symptoms

Normal Bowel Habit

Bristol Scale (score 1-7)

- Once Daily
- More than once daily
- Alternate days
- Less Often
- Normal formed stool
- Diarrhoea
- Constipated

	Yes	No

Faecal Incontinence

Have you noticed any:

- Bleeding
- Mucus

Yes	No

How long can you hold on after you feel the desire to pass a stool?

- Can't hold on
- Up to 5 minutes
- Up to 15 minutes
- Longer

Amount of Leakage:

- Large amount
- Small amount
- Smearing only

Treatment Plan

Type of Incontinence Identified : _____

Type of product required:	Daily quantity required :
Treatment Plan:	

Name & Designation of Assessor:

Signature of Assessor:

Date:

Appendix B

NEW CONTINENCE ASSESSMENTS & CONTINENCE REVIEWS ORDER PROCESS

Continence assessment & bladder chart are received
by the Continence service.



Assessment is reviewed by Continence nurse and
if necessary products are amended.



Assessment is then passed to Continence administrator
to input into the product suppliers data base.



The product(s) will be delivered on the next available
delivery date for that particular post code.

Appendix C

HOSPITAL ORDER PROCESS

Hospital faxes, telephones weekly order to the continence service no later than a Wednesday afternoon.



The order is received, amended if needed and processed by the continence service.



The products are received one week later.



The Continence service must be notified of any discrepancies immediately.

Appendix D

ORDER PROCESS FOR NURSING/RESIDENTIAL HOMES

The nursing /residential home must phone NHS Borders Continence Suppliers direct telephone number 10-14 days prior to their delivery due date to inform of any changes due to deaths or transfers. If no update is received NO ORDER for that home will be sent.



On receiving the phone call from the home the products will be dispatched and will be delivered on the next post code delivery for that area.



All deliveries must be checked for any discrepancies and the product supplier must be contacted within 24 hours for these to be rectified. Failure to do this will result in any discrepancies not being until the following month.



Any orders requested out with this monthly order will result in the home being charged for the delivery.

Appendix E PAEDIATRIC NOCTURNAL ENURESIS ASSESSMENT CARE PATHWAY

Full Name:		CHI No.	DOB:
Address:			Post Code:
G.P.	Assessor:	Telephone No:	
Date of Referral:	Date of Assessment:	Referred By:	

PAST MEDICAL HISTORY (tick appropriate box)

Urological	Urinary tract infections	Neurological	Other
Learning disability	Physical disability	Congenital	

Primary nocturnal enuresis (child never been dry)? Yes No

Secondary enuresis Y / N Age child first dry _____ Age child began wetting _____

EFFECT ON QUALITY OF LIFE?		<i>(1 = little 5 = severe)</i>				
Child	Scale	1	2	3	4	5
Parent / Carer	Scale	1	2	3	4	5
Other	Scale	1	2	3	4	5

CARE PATHWAY	COMMENTS
Drinks _____ cups / mugs of fluid per 24 hours. To have a minimum of 1 litre	
If patient drinks volumes outside of this amount advise them to drink appropriate amount	
Symptoms of UTI present, take MSU, refer to GP and discontinue this assessment until treated.	
If child has problems with their bowels, family given appropriate advice. Refer to constipation guidelines, exclude impaction if indicated	
If child has problems with day time symptoms / wetting, family given appropriate advice. Refer to day time wetting guideline	
If child has mobility, dexterity or environmental problems, record any action taken	
Child has recorded base line of wet / dry beds for 2 - 4 weeks	
Child measures and records urine volume, on 2-3 occasions, when they feel the urge to 'go'	
Previous intervention profile completed by child and carer	
Symptom Profile completed by child and carer and discussed	
Appropriate Care Pathway, as agreed with child and carer, introduced	

This child is unable to commence on a Care Pathway because:	
Review date:	Referral to:

SIGN TO CONFIRM THAT YOU HAVE MET ALL THE ABOVE CRITERIA

Full Name	Designation	Initials	Sign	Date
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Acknowledgement to Richard Butler

INTERVENTIONS TRIED IN PAST

	Have tried in the past	Currently trying	Child's response
<i>Absorbent product after 5 years old</i>			
Lifting			
Restricting fluids			
Star charts			
Rewards			
Punishments			
Make child change sheets			
Medication			
Alarm			
Over learning			
Hypnosis			
Other			

NOCTURNAL ENURESIS SYMPTOM PROFILE

Enuresis Alarm

Desmopressin

FAMILY PROFILE

	YES	NO
Family history of bedwetting	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child has own bedroom	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child has own bed	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child and family motivated to become dry	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The bedwetting sometimes causes hassles	<input type="checkbox"/>	<input checked="" type="checkbox"/>

BLADDER PROFILE

Frequent daytime voiding (>7/day)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Urgency / needs to dash to toilet	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Small functional bladder capacity	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Passes small voids	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Small or variable wet patches	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Wakes up after wetting	<input checked="" type="checkbox"/>	<input type="checkbox"/>

WETTING PROFILE

Wets soon after sleep	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Size of wet patch usually large	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Occasional dry / damp night	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Can wet more than once	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Weak urine concentration in morning	<input type="checkbox"/>	<input checked="" type="checkbox"/>

AROUSABILITY

Will occasionally wake to void	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Will wake but avoids going to the toilet	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Will wake to external sounds (noise)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Will wake when poorly or excited	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Completed by _____

Date: _____