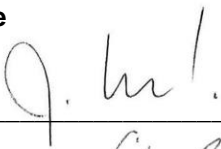



Leamington Mennonite Home
Long Term Care

POLICY AND PROCEDURE

CATEGORY: Resident Care	SUBJECT: Contenance Care	SECTION: C
DATE: September 2004	Administrator: 	POLICY: 17
REVISION DATES: March 2006, September 2010, June 2015, February 2022	Director of Care: 	

CONTINENCE CARE

POLICY:

Residents are provided assistance with bladder and bowel elimination. Each resident shall be kept clean and dry. Care provided shall promote the resident's dignity, comfort and independence while maintaining skin integrity and prevention of infections.

OBJECTIVE:

To provide the residents with access to toilet for bladder and bowel elimination every two hours and on demand as needed. Measures will be taken to promote each resident's individualized bowel/bladder continence care. The resident's level of continence and/or contributing factors to incontinence shall be assessed by:

- Frequency and patterns
- Fluid intake
- Methods of toileting
- Functional abilities (i.e. mobility)
- Safety
- Medications (i.e. diuretics, laxatives)
- Cognitive ability and awareness of the need to void or ability to sense urge to defecate.
- Potential for continence promotion (i.e. with prompted voiding)
- Any infections present
- Overall health status
- Resident's preferences

PROCEDURE:

1. Each resident's bowel and bladder functioning, including individual routines and resident's level of continence shall be planned and assessed with the resident or SDM utilizing the following:
 - a. A continence evaluation is completed on admission, quarterly, or a change in condition to determine the level of toileting care.
 - b. Reassessed quarterly and adjusted more frequently when indicated by a change in the resident's condition that affects the level of continence.
 - c. Each resident who is unable to toilet independently shall be provided with

assistance and the use of equipment or adaptive aids in accordance with the plan of care and the resident's request. Individualized toileting schedules shall be established for each resident who is unable to toilet independently and who has been assessed as having the potential to benefit from a toileting schedule for continence. This plan of care shall be developed to maintain or promote continence, taking into consideration the specific contributing factors determined on assessment.

2. The maximum toileting time is 15 minutes (unless the resident requests to sit longer).
3. The call bell will be within reach of the resident at all times.
4. If the resident is at risk of falling when on the toilet due to cognitive or physical impairment, safety devices and equipment will be used to prevent them from falling (refer to Policy & Procedure on Least Restraints PASD's).
5. If the resident's toileting needs change, the PSW's will consult the Registered Staff to assess the need to initiate further interventions.
6. If the resident's condition requires the use of a commode in their room at any time, the procedure is as follows:
 - a. Explain the procedure to the resident and place the commode parallel to the bed or wheelchair making sure the brakes are locked.
 - b. Screen for privacy.
 - c. Assist the resident with slippers or shoes.
 - d. Assist the resident onto the commode, following the transfer status found in the resident's plan of care.
 - e. Leave the call bell within the resident's reach and check frequently.
 - f. When resident is finished, assist them off the commode and provide peri-care.
 - g. Assist the resident back into bed or wheelchair, making sure to leave the resident in a comfortable, safe position.
 - h. Remove the commode, clean and return it to its proper location.
 - i. Wash hands.
7. Yearly education is provided to all staff on Continence Care. In addition, further education will be provided to nursing staff if new products or treatments are initiated.