

Addressograph

### Quarterly Continence Assessment

1.	Resident's Level of Continence (over all shifts in last 90 days)			
	0. Continent – Completely or usually continent. Bladder and/or bladder incontinent once a week or less.			
	1. Potential to be Continent – Sudden increase in incontinence or occasionally incontinent - bladder incontinent 2 or more times per week but not daily. Bowel incontinent less than once per week.			
	2. Incontinent – Bladder incontinent on a daily basis. Bowel incontinent all or almost all of the time.			
2.	Bowel Elimination Pattern	Regular – at least one BM every 3 days		Fecal Impaction
		Constipation		Diarrhea
3.	Bowel Continence Plan	Adequate fluids & fibre		Suppositories
		Toileting routine		Laxative
4.	Changes in Bowel Continence (BC)	Resident's BC has changed as compared to status 90 days ago or since last assessment		No change
				Improved
				Deteriorated
5.	Bladder Control Pattern	Continent		Urinary tract infection
		Leaks/dribbles/		
6.	Bladder Continence Plan	Toilet/commode/urinal		Pads/briefs
		Scheduled toileting		Catheter
		Bladder retraining		Ostomy
7.	Changes in Urinary Continence (UC)	Resident's UC has changed as compared to status 90 days ago or since last assessment		No change
				Improved
				Deteriorated

(adapted from Centers for Medicare and Medicaid Minimum Data Set (MDS) 2002  
<http://new.cms.hhs.gov/NursingHomeQualityInits/downloads/MDS20MPAF.pdf>.)

Date of Assessment \_\_\_\_\_

Assessor \_\_\_\_\_