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# Voiding Diary/Bladder Patterning Tool

Urinary incontinence and related loss of independence are prominent reasons for a nursing home admission. Current data from CMS' MDS Active Resident Information Report (Item H1b) indicate that more than 50% of the nursing home population experiences some degree of urinary incontinence. Whether a resident is incontinent upon admission or becomes incontinent after admission, assessment, monitoring, reviewing, and revising the plan of care are essential to managing urinary incontinence and restoring as much normal bladder function as possible.

Urinary incontinence poses some unique challenges in relation to maintaining healthy skin. Prolonged exposure to bowel and/or bladder contents can increase the pH, causing chemical damage, maceration, and denudation of the skin. This alteration of skin integrity can lead to microbial invasion and ultimately urinary tract infections.

According to CMS Tag F315, Surveyor Guidance for Incontinence and Catheter Care, there are four types of behavior programs for the management and treatment of incontinence.

- **Bladder Retraining** is used specifically for the treatment of urge-related incontinence and involves the cycle of resisting the urge to void, actually postponing the void, and then voiding on a schedule. This type of therapy involves positive reinforcement, and if the resident is cognitively impaired, it is probably not the best choice. An ideal

candidate is a resident who is independent with ADLs.

- **Pelvic Floor Muscle Rehabilitation** is commonly used for the treatment of stress or urge incontinence. It involves exercising the pelvic floor muscles, commonly referred to as “Kegel” exercises. A resident must be able and willing to participate in this type of therapy. Cognitive impairment usually indicates that the resident is not a candidate for this type of therapy.

- **Prompted Voiding** is a behavioral technique that is appropriate for the dependent or cognitively impaired resident. This type of voiding has been shown to reduce urinary incontinence by up to 40%. There are three components: regular monitoring with encouragement to report continence status; prompting to toilet on a scheduled basis; and praise and positive feedback when the resident is continent and attempts to void. Prompted voiding focuses on teaching the resident who is incontinent to recognize bladder fullness or the need to void, to ask for help, or to respond when prompted to toilet.

- **Habit Training/Scheduled Voiding** is scheduled toileting at regular intervals on a planned basis to match the resident's usual voiding pattern. There is no systematic effort to encourage the resident to delay voiding or resist the urge to void. Voiding is usually scheduled every three to four hours while the resident is awake.

Determining whether a resident is a candidate for Behavioral Programming should be based on the information obtained from a Voiding Diary.

## THE VOIDING DIARY

A voiding diary is key in gathering information about the resident's usual urinary pattern. The diary serves many purposes, including assessment of diurnal (daytime) and nocturnal (nighttime) voiding and incontinence patterns. The choice of which tool to use is dependent upon the information needed as well as the skill set, motivation, and scope of practice of the person completing the record. A diary may be generalized or detailed to include behavioral or environmental factors that affect incontinence.

The voiding diary shown on the next page is appropriate for use in most long-term care facilities.

The diary is often completed by the nursing assistant with nursing supervision. Gathering voiding information for three days (72 hours) is usually sufficient to provide a solid baseline of information. Ensuring that the person completing the diary understands its importance as well as the instructions for its completion will provide for the most accurate data collection. Discussing the voiding diary with the resident, family, and caregivers is of great importance. This discussion allows all parties to be involved in the proposed bladder management program.

# 24-Hour Voiding Diary

VOIDING DIARY FOR _____ DATE _____ RECORDED BY _____											
Time	Incontinent of Urine			Dry	Voided		Aware of Urge to Void		Fluid Intake (cc's)	Initials	Comments
	S	M	L		Bedpan	Toilet	Yes	No			
7 a.m.											
8 a.m.											
9 a.m.											
10 a.m.											
11 a.m.											
12 p.m.											
1 p.m.											
2 p.m.											
3 p.m.											
4 p.m.											
5 p.m.											
6 p.m.											
7 p.m.											
8 p.m.											
9 p.m.											
10 p.m.											
11 p.m.											
12 a.m.											
1 a.m.											
2 a.m.											
3 a.m.											
4 a.m.											
5 a.m.											
6 a.m.											

# NURSING ASSESSMENT FOR BOWEL & BLADDER PROGRAM

Resident Name \_\_\_\_\_ Admission Date \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

Diagnosis \_\_\_\_\_

Relevant Medical History \_\_\_\_\_

Current Medications (Diuretics, Psycho tropics,) \_\_\_\_\_

*Check all that apply*

<b>Mental/Behavioral Status</b>	<b>Mobility Status</b>	<b>Vision Status</b>	<b>Right</b>	<b>Left</b>
Alert	Independent	Adequate		
Aphasic	Transfer/standing ability	Adequate w/aid		
Oriented x _____	Wheelchair	Poor		
Disoriented	Bed Rest	Blind		
Depressed	Contractures	<b>Hearing Status</b>		
Cooperative	Physical exercise good poor none	Adequate		
Uncooperative	Other	Adequate w/aid		
Other		Poor		
		Deaf		

## BLADDER ASSESSMENT

1. **Length of Incontinence:** Upon admission \_\_\_\_\_ Days \_\_\_\_\_ Months \_\_\_\_\_ Years \_\_\_\_\_

2. **Reason for Incontinence (if known):** \_\_\_\_\_

3. **Total incontinent:** Yes \_\_\_ No \_\_\_ If yes, complete Bowel assessment

4. **Catheter:** Yes \_\_\_ No \_\_\_ If yes: Date inserted \_\_\_\_\_ Type/size \_\_\_\_\_ Reason \_\_\_\_\_

5. **Usual Voiding Pattern:** Frequency \_\_\_\_\_ Amt. per void \_\_\_\_\_ cc:/24 hour \_\_\_\_\_

Pattern: Upon arising \_\_\_ After Meals \_\_\_ No apparent pattern \_\_\_ Night only \_\_\_ Other \_\_\_\_\_

6. **Symptoms: CHECK ALL THAT APPLY**

- Void in small amounts (dribble)
- Urgency
- Unable to void
- Dribbles constantly
- Burning / pain
- Difficulty starting stream
- Dribbles after void
- Edema
- Difficulty stopping stream
- Dribbles with cough/sneeze/laugh
- Void Large Amounts
- Other \_\_\_\_\_

7. **Relief after voiding:** Complete \_\_\_ Continued Desire to void \_\_\_ Residual Urine: Yes \_\_\_ No \_\_\_

8. **Bladder Distention:** Yes \_\_\_ No \_\_\_

9. **Perception of need to void:** Present \_\_\_\_\_ Diminished \_\_\_\_\_ Absent \_\_\_\_\_

10. **Level of hydration:** Average fluid intake (24 hr.) \_\_\_\_\_ Average fluid output (24 hr.) \_\_\_\_\_

11. **Incontinent product usage:** Yes \_\_\_ No \_\_\_ if yes, Brief \_\_\_ Pull up \_\_\_ Pant/Liner \_\_\_ Other \_\_\_\_\_

# BOWEL ASSESSMENT

1. **Length of Incontinence:** Upon admission \_\_\_\_\_ Days \_\_\_\_\_ Months \_\_\_\_\_ Years \_\_\_\_\_
2. **Reason for Incontinence (if known):** \_\_\_\_\_
3. **Usual Elimination Pattern:** Frequency \_\_\_\_\_ Time: \_\_\_\_\_ Amount: \_\_\_\_\_
4. **Consistency:** Soft/formed \_\_\_ Small/dry \_\_\_ Pasty/Clay like \_\_\_ Diarrhea \_\_\_ Hard \_\_\_ Other \_\_\_\_\_
5. **History of constipation:** Yes \_\_\_ No \_\_\_ If yes, frequency \_\_\_\_\_
6. **Flatulence:** Frequent \_\_\_ Occasional \_\_\_ Rare \_\_\_
7. **Enema Use:** Yes \_\_\_ No \_\_\_ If yes, type \_\_\_\_\_ Frequency \_\_\_\_\_ Outcome \_\_\_\_\_
8. **Laxative Use:** Yes \_\_\_ No \_\_\_ If yes, type \_\_\_\_\_ Frequency \_\_\_\_\_
9. **Physical problems:** Hemorrhoids \_\_\_ Fistula/Anal Fissure \_\_\_ Rectal Bleeding \_\_\_ Irritation \_\_\_ Other \_\_\_\_\_
10. **Hydration status** Well hydrated: Yes \_\_\_ No \_\_\_ Fluids preferred \_\_\_\_\_
11. **Food Intake:** Light \_\_\_ Medium \_\_\_ Large \_\_\_ Roughage Intake: Good \_\_\_ Poor \_\_\_
12. **Fiber supplement:** Yes \_\_\_ No \_\_\_ If yes, Type: \_\_\_\_\_ Amount \_\_\_\_\_ Frequency \_\_\_\_\_
13. **Current diet order:** \_\_\_\_\_ Percent eaten \_\_\_\_\_
14. **Food tolerance:** Stimulate elimination: \_\_\_\_\_  
Inhibit Elimination: \_\_\_\_\_
15. **Physical Exercise:** Good \_\_\_ Poor \_\_\_ None \_\_\_ Ability to exercise: Yes \_\_\_ No \_\_\_ limited \_\_\_

## EVALUATION FOR BLADDER/BOWEL TRAINING PROGRAM POTENTIAL

**Able to participate in training** Evaluation period: \_\_\_\_\_

Bladder program \_\_\_\_\_ Bowel Program \_\_\_\_\_

Plan \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Unable to participate in training program**

Reason \_\_\_\_\_

**Assessment/documentation completed by** \_\_\_\_\_ **Date:** \_\_\_\_\_