

## Summary of Recommendations

	RECOMMENDATION	*LEVEL OF EVIDENCE
Practice Recommendations	1.0 Obtain a history of the client's incontinence.	IV
	2.0 Gather information on: <ul style="list-style-type: none"> <li>■ The amount, type and time of daily fluid intake, paying particular attention to the intake amount of caffeine and alcohol.</li> <li>■ The frequency, nature and consistency of bowel movements.</li> <li>■ Any relevant medical or surgical history which may be related to the incontinence problem, such as but not limited to diabetes, stroke, Parkinson's disease, heart failure, recurrent urinary tract infections or previous bladder surgery.</li> </ul>	IV
	3.0 Review the client's medications to identify those which may have an impact on the incontinence.	IV
	4.0 Identify the client's functional and cognitive ability.	III
	5.0 Identify attitudinal and environmental barriers to successful toileting. Barriers include: <ul style="list-style-type: none"> <li>■ Proximity and availability of the nearest bathroom;</li> <li>■ Accessibility of commode;</li> <li>■ Satisfactory lighting;</li> <li>■ Use of restraints;</li> <li>■ Staff expectation that incontinence is an inevitable consequence of aging; and</li> <li>■ Staff belief that few interventions exist to promote continence.</li> </ul>	III
	6.0 Check urine to determine if infection is present.	IV
	7.0 Determine how the client perceives their urinary incontinence and if they will benefit from prompted voiding. Before initiating prompted voiding, identify the client's pattern of incontinence using a 3-day voiding record.	III
	8.0 Ensure that constipation and fecal impaction are addressed.	IV
	9.0 Ensure an adequate level of fluid intake (1500 - 2000 ml per day), and minimize the use of caffeinated and alcoholic beverages where possible.	III
	10.0 Initiate an individualized prompted voiding schedule based on the client's toileting needs, and as determined by a 3-day voiding record.	Ia
	11.0 Initiate a 3-day voiding record, a minimum of 3 weeks and a maximum of 8 weeks, after the prompted voiding schedule.	IV

\*See page 11 for details regarding "Interpretation of Evidence".

## Summary of Recommendations

	RECOMMENDATION	*LEVEL OF EVIDENCE
Education Recommendations	<p><b>12.0</b> Implement an educational program on promoting continence using prompted voiding. The program should be structured, organized, and directed at all levels of healthcare providers, clients, family and caregivers. The educational program should identify a nurse with an interest in an/or advanced preparation in continence care (e.g., nurse continence advisor, nurse clinician, or clinical nurse specialist) to be responsible for providing the educational program. The program should be updated on a regular basis to incorporate any new information.</p> <p>The program should include information on:</p> <ul style="list-style-type: none"> <li>■ Myths related to incontinence and aging;</li> <li>■ Definition of continence and incontinence;</li> <li>■ Continence assessment;</li> <li>■ Prompted voiding;</li> <li>■ Individualized toileting;</li> <li>■ The impact of cognitive impairment on ability to be continent and strategies to manage aggressive behaviours;</li> <li>■ Relation of bowel hygiene care to healthy bladder functioning; and</li> <li>■ Use of a voiding record with individualized toileting.</li> </ul>	IV
	<p><b>13.0</b> Nurses should be knowledgeable about community resources for professional development, referral and ongoing assistance.</p>	IV
Organization & Policy Recommendations	<p><b>14.0</b> Successful implementation of prompted voiding requires:</p> <ul style="list-style-type: none"> <li>■ Management support;</li> <li>■ Opportunities for education and training;</li> <li>■ Active involvement of key clinical staff;</li> <li>■ Gradual implementation of the prompted voiding schedule;</li> <li>■ Collection of baseline information about clients, resources and existing knowledge;</li> <li>■ Interpretation of this data and identification of problems;</li> <li>■ Development of implementation strategy; and</li> <li>■ Monitoring of the program.</li> </ul>	IV
	<p><b>15.0</b> Organizations are encouraged to establish an interdisciplinary team approach to continence care.</p>	IV
	<p><b>16.0</b> Nursing best practice guidelines can be effectively implemented only where there are adequate planning, resources, organizational and administrative support, as well as the appropriate facilitation of the change process by skilled facilitators. The implementation of the guideline must take into account local circumstances and should be disseminated through an active educational and training program. In this regard, RNAO (through a panel of nurses, researchers and administrators) has developed the <i>Toolkit: Implementation of Clinical Practice Guidelines</i>, based on available evidence, theoretical perspectives and consensus. The <i>Toolkit</i> is recommended for guiding the implementation of the RNAO Nursing Best Practice Guideline <i>Promoting Continence Using Prompted Voiding</i>.</p>	IV

## Interpretation of Evidence

### Levels of Evidence

- Ia Evidence obtained from meta-analysis or systematic review of randomized controlled trials.
- Ib Evidence obtained from at least one randomized controlled trial.
- IIa Evidence obtained from at least one well-designed controlled study without randomization.
- IIb Evidence obtained from at least one other type of well-designed quasi- experimental study, without randomization.
- III Evidence obtained from well-designed non-experimental descriptive studies, such as comparative studies, correlation studies and case studies.
- IV Evidence obtained from expert committee reports or opinions and/or clinical experiences of respected authorities.

## Responsibility for Guideline Development

**The Registered Nurses Association of Ontario (RNAO)**, with funding from the Government of Ontario, has embarked on a multi-year program of nursing best practice guideline development, pilot implementation, evaluation and dissemination. One of the areas of emphasis is on promoting continence using prompted voiding. This guideline was originally developed in 2002 and subsequently revised in 2005 by a panel of nurses and researchers convened by the RNAO and conducting its work independent of any bias or influence from the Government of Ontario.

Preventing and reducing constipation is viewed to be a key intervention in the prevention and management of urinary incontinence. For this reason, this guideline has been revised in conjunction with the nursing best practice guideline *Prevention of Constipation in the Older Adult Population* (RNAO, 2005). This guideline is available to download from the RNAO website ([www.rnao.org/bestpractices](http://www.rnao.org/bestpractices)), or can be purchased from the RNAO.

The Nursing Best Practice Guideline: Prevention of Constipation in the Older Adult Population is available on the RNAO website at [www.rnao.org/bestpractices](http://www.rnao.org/bestpractices).