

<p><b>This is an official ELFT THCHS Local policy and should not be edited in any way</b></p>	
<h2 style="margin: 0;">Contenance Guidelines for Assessment and Provision of Containment Products for Community Nursing</h2>	
<p><b>Target audience:</b></p> <p>These guidelines are directed to Adult Community Nursing Staff.</p>	
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**Continence Service Mission Statement**  
**To provide for all, the quality of services we would expect for our families  
and ourselves**

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# **Continence Guidelines for Assessment And Provision of Containment Products for Community Nursing**

## **1. Introduction**

High quality professional assessment is the cornerstone to high quality continence care.

Bladder and bowel issues / problems can range from minor to very severe. Many people with bladder and bowel control problems can, with treatment, be cured and this is the desired outcome for all patients. However, if cure is not an achievable goal, then a robust management plan can improve the quality of life for most patients.

The ELFT Continence Service aims to support all patients with bladder and bowel continence issues and to advice on the management of the individual condition. Patients with bladder or bowel continence issues must be offered a full Continence assessment, carried out by an appropriately trained health professional, in a suitable environment ensuring privacy and dignity and with the informed consent of the patient. This will identify the nature and extent of the continence problem. The health professional will then follow the appropriate Care Pathway in consultation with the patient. Care planning will be based on individual assessment of need.

## **2. Aim**

These guidelines are written to support best practice for adults with continence issues/problems. The aim of these guidelines is to clarify the quantity and type of products that can be supplied either to support toileting programmes or to assist in the ongoing management of incontinence.

## **3. Target Audience**

These guidelines are directed to Adult Community Nursing Staff.

## **4. Responsibilities**

Responsibility is delegated to appropriately trained health professional who has specific responsibilities to satisfy his/her self that these guidelines are implemented within his/her area of responsibility. Compliance with these guidelines will be monitored by the Continence Service and day to day responsibility will be delegated to Team Leads.

## **5. Other related policies, procedures and guidance**

- ELFT Infection Prevention and Control Strategy.
- Consent for Examination, Treatment or Care

- Department of Health (2006) Urinary Incontinence: the management of urinary incontinence in women.
- National Institute for Clinical Excellence. Guidance number CG40 London.

## **6. Equality, Human Rights and DDA**

These guidelines are purely clinical/technical in nature and will have no bearing in terms of likely impact on equality of opportunity or good relations for people within the equality and good relations categories.

## **7. Alternative formats**

This document can be made available on request on disc, larger font, Braille, audio-cassette and in other minority languages to meet the needs of those who are not fluent in English.

## **8. Sources of Advice in relation to this document**

The Policy Author, Continence service Nurses and Lead Nurse TH CHS as detailed on the policy title page should be contacted with regard to any queries on the content of this policy.

## **9. The objectives of the Continence Assessment Process:-**

- To establish the cause / contributing factors of the bladder or bowel problem
- To initiate an agreed care pathway with the patient, appropriate to his / her individual need.
- To enable the patient to achieve and maintain his / her optimum level of continence and quality of life.
- To review the patient's continence status on a specific basis, according to patient need but at least 6 monthly for the first three months for those on a Care Pathway.
- Where appropriate to direct towards onward referral to the Specialist Continence Service.
- To arrange supply of containment products as clinical need dictates

After carryout a full continence assessment by the District/Community Continence Nurse will follow the Flow chart for Processing Continence referrals in the community. (Appendix 1)

*Full Continence Assessment using the Trust Continence assessment form (Appendix 2)*

10.

### Issue of Containment Products

Pads are not considered to be a cure but may be used as part of treatment to manage leakage thus improving the patient's quality of life. There is a wide range of products including pads, urinals, sheaths and anal plugs. Decisions on what is most appropriate take account of the patient's condition and his/her lifestyle. Containment products must not be considered as the first line management option for incontinence.

Pads can only be provided for a patient following the completion of a comprehensive continence assessment (Appendix 2) and approval by the Continence Nurses. Provision of products must be based on individual assessment of need according to severity of symptoms. Containment products (pads) should be ordered using the **Pad Request Form (PRF)** (Appendix 3). In general, patients should not require more than **4 pads per 24 hours, for most pad and 2 pads per 24 hours for pull up pants.** (Regional benchmark)

**Where patients request a supply of products in excess of professional recommendation, they may personally supplement their prescription through alternative means of their own choice. Similarly patients who prefer brands other than those contracted by the Trust may also personally supplement their prescription through alternative means of their own choice.**

#### **Review process**

Reviews of containment product prescriptions must be carried out at least 6 monthly or less if clinically indicated using the continence assessment form (Appendix 2) by an appropriately trained health care professional. In circumstances where product remains the same, a No change form should be completed and sent to continence service email (Appendix 4). In circumstances where a reassessment indicates that an increase in pad absorbency or product change is required, this should reflect the natural chain of absorbency available in the contracted product range/pad formulary (Appendix 5) and completed form sent to continence service email.

In compliance with Health and Safety and Infection Control Guidelines, containment products must not be taken from one client for use by another client.

11.

### Containment products for Mild Urinary Incontinence

Where mild urinary incontinence has been identified, following full continence assessment and patient's waist size measurement, it's suggested for a prescription and provision of pads/washable pants is deemed necessary, the order must be approved and signed by the continence nurses. Assessment of daily fluid intake will indicate the appropriate level of product absorbency required. In general these patients would normally be prescribed washable pants or disposable products of 250-350mls absorbency.

### **Washable pants**

Washable pants can be more comfortable and in the long term can also be a more cost effective option for mild urinary incontinence. Up to 5 washable pants may be supplied per year. Washable pants take time to wash and dry so consideration should be given to this when placing the order to ensure adequate supply. Patients should be advised that it is better to wash the pants in a washing machine if possible. Fabric softener is not recommended.

12.

## **Containment products for Moderate Urinary Incontinence**

Where moderate urinary incontinence has been identified, following full continence assessment and patient's waist size measurement, it's suggested for a prescription and provision of pads is deemed necessary, the order must be approved and signed by the continence nurses. Attends contour pads are available in a variety of absorbencies (Appendix 5). Assessment of daily fluid intake will indicate the appropriate level of product absorbency required. Staff should also take into consideration different periods of the day / night where incontinence level varies. In general these patients would normally be prescribed products of 450-800mls absorbency.

An appropriately trained Health Care Professional must provide instruction on the correct fitting and use of these products. Shaped pads should be used with close-fitting net pants. Net pants are available to order alongside shaped pads. Close fitting pants can be used if more appropriate Clients who require net pants should be measured to ensure correct size. A maximum of 5 pairs of net pants will be supplied every delivery date along with the products. Net pants are reusable and are guaranteed to wash up to 25-30 times. Net pants should not be washed at higher than 70° and should not be tumble dried or dried on radiators.

13.

## **Containment Products for Heavy Urinary Incontinence**

Where heavy urinary incontinence has been identified, following full continence assessment and patient's waist size measurement, it's suggested for a prescription and provision of pads is deemed necessary, the order must be approved and signed by the continence nurses. Attends slip pads are available in a variety of absorbencies (Appendix 5). Assessment of daily fluid intake will indicate the appropriate level of product absorbency required. In general these patients would normally be prescribed products of 450mls – 1600mls absorbency.

**The use of these pads in any absorbency range should be restricted to patients presenting with urinary / faecal incontinence who are dependent on carers or are bed bound. The product absorbency range should be utilised to reflect the nocturnal/diurnal alterations in urinary output.**

**It is the responsibility of the Registrant undertaking assessment to ensure that all carers involved in the provision of personal care to their patient are aware of the correct method of applying the pads, and the daily prescription of pads on order.**

14.

### **Containment Products for Faecal Incontinence**

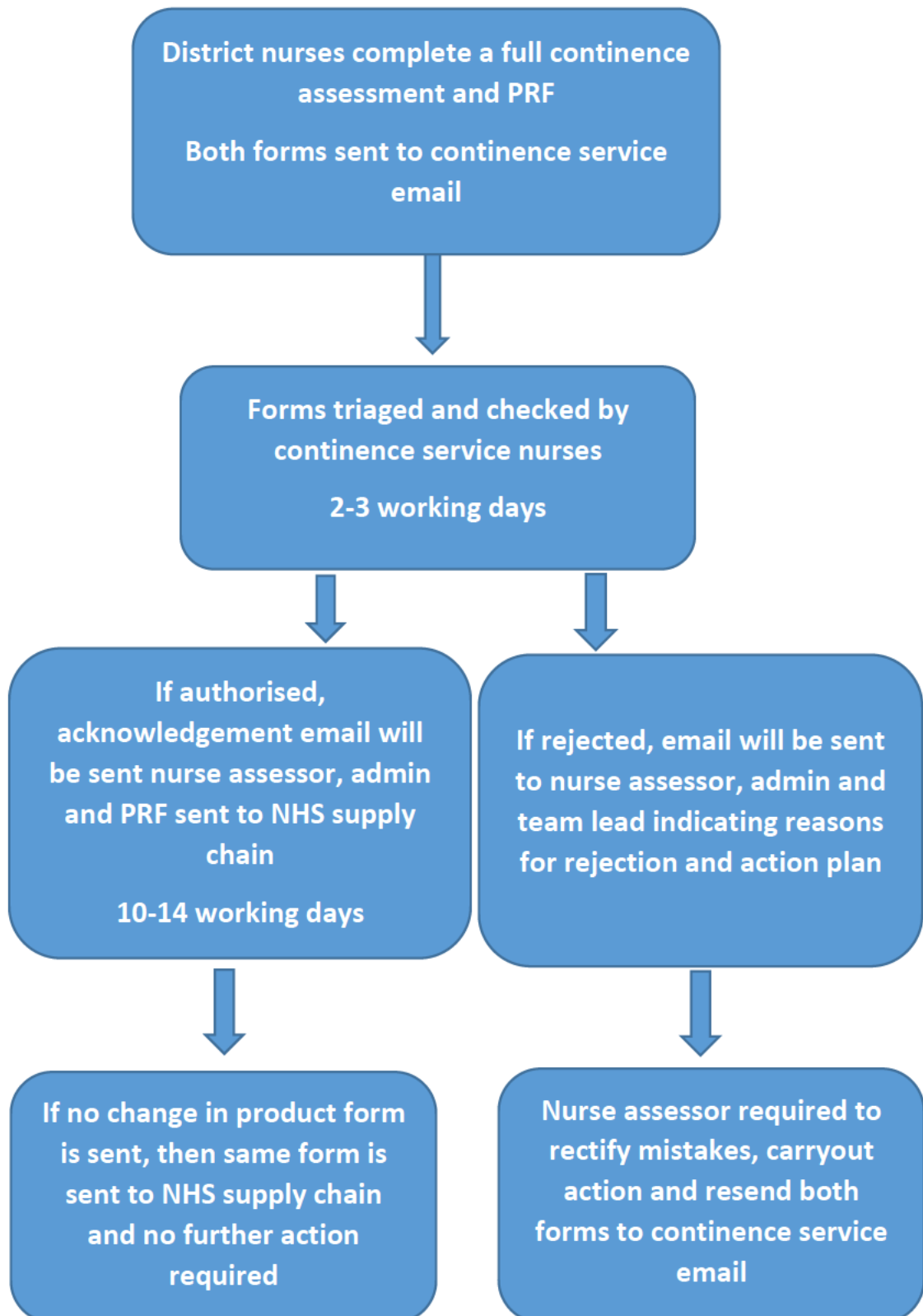
**Pads do not absorb faecal matter therefore a smaller pad should be considered for patients with faecal incontinence such as Attends contour range**

15.

### **Disposable Bed Square**

**Disposable bed square are only recommended when undertaking procedures such as bowel management or when caring for terminally ill patients. However, if prescribed it MUST be as part of or inclusion as a 4 a day quantity. They must not be supplied for use as a continence product as the risk of skin breakdown is high. The emphasis should be placed upon prescribing a product suitable to the individual needs of the client.**

**Flow Chart for Processing Continence Referrals  
To continence service**







NO CHANGE  
FORM.docx

Appendix 2



Continence  
assessment form NE

## References

Abrams P, Cardoza L, Fall M, Griffiths D, Rosier P, Ulmsten U, van Kerrebroeck P, Victor A & Wein A (2002) The Standardisation of Terminology of Lower Urinary Tract Function: Report from the Standardisation Sub-committee of the International Continence Society *Neurourology and Urodynamics* 21:167-178

APPG (2011) Cost-effective Commissioning For Continence Care. All Party Parliamentary Group For Continence Care Report. [www.appgcontinence.org.uk](http://www.appgcontinence.org.uk)  
Bladder & Bowel UK (2016) <https://www.bbuk.org.uk/>

Borrie MJ et al (2002) Interventions led by nurse continence advisers in the management of urinary incontinence: a randomized controlled trial. *CMAJ*. 14;166(10):1267–1273

BGS (2016) Guidance on commissioning and providing healthcare services across the UK. British Geriatric Society

Continence Product Advisor (2017)

<https://www.continenceproductadvisor.org/products/pads>. Accessed on 15 August 2017

Fader M et al (2020) An International Continence Society (ICS) report on the terminology for single use bodyworn absorbent incontinence products Accepted for publication *Neurourology and Urodynamics*)

DH (2000) Good practice in continence services.

DH (2010) The Mid Staffordshire NHS Foundation Trust Inquiry: Francis report. Department of Health.

<http://webarchive.nationalarchives.gov.uk/20150407084003/http://www.midstaffpublicinquiry.com/>

Expert Group on SIGN (2014) Who cares? Uncovering the incontinence taboo in social care. Astellas Pharma Ltd

Fader M, Cottenden A, Getliffe K, Gage H, Clarke-O'Neill S, Jamieson K, Green N,

Williams P, Brooks R, Malone-Lee J. [Absorbent products for urinary/faecal](#) 13

[incontinence: a comparative evaluation of key product designs](#). Health Technol Assess. 2008 Jul;12(29):iii-iv, ix-185.

Fader M et al (2016) Continence Product Provision: Meeting patients' fundamental care needs. Policy Brief. University of Southampton  
Macaulay M, Broadbridge J, Gage H, Williams P, Birch B, Moore KN, Cottenden A,

Fader MJ. A trial of devices for urinary incontinence following treatment for prostate cancer. [See comment in PubMed Commons belowBJU Int](#). 2014 Dec 11

MHRA (2014) Devices in Practice: Checklists for using medical devices. Medicines and Healthcare products Regulatory Agency

Imamura M et al (2010) Systematic review and economic modelling of the effectiveness and cost-effectiveness of non-surgical treatments for women with stress urinary incontinence. Health Technol Assess 14(40):1- 188, iii-iv.

Leung FW & Schnelle JF (2008) Urinary and Fecal Incontinence in Nursing Home Residents. Gastroenterol Clin North Am. Sep; 37(3):697-707

Murphy C, de Laine C, Macaulay M & Fader M. (in press) Development and randomised controlled trial of a Continence Product Patient Decision Aid for men post-radical prostatectomy. Journal of Clinical Nursing.

Murphy C, de Laine C, Macaulay M & Fader M. (2019) Continence pad provision: Meeting patients' fundamental care needs. Nursing Times

NHSE (2018) Excellence in continence care: Practical guidance for commissioners, providers, health and social care staff and information for the public. NHS England

NHSE (2016) Our 2016/17 Business Plan. NHS England

NICE (2007) Faecal incontinence in adults: management Clinical Guidance 49. The National Institute for Health and Care Excellence

NICE (2017) Irritable bowel syndrome in adults: diagnosis and management Clinical Guidance 61. The National Institute for Health and Care Excellence