

**Standard Operating Procedures**

Urinary Incontinence: Assessment, Management and Provision of Continence Products for Adults

August 2025

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# Introduction

Continence is the ability to pass urine or faeces voluntarily in a socially acceptable place.

A person needs to be able to:

* recognise the need to void
* identify the correct place to void
* reach the toilet
* hold on until the toilet is reached
* pass urine or faeces once there

Incontinence is the unwanted and involuntary leakage of urine or stool or wind. Many people will be affected by incontinence at some point in their life. [(RCN 2021)](https://www.rcn.org.uk/clinical-topics/Bladder-and-bowel-care)

Incontinence is not a disease but a symptom of an underlying condition. Through assessment and investigation by a suitably trained professional, individuals suffering from incontinence may have their symptoms resolved, improved or managed in the most appropriate way, **without** the need for supply of continence products. Continence assessment is essential, as treatment for continence is dependent on the cause. [(NHS 2018](https://www.england.nhs.uk/wp-content/uploads/2018/07/excellence-in-continence-care.pdf)).

Adult incontinence can affect a person’s self-confidence, loss of independence, relationships and employment prospects and can subsequently cause depression. In older people, incontinence can be a contributing factor in skin breakdown, falls and urine infection, which in turn often causes confusion.

Pressure ulcers and incontinence-associated dermatitis are national priorities. Identifying, assessing, and managing continence issues can play a crucial role in reducing skin problems. [(ACP 2023)](https://acpcontinence.co.uk/national-guidance/)

Everyone has a responsibility to recognise and offer initial support to individuals with continence issues. [(ACP 2023)](https://acpcontinence.co.uk/national-guidance/) The needs of individuals with incontinence will be met, using research and education to promote continence and manage incontinence in an effective and comprehensive way.

Team leaders must ensure that their staff are given the appropriate time to complete the continence assessment- approx. 50 minutes. The Nurse must send out relevant pre-assessment documentation before arranging the continence assessment, this includes a bladder diary. If the patient is unable to complete this, justification must be written within the continence assessment.

All staff completing a continence assessment must have completed the Continence Assessment training provided by FNHC Education & Development department. If staff feel they need an update, they must book onto the training provided by FNHC. This ‘SOP Urinary Incontinence: Assessment, management and provision of continence products for Adults’ must be followed at all times and if patients do not meet the criteria for product provision, they should be discussed with the original referrer. All staff must provide honest information.

# SOP 1 Referral Criteria

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| ***Purpose*** |

To ensure that all patients with continence issues are referred in a timely and appropriate manner to the correct service for assessment and management

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| ***Scope*** |

The SOP applies to anyone who is assessing a patient for continence care or product provision.

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| ***Core Requirements/Procedure*** |

[(Appendix 1)](#app1)

**Inappropriate Referrals**

Referrals for “pad” assessments are not accepted. Pads should only be considered if all other strategies for promoting continence have failed.

**Hospital Discharges**

If a patient is in hospital, it is the expectation that an assessment will be undertaken prior to discharge if incontinence is unresolved. A continence assessment must be made a priority issue prior to discharge. [(ACA 2021)](https://acpcontinence.co.uk/national-guidance/)

**Residential Home Process**

If patient in a Residential Home, care home staff should to complete the Tena Jersey Assessment Tool [(appendix 2)](#app2) and send this along with a 3 day bladder diary to FNHC Adult Referrals [adult.referrals@fnhc.org.je](mailto:adult.referrals@fnhc.org.je)

# SOP 2 Continence Assessment

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| ***Purpose*** |

This SOP aims to ensure that all patients receive the optimal level of clinical care in line with best practice and research regarding urinary incontinence assessment.

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| ***Scope*** |

The SOP applies to anyone who is performing a continence assessment or reassessment. *Note: This SOP does* ***not*** *apply to patients receiving end-of-life care.*

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| ***Core Requirements/Procedure*** |

**Initial Assessment**

* Upon receiving a referral, a holistic patient assessment must be carried out.
* If any continence concerns are identified, a full bladder and/or bowel assessment must be completed.
* A “yes” response to the trigger question, “Does your bladder or bowel ever/sometimes cause you problems?” requires further investigation[. (NHS, 2018)](https://www.england.nhs.uk/wp-content/uploads/2018/07/excellence-in-continence-care.pdf)

**Bladder Diary**

* The patient or carer should complete a bladder diary for a minimum of three days, ideally covering a mix of typical work and leisure days. [(NICE, 2019)](https://www.nice.org.uk/guidance/ng123/chapter/Recommendations#assessing-urinary-incontinence) [(Appendix 3)](#app3)
* If the patient uses absorbent pads and cannot measure urine output, used pads must be weighed to determine fluid loss and support product selection.

**Inclusivity of Assessment**

All patients—including those with dementia, learning disabilities, frailty, or complex needs—should be offered assessment and treatment before containment options are considered.

**Comprehensive Clinical Assessment**

Assessments must include the following components ([Appendix 4](#app4)) - Assessment of Bladder Problems in Adults template):

* Patient history, including symptoms, lifestyle, and comorbidities
* Patient’s personal goals and expectations
* Physical examination (including consideration of prolapse, skin integrity, oedema, etc.)
* Urinalysis (see guidance below)
* Symptom diary
* Medication review
* Post-void residual (PVR) urine volume via bladder scanner
* BMI and nutrition status
* Functional and environmental factors (e.g. mobility, toileting access)
* Emotional wellbeing (e.g. impact of anxiety, depression)
* Evaluation of current containment product use, if applicable

**Lifestyle Advice**

Consider advising the patient to:

* Reduce caffeine intake for overactive bladder
* Adjust fluid intake if excessively high or low
* Lose weight if BMI if over 30 [(NICE, 2019)](https://www.nice.org.uk/guidance/ng123/chapter/Recommendations#assessing-urinary-incontinence)

**Urinalysis**

Urinalysis must be performed as part of the continence assessment in appropriate patients.

It provides information to support a holistic clinical picture, and may indicate:

Urinalysis must not be used to diagnose a UTI in the following groups:

* Adults aged 65 and over
* Individuals living in residential or nursing homes
* Patients with long-term indwelling catheters

In these groups, UTI diagnosis must be based on clinical signs and symptoms only, in line with NICE and SIGN guidance [(RCN, 2021).](https://www.rcn.org.uk/clinical-topics/Bladder-and-bowel-care)

If a UTI is suspected, refer to the NICE Diagnostic Decision Tool for suspected UTI [(Appendix 5).](#app5)

Following assessment, a care plan must be developed with the patient and a copy provided [(Appendix 6).](#app6)

The assessing registered healthcare professional is responsible for:

* Completing the initial assessment
* Providing first-line advice (e.g. continence promotion, fluid intake)
* Documenting findings and treatment plans in the patient record

**Documentation & Care Planning**

A care plan must be developed in partnership with the patient and a copy provided to them. ([Essence of Care, DoH, 2010](https://assets.publishing.service.gov.uk/media/5a7c3111e5274a1f5cc7665c/dh_119971.pdf)) [(Appendix 6)](#app6)

The assessing healthcare professional remains accountable for:

* Initial continence assessment
* First-line treatment advice (e.g. fluid intake, toileting regimes)
* Escalation if treatment is unsuccessful

# SOP 3 Provision of products

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| ***Purpose*** |

The aim of this SOP is to provide practitioners with guidance for the ordering and provision of continence containment products.

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| ***Scope*** |

The clinician who assesses an individual to provide an absorbent pad is accountable for that decision; and needs to ensure that the chosen pad is fit for purpose and safe to use at the time of assessment.

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| ***Core Requirements/Procedure*** |

**Aids and adaptations:**

Before containment products are issued, the benefits of available aids and appliances must be considered to manage incontinence to ensure patient’s dignity. For example:

* Commodes
* Male Urinals/ Female urinals
* Bed pans
* Drainage funnels
* Penile sheaths – male patients only
* Increase oral fluid intake (see fluid matrix [Appendix 6](#app6))

In addition to this consideration should also be given to:

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| * Environmental changes | * Clothing adaptation | * Carer input |

**Continence Product Provision**

* Absorbent pads should not be provided before the individual person has undergone a complete continence assessment / yearly reassessment.
* Required products are to be ordered by filling out a “H&SS SUBSIDISED PRODUCTS SCHEME VOUCHER- Continence” in full and then emailing this voucher to the subsidised product provider [(Appendix 7)](#app7) see Tena Product Guide for available products [(Appendix 8).](#app8)
* The number of absorbent pads issued per 24 hours should not exceed 4.
* “All in one” products will only be provided to clients with a severe physical or mental impairment. who struggle with the fixation pants and pad e.g. patients suffering with dementia or learning disabilities.
* The patient or carer should be advised on how to apply/use the product and be given sufficient information and training in the safe use of the product.
* If patient is experiencing problems the Nurse can review using the Disposable Continence Products Problem Solving guide [(Appendix 9)](#app9)

**Appropriate provision of continence products**

* End of life care
* Functional issues that greatly restrict access to toilets, commodes or urinals
* Neurological deficits which prevent continence promotion
* Learning disability which prevents continence promotion
* Mental Health issues which prevents continence promotion
* Intractable incontinence where clinical interventions have failed

**Inappropriate** **provision of continence products**

* Patients requiring products for occasional use e.g., holidays, travel
* Urinary Tract Infection
* Short term incontinence following surgical procedures such as back and hip operations, except for prostatectomy patients
* Short term or one-off tests e.g. sigmoidoscopy, barium enema
* Prolapses and vaginal/rectal bleeding
* Patient’s that have a pad weight of less than 200mls
* If an individual has capacity and declines assessment [(ACA 2020).](https://acpcontinence.co.uk/national-guidance/)
* “Just In Case”

**Patient Safety alert**

Incontinence pads contain superabsorbent polymer gel granules and there is a risk of death or severe harm if these are ingested. Staff should ensure they are aware of the Patient Safety alert “Risk of Death and Severe Harm from ingesting superabsorbent polymer gel granules” [(Appendix 10)](#app10) and use this information when assessing patient suitability for containment products.

# SOP 4 Use of Bladder Scanner

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| ***Purpose*** |

To ensure the proficient use of a bladder scan (portable ultrasound)

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| ***Scope*** |

The SOP applies to anyone who is performing a continence assessment

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| ***Core Requirements/Procedure*** |

A bladder scan is an ultrasound scan used as a diagnostic tool for assessing bladder problems and should be performed by a competent HCP.

**Indications for Bladder Scanning: -**

* Urinary Continence Assessment / reassessment
* Ensure that drug therapy (e.g. anti-cholinergic medication) has not induced any voiding problems
* Assess the volume of urine in the bladder if a catheter is failing to drain
* After a trial without a catheter to evaluate whether a patient can void and to what degree

**Bladder Scanning**

* Bladder scanning is undertaken to determine the volume of urine contained within the bladder, should be perform post void
* Scanning using a specifically designed ultrasound device is non-invasive alternative to inserting an intermittent catheter for measuring PVR volume

**Inappropriate Bladder Scanning**

* pregnant women
* Suprapubic region: wounds, sutures/staples, scar tissue and lesions
* Abdominal ascites
* Large abdominal wounds

**Equipment**

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| * Portable bladder scanner | * Alcohol wipes | * Tissues | * Water soluble gel |

**Procedure**

* Explain procedure and obtain appropriate consent.
* Perform hand hygiene at all appropriate moments throughout procedure.
* Position patient in supine for bladder assessment and scanning procedures.
* Maintain privacy and dignity throughout procedure.

**Bladder scanning**

* Refer to scanner specific instructions. ([Appendix 11](#app11) & [12](#app12))
* Clean scan head with a Clinell surface wipe.
* Switch scanner on and select appropriate gender. Select Male option for women who have undergone hysterectomy.
* Palpate the symphysis pubis. Apply generous amount of gel to abdomen.
* Place the scan head midline 3-4 cm above the symphysis pubis.
* Observe scanner for bladder volume. Adjust scan head if inaccurate display visualised.
* On completion of bladder scan assist patient remove gel, redress and reposition

**Decontaminate Scan Transducer**

* Switch off bladder scan machine.
* Wipe water soluble gel from scan head with tissues.
* Thoroughly clean scan head with Clinell surface wipe.
* Ensure to decontaminate bladder scan equipment as per manufacturer instructions.

**Post Procedure for Bladder Assessment and Scanning**

* Analyse the assessment and/or scan in relation to the patient’s current clinical status.
* Document the assessment and/or scan in the patient’s Emis record.
* Be aware that even if the patient is comfortable and there is no obvious distension, a PVR may still be present due to decreased sensation.

**Normal and Critical Findings**

The following PVR values are widely accepted in adults:

Intermittent self-catheterisation is recommended for management, for frequency of ISC [(appendix 13)](#app13)

# Appendices

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| --- | --- | --- |
| 1 | GP Referral Pathway for Patients with Continence Issues/Bladder Symptoms |  |
| 2 | Tena Jersey Assessment Tool |  |
| 3 | Bladder Record Chart – Volume and Frequency |  |
| 4 | Assessment of Bladder Problems in Adults |  |
| 5 | Nice Diagnostic decision tool for suspected UTI |  |
| 6 | Continence assessment care plan |  |
| 7 | H&SS SUBSIDISED PRODUCTS SCHEME VOUCHER Continence |  |
| 8 | Tena Product Guide |  |
| 9 | Disposable Continence Products  Problem Solving |  |
| 10 | National Patient Safety Alert |  |
| 11 | How to use the AvantSonicZ5 Bladder Scanner |  |
| 12 | Bard Scan Instructions |  |
| 13 | Intermittent catheter recommended frequency |  |