

Do you need a District Nurse to visit your client for continence issues?









**Before you complete the referral form
- please consider the following:**

Does your client have moderate incontinence is it bowel or bladder?



Please document on the form whether the referral relates to bowel or bladder incontinence (or both)

	NO	YES
 <p>Did you discuss this with your client?</p>	If you haven't spoken to the client about the problem, please explain why you haven't in the FNHC Referral Form. Then proceed to the next question	Proceed to the next question
 <p>Does your client agree to be seen by the District Nurse?</p>	Does the client have capacity to consent to a referral to FNHC? If not , then a best interest decision should be made before referral	Proceed to the next question
 <p>Does your client have Moisture Damage (MASD)?</p>	If no, please document this on the referral form.	If yes, please proceed to the next question
 <p>Has your client's fluid intake / output been recorded for the last three days?</p>	Please document the client's fluid intake and output for three days, on an input/ output chart (Bladder diary) then proceed on to the next question.	Please make sure this has been documented in the FNHC Referral Form, and have this information available for the District Nurse's visit.
 <p>Have you weighed the client's pads?</p>	If you have not weighed the client's pads, please do so - add to on the input/output chart (Bladder diary) and document in their notes. Document that this has been completed on the FNHC Referral Form.	If yes, please make sure that this has been documented in the FNHC Referral Form, and proceed to the next question.
 <p>Have you completed a Continence Assessment? (This could be the Tena or your own work's assessment form)</p>	If you haven't completed a Continence Assessment form, please ensure that you do before you refer to FNHC	Please make sure that you have documented this and it is detailed in the FNHC Referral Form

Refer to Family Nursing & Home Care

When you have the answers to the above questions.

Please document if this is a first-time assessment or re-assessment for continence.