

Evaluating Incontinence	
Type	Evaluation
1. Urge - when you know you want to urinate, but cannot hold it long enough to make it to the bathroom.	Does the resident start to urinate on the way to the bathroom, even if you take them as soon as they ask?
2. Stress - when urine leaks out when you cough, sneeze, laugh or even lift heavy objects.	Ask them if they have to go. If yes, stand over the toilet and ask them to cough; check to see if urine leaks out when they cough.
3. Mixed Incontinence - often your residents will exhibit signs of both urge and stress incontinence.	See #s 1 and 2, above.

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Evaluating Incontinence (Side 2)	
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4. Overflow Incontinence – when you cannot completely empty your bladders, constantly causing a full bladder or dribbling.	You need to check post-void residual. <i>Note:</i> This is rare, occurring in 5-10% of incontinent individuals.
5. Functional – when there is very little wrong with the bladder. These people are incontinent because they can not get to the bathroom because of cognitive or mobility problems.	The first line of defense against functional incontinence is prompted voiding and toileting assistance. <i>Note:</i> This is the most common among nursing home residents, and may be due to cognitive impairment.

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