

| Evaluating Incontinence  |  |
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| Type   | Evaluation   |
| 1. <b>Urge</b> - 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. <b>Stress</b> - 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. <b>Mixed Incontinence</b> - often your residents will exhibit signs of both urge and stress incontinence.   | See #s 1 and 2, above.   |

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| 4. <b>Overflow Incontinence</b> – when you cannot completely empty your bladders, constantly causing a full bladder or dribbling.   | You need to check post-void residual.<br><i>Note:</i> This is rare, occurring in 5-10% of incontinent individuals.  |
| 5. <b>Functional</b> – 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.<br><i>Note:</i> This is the most common among nursing home residents, and may be due to cognitive impairment. |

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