National Audit of Continence Care 2011

Pilot Bladder Audit Proforma

(please complete all questions)

Your Site Code

<table>
<thead>
<tr>
<th>DEMOGRAPHIC INFORMATION</th>
<th>Response</th>
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</thead>
<tbody>
<tr>
<td>A. Patient numbers</td>
<td>Automatically generated by webtool</td>
</tr>
<tr>
<td>B. Audit date:</td>
<td>Date field</td>
</tr>
<tr>
<td>Bi Cycle number</td>
<td>2 digit number</td>
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</tbody>
</table>

C. Bladder Proforma

| D. Patient age          | O18-65 / O65+ |
| E. Patient gender       | OMale / OFemale |
| F. Clinical setting     | OHospital medical ward |
|                         | OHospital surgical ward |
|                         | OHospital elderly care ward |
|                         | OHospital outpatient clinic |
|                         | OGP surgery |
|                         | OCommunity clinic |
|                         | OCare home |

G. Notes audited

| H. How was urinary incontinence identified for this audit case/person? | ORoutine screening by a provider |
|                                                                      | OPatient sought help for the problem |
|                                                                      | OWas only identified through case-finding for this audit |
|                                                                      | OOther |
|                                                                      | ONot Known |

Instructions for completion:
1. Please use a ball-point pen for all sections.
2. Please cross the boxes as appropriate (X or ☐).
   If you are unclear of any questions on this form please use the accompanying help booklet.

All enquiries should be sent, quoting your site code, to:
Tel: 020 3075 1347 / 020 3075 1619 / 020 3075 1511 or e-mail: nacc@rcplondon.ac.uk
### Symptoms

1. **Symptoms**

1.1 Has the patient's urinary symptoms been recorded in the notes?  
   - Yes / No

1.2 Have the following symptoms been asked about:

1.2a Urinary frequency?  
   - Yes / No

1.2b Urgency?  
   - Yes / No

1.2c Stress?  
   - Yes / No

1.2d Voiding difficulties?  
   - Yes / No

1.2e Nocturia?  
   - Yes / No

1.2f Pain on urination?  
   - Yes / No

1.2g Constipation?  
   - Yes / No

1.2h Faecal incontinence?  
   - Yes / No

1.3 Has the patient completed a bladder diary? (Men and women)  
   - Yes / No

1.4 Has the patient completed a three day bladder diary?  
   - Yes / No / Patient is male

### Management / Assessment / Investigations

2. **Management / Assessment / Investigations**

2.1 Have the patients' medications been reviewed to assess whether they may be worsening urinary incontinence?  
   - Yes / No / If no go to 2.2

2.1a Have any such medications been altered as a result of this review?  
   - Yes / No

2.2 Have medical conditions that may be relevant to urinary incontinence been reviewed (e.g. diabetes, heart failure, neurological conditions)  
   - Yes / No / Patient does not have any coexisting medical conditions

2.2a Have any such medical conditions been optimised as a result of this review?  
   - Yes / No

2.3 Has the patient's functional ability been assessed?  
   - Yes / No

2.4 Has the patient's cognition been assessed?  
   - Yes / No

2.5 Has the impact of incontinence on quality of life been assessed?  
   - Yes / No / If NO got to Q2.6

2.5a Has Quality of Life been recorded by standard assessment (e.g. Kings Health Questionnaire)  
   - Yes / No

### Assessment

2.6 Has an assessment been performed focussing on finding the cause(s) of urinary incontinence?  
   - Yes / No

2.6a IF YES: Who did this assessment?  
   - GP  
   - Practice nurse  
   - District nurse  
   - Continence specialist  
   - Hospital ward doctor  
   - Hospital ward nurse  
   - Hospital continence specialist (includes surgeon)  
   - Care home nurse
2.7 Is there documented evidence of the following?

| 2.7a | Examination of the abdomen for palpable mass or bladder retention | OYes / ONo |
| 2.7b | Examination to assess pelvic floor dysfunction | OYes / ONo |
| 2.7c | Examination of perineum and pelvis to identify prolapse, excoriation and urogenital atrophy (WOMEN) | OYes / ONo Only if female |
| 2.7d | Digital rectal examination to examine prostate size (MEN) | OYes / ONo Only if male |

INVESTIGATIONS

2.8 Have the following tests been documented: Select all that apply

| 2.8a | Renal function | OYes / ONo |
| 2.8b | Post void residual volume | OYes / ONo |
| 2.8c | Urinalysis | OYes / ONo |
| 2.8d | MSU / CSU | OYes / ONo |
| 2.8e | Abdominal ultrasound | OYes / ONo |
| 2.8f | Urodynamics | OYes / ONo |
| 2.8g | Cystoscopy | OYes / ONo |

3 TREATMENT

| 3.1 | Is the type or cause(s) of urinary incontinence documented in the notes? | OYes / ONo If no go to Q3.3 |
| 3.2 | What is the type/cause of urinary incontinence? | Select all that apply |
| 3.2a | Stress UI | OYes / ONo |
| 3.2b | Urge UI | OYes / ONo |
| 3.3c | Benign prostatic enlargement | OYes / ONo |
| 3.3d | Neuropathic bladder | OYes / ONo |
| 3.3e | Urinary tract infection | OYes / ONo |
| 3.3f | Medication side-effect | OYes / ONo |
| 3.3g | Constipation (causing retention) | OYes / ONo |
| 3.3h | Functional or cognitive | OYes / ONo |
| 3.3i | Does the patient have a treatment plan recorded in the notes? | OYes / ONo If no go to Q3.6 |
| 3.4 | Does the treatment plan include; | |
| 3.4a | Referrals to another specialist or service | OYes / ONo |
| 3.4b | Starting treatment | OYes / ONo |
| 3.4c | Organised follow up | OYes / ONo |
| 3.4d | Further investigations | OYes / ONo |
| 3.5 | Does documented treatment include; Select all that apply | |
| 3.5a | Pelvic floor exercises | OYes / ONo |
### 3.5b
- Bladder retraining

### 3.5c
- Fluid advice

### 3.5d
- Bladder antimuscarinic medications

### 3.5e
- Alpha blockers or finasteride

### 3.5f
- Prostatic surgery (MEN)

### 3.5g
- Urogynaecological surgery (WOMEN)

### 3.5h
- Intermittent catheterisation

### 3.5i
- In-dwelling catheterisation

### 3.5j
- Containment – pads

### 3.5k
- Containment – convene, other products

### 3.6
- Is the patient catheterised?

#### 3.6a
**IF YES:** Is the reason for catheterisation recorded in the patient’s notes?

#### 3.6b
What was the main reason for catheterisation?

- Acute retention
- Chronic retention with renal impairment
- Trauma/surgery
- Severe medical illness (fluid balance monitoring)
- Severe pressure ulcers / wound
- Reason not documented

#### 3.6c
Is there a documented plan for removal of the catheter?

### 3.7
What consequences of urinary incontinence does the patient have?

#### 3.7a
- Urinary tract infection

#### 3.7b
- Urosepsis

#### 3.7c
- Pressure ulcers

### 4
**Treatment /Care Plan and communication**

#### 4.1
Has the patients own goals/ decisions for treatment or care been documented?

#### 4.2
Is there evidence of the treatment plan having been given to the patient (e.g. by patient letter, in discharge summary, through information leaflets)

#### 4.3
Are plans for follow up and review clearly documented?

#### 4.4
Where relevant, have details of the treatment plan been shared with the patients’ carer/relative?

#### 4.5
Has the patient been provided with information on causes and treatment of UI?

#### 4.6
Has the patient been provided with advice on how to cope with UI?

#### 4.7
What did this advice include?

#### 4.7a
- Advice and information on continence
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<thead>
<tr>
<th></th>
<th>products</th>
<th>Yes / No</th>
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<tbody>
<tr>
<td>4.7b</td>
<td>Advice on skin care</td>
<td>Yes / No</td>
</tr>
<tr>
<td>4.7c</td>
<td>Advice relating to preservation of dignity</td>
<td>Yes / No</td>
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<tr>
<td>4.7d</td>
<td>Advice relating to preservation of independence</td>
<td>Yes / No</td>
</tr>
<tr>
<td>4.7e</td>
<td>Contact details for relevant support groups and/or helplines</td>
<td>Yes / No</td>
</tr>
<tr>
<td>4.7f</td>
<td>Periodic review of symptoms</td>
<td>Yes / No</td>
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<tr>
<td>4.7g</td>
<td>Psychological and emotional support</td>
<td>Yes / No</td>
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