

National Audit of Continence Care 2011

Pilot Bladder Audit Proforma

(please complete all questions)

Your Site Code

Instructions for completion:

1. Please use a ball-point pen for all sections.
2. Please cross the boxes as appropriate (or .

If you are unclear of any questions on this form please use the accompanying *help booklet*.

All enquires 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

	DEMOGRPHIC INFORMATION	Response
A.	Patient numbers	Automatically generated by webtool
B.	Audit date:	Date field
B i	Cycle number	2 digit number
C.	Bladder Proforma	
D.	Patient age	<input type="radio"/> 18-65 / <input type="radio"/> 65+
E.	Patient gender	<input type="radio"/> Male / <input type="radio"/> Female
F.	Clinical setting	<input type="radio"/> Hospital medical ward <input type="radio"/> Hospital surgical ward <input type="radio"/> Hospital elderly care ward <input type="radio"/> Hospital outpatient clinic <input type="radio"/> GP surgery <input type="radio"/> Community clinic <input type="radio"/> Care home
G.	Notes audited	<input type="radio"/> Hospital notes <input type="radio"/> GP notes <input type="radio"/> Continence specialist records <input type="radio"/> Care home care plan
H.	How was urinary incontinence identified for this audit case/person?	<input type="radio"/> Routine screening by a provider <input type="radio"/> Patient sought help for the problem <input type="radio"/> Was only identified through case-finding for this audit <input type="radio"/> Other <input type="text"/> <input type="radio"/> Not Known



1		Symptoms	
1.1	Has the patients urinary symptoms been recorded in the notes?		<input type="radio"/> Yes / <input type="radio"/> No
1.2	Have the following symptoms been asked about:		
1.2a	• Urinary frequency?		<input type="radio"/> Yes / <input type="radio"/> No
1.2b	• Urgency?		<input type="radio"/> Yes / <input type="radio"/> No
1.2c	• Stress?		<input type="radio"/> Yes / <input type="radio"/> No
1.2d	• Voiding difficulties?		<input type="radio"/> Yes / <input type="radio"/> No
1.2e	• Nocturia?		<input type="radio"/> Yes / <input type="radio"/> No
1.2f	• Pain on urination?		<input type="radio"/> Yes / <input type="radio"/> No
1.2g	• Constipation?		<input type="radio"/> Yes / <input type="radio"/> No
1.2h	• Faecal incontinence?		<input type="radio"/> Yes / <input type="radio"/> No
1.3	Has the patient completed a bladder diary? (Men and women)		<input type="radio"/> Yes / <input type="radio"/> No
1.4	Has the patient completed a three day bladder diary? WOMEN ONLY		<input type="radio"/> Yes / <input type="radio"/> No / <input type="radio"/> patient is male

2		Management / Assessment / Investigations	
2.1	Have the patients' medications been reviewed to assess whether they may be worsening urinary incontinence?		<input type="radio"/> Yes / <input type="radio"/> No If no go to 2.2
2.1a	Have any such medications been altered as a result of this review?		<input type="radio"/> Yes / <input type="radio"/> No
2.2	Have medical conditions that may be relevant to urinary incontinence been reviewed (e.g. diabetes, heart failure, neurological conditions)		<input type="radio"/> Yes / <input type="radio"/> No / <input type="radio"/> Patient does not have any coexisting medical conditions
2.2a	Have any such medical conditions been optimised as a result of this review?		<input type="radio"/> Yes / <input type="radio"/> No
2.3	Has the patient's functional ability been assessed?		<input type="radio"/> Yes / <input type="radio"/> No
2.4	Has the patient's cognition been assessed?		<input type="radio"/> Yes / <input type="radio"/> No
2.5	Has the impact of incontinence on quality of life been assessed?		<input type="radio"/> Yes / <input type="radio"/> No If NO got to Q2.6
2.5a	Has Quality of Life been recorded by standard assessment (e.g. Kings Health Questionnaire)		<input type="radio"/> Yes / <input type="radio"/> No
	Assessment		
2.6	Has an assessment been performed focussing on finding the cause(s) of urinary incontinence?		<input type="radio"/> Yes / <input type="radio"/> No
2.6a	IF YES: Who did this assessment?		<input type="radio"/> GP <input type="radio"/> Practice nurse <input type="radio"/> district nurse <input type="radio"/> Continence specialist <input type="radio"/> hospital ward doctor <input type="radio"/> hospital ward nurse <input type="radio"/> hospital continence specialist (includes surgeon) <input type="radio"/> care home nurse



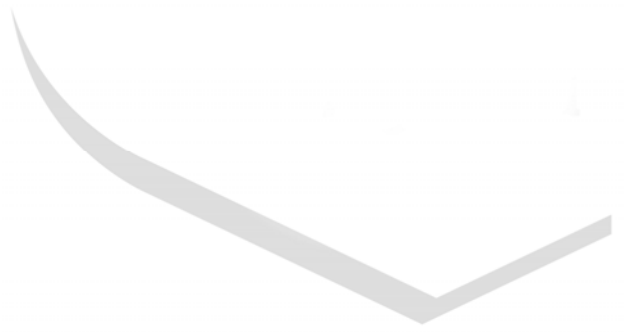
2.7	Is there documented evidence of the following?	
2.7a	<ul style="list-style-type: none"> Examination of the abdomen for palpable mass or bladder retention 	○Yes /○No
2.7b	<ul style="list-style-type: none"> Examination to assess pelvic floor dysfunction 	○Yes /○No
2.7c	<ul style="list-style-type: none"> Examination of perineum and pelvis to identify prolapse, excoriation and urogenital atrophy (WOMEN) 	○Yes /○No Only if female
2.7d	<ul style="list-style-type: none"> Digital rectal examination to examine prostate size (MEN) 	○Yes /○No Only if male
	INVESTIGATIONS	
2.8	Have the following tests been documented:	Select all that apply
2.8a	<ul style="list-style-type: none"> Renal function 	○Yes /○No
2.8b	<ul style="list-style-type: none"> Post void residual volume 	○Yes /○No
2.8c	<ul style="list-style-type: none"> Urinalysis 	○Yes /○No
2.8d	<ul style="list-style-type: none"> MSU / CSU 	○Yes /○No
2.8e	<ul style="list-style-type: none"> Abdominal ultrasound 	○Yes /○No
2.8f	<ul style="list-style-type: none"> Urodynamics 	○Yes /○No
2.8g	<ul style="list-style-type: none"> Cystoscopy 	○Yes /○No

3	TREATMENT	
3.1	Is the type or cause(s) of urinary incontinence documented in the notes?	○Yes /○No If no go to Q3.3
3.2	What is the type/cause of urinary incontinence?	Select all that apply
3.2a	<ul style="list-style-type: none"> Stress UI 	○Yes /○No
3.2b	<ul style="list-style-type: none"> Urge UI 	○Yes /○No
3.3c	<ul style="list-style-type: none"> Benign prostatic enlargement 	○Yes /○No
3.3d	<ul style="list-style-type: none"> Neuropathic bladder 	○Yes /○No
3.3e	<ul style="list-style-type: none"> Urinary tract infection 	○Yes /○No
3.3f	<ul style="list-style-type: none"> Medication side-effect 	○Yes /○No
3.3g	<ul style="list-style-type: none"> Constipation (causing retention) 	○Yes /○No
3.3h	<ul style="list-style-type: none"> Functional or cognitive 	○Yes /○No
3.3	Does the patient have a treatment plan recorded in the notes?	○Yes /○No If no go to Q3.6
3.4	Does the treatment plan include;	
3.4a	<ul style="list-style-type: none"> Referrals to another specialist or service 	○Yes /○No
3.4b	<ul style="list-style-type: none"> Starting treatment 	○Yes /○No
3.4c	<ul style="list-style-type: none"> Organised follow up 	○Yes /○No
3.4d	<ul style="list-style-type: none"> Further investigations 	○Yes /○No
3.5	Does documented treatment include;	Select all that apply
3.5a	<ul style="list-style-type: none"> Pelvic floor exercises 	○Yes /○No



3.5b	<ul style="list-style-type: none"> Bladder retraining 	<input type="radio"/> Yes / <input type="radio"/> No
3.5c	<ul style="list-style-type: none"> Fluid advice 	<input type="radio"/> Yes / <input type="radio"/> No
3.5d	<ul style="list-style-type: none"> Bladder antimuscarinic medications 	<input type="radio"/> Yes / <input type="radio"/> No
3.5e	<ul style="list-style-type: none"> Alpha blockers or finasteride 	<input type="radio"/> Yes / <input type="radio"/> No
3.5f	<ul style="list-style-type: none"> Prostatic surgery (MEN) 	<input type="radio"/> Yes / <input type="radio"/> No
3.5g	<ul style="list-style-type: none"> Urogynaecological surgery (WOMEN) 	<input type="radio"/> Yes / <input type="radio"/> No
3.5h	<ul style="list-style-type: none"> Intermittent catheterisation 	<input type="radio"/> Yes / <input type="radio"/> No
3.5i	<ul style="list-style-type: none"> In-dwelling catheterisation 	<input type="radio"/> Yes / <input type="radio"/> No
3.5j	<ul style="list-style-type: none"> Containment – pads 	<input type="radio"/> Yes / <input type="radio"/> No
3.5k	<ul style="list-style-type: none"> Containment – convene, other products 	<input type="radio"/> Yes / <input type="radio"/> No
3.6	Is the patient catheterised?	<input type="radio"/> Yes / <input type="radio"/> No If no, go to Q 3.7
3.6a	IF YES: Is the reason for catheterisation recorded in the patient's notes?	Yes / No If no go to Q 3.6c
3.6b	What was the main reason for catheterisation?	<input type="radio"/> acute retention <input type="radio"/> chronic retention with renal impairment <input type="radio"/> trauma/surgery <input type="radio"/> severe medical illness (fluid balance monitoring) <input type="radio"/> severe pressure ulcers / wound <input type="radio"/> Reason not documented
3.6c	Is there a documented plan for removal of the catheter?	<input type="radio"/> Yes / <input type="radio"/> No
3.7	What consequences of urinary incontinence does the patient have?	Select all that apply
3.7a	<ul style="list-style-type: none"> Urinary tract infection 	<input type="radio"/> Yes / <input type="radio"/> No
3.7b	<ul style="list-style-type: none"> Urosepsis 	<input type="radio"/> Yes / <input type="radio"/> No
3.7c	<ul style="list-style-type: none"> Pressure ulcers 	<input type="radio"/> Yes / <input type="radio"/> No

4	Treatment /Care Plan and communication	
4.1	Has the patients own goals/ decisions for treatment or care been documented?	<input type="radio"/> Yes / <input type="radio"/> No
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)	<input type="radio"/> Yes / <input type="radio"/> No
4.3	Are plans for follow up and review clearly documented?	<input type="radio"/> Yes / <input type="radio"/> No
4.4	Where relevant, have details of the treatment plan been shared with the patients' carer/relative?	<input type="radio"/> Yes / <input type="radio"/> No
4.5	Has the patient been provided with information on causes and treatment of UI?	<input type="radio"/> Yes / <input type="radio"/> No
4.6	Has the patient been provided with advice on how to cope with UI?	<input type="radio"/> Yes / <input type="radio"/> No If no, form complete
4.7	What did this advice include?	
4.7a	<ul style="list-style-type: none"> Advice and information on continence 	<input type="radio"/> Yes / <input type="radio"/> No



	products	
4.7b	<ul style="list-style-type: none">• Advice on skin care	<input type="radio"/> Yes / <input type="radio"/> No
4.7c	<ul style="list-style-type: none">• Advice relating to preservation of dignity	<input type="radio"/> Yes / <input type="radio"/> No
4.7d	<ul style="list-style-type: none">• Advice relating to preservation of independence	<input type="radio"/> Yes / <input type="radio"/> No
4.7e	<ul style="list-style-type: none">• Contact details for relevant support groups and/or helplines	<input type="radio"/> Yes / <input type="radio"/> No
4.7f	<ul style="list-style-type: none">• Periodic review of symptoms	<input type="radio"/> Yes / <input type="radio"/> No
4.7g	<ul style="list-style-type: none">• Psychological and emotional support	<input type="radio"/> Yes / <input type="radio"/> No