



National Audit of Continence Care 2010

Clinical Proforma for Bladder Problems – Urinary Incontinence

Please answer ALL questions (one proforma to be completed per patient/resident)

Your Site Code

WOMEN ONLY

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

AUDITOR DISCIPLINE

Select main discipline for this case:

Doctor Nurse Therapist Manager

Other

DEMOGRAPHIC INFORMATION

A. Patient audit number

B. Age (Years)

C. Sex

Male Female

D. Ethnicity:

White British Other Not recorded

E. Is English the primary language of the patient?

Yes No
 Not known Not documented

F. Please indicate in which care setting this patient is in? (choose one only)

Care home (residential and nursing)

Patient of local continence service

Community dwelling in-patient

other (please specify):

In-patient of primary care trust run hospital

Patient of acute trust hospital

1. SYMPTOMS

1.1	Does the patient have: (please answer all questions)	Condition documented as:			
		Present	Absent	Not documented	Records not available on site
1.1i	Nocturnal frequency (>2 voids /night)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.1ii	Urinary frequency (>8 voids/24h)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.1iii	Nocturnal enuresis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.1iv	Urinary urgency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.1v	Urgency (urge) incontinence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.1vi	Stress urinary incontinence (urine loss with coughing, straining, exertion)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.1vii	This option is for men only and does not appear.				
1.1viii	Clinically significant post void residual volume	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.1ix	Voiding difficulty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.1x	Intermittent catheter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.1xi	Permanent catheter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.1xii	Constipation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.1xiii	Bladder pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

1.2 What other relevant documented conditions does the patient have either currently or in the past? (select all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Bladder cancer/stones | <input type="checkbox"/> Pelvic surgery e.g. hysterectomy |
| <input type="checkbox"/> Chronic cough | <input type="checkbox"/> Prolapse |
| <input type="checkbox"/> Dementia | <input type="checkbox"/> Recurrent falls |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Spinal cord disease/trauma |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Smoking |
| <input type="checkbox"/> Faecal loading or chronic constipation | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Heart failure | <input type="checkbox"/> Trauma at childbirth |
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Acute urinary tract infection |
| <input type="checkbox"/> Impaired mobility | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Neurological disease | |
| <input type="checkbox"/> Obesity | |
| <input type="checkbox"/> Urogenital atrophy | |
| <input type="checkbox"/> Pelvic radiotherapy | <input type="checkbox"/> No documentation of the above |

- 1.3 Is there documented evidence of a clear indication of the type/cause of urinary incontinence?
(select all that apply) (See help notes for guidance)
- | | |
|--|---|
| <input type="checkbox"/> Stress urinary incontinence | <input type="checkbox"/> Urinary tract infection |
| <input type="checkbox"/> Mixed urinary incontinence | <input type="checkbox"/> Voiding difficulty |
| <input type="checkbox"/> Passive leakage | <input type="checkbox"/> Urogenital atrophy |
| <input type="checkbox"/> Urgency urinary Incontinence | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Detrusor overactivity / overactive bladder) | <input type="checkbox"/> <input style="width: 200px; height: 15px;" type="text"/> |
| <input type="checkbox"/> Functional (see help notes) | <input type="checkbox"/> No diagnosis documented |

Cognitive status

- 1.4 Has the patient's cognition been assessed?
(see help notes for guidance) Yes No Not documented
(If YES answer ALL / If NO or Not documented answer 1.4i and proceed to 1.5)
- 1.4i Is the patient's cognitive status:
(see help notes for guidance) Unimpaired Mild Moderate Severe
 Insufficient information to calculate
- 1.4ii Is there documented use of a formal scoring system for assessment of cognition?
(see help notes for guidance) Yes No

Functional status

- 1.5 Has the patient's functional ability been assessed?
(see help notes for guidance) Yes No Not documented
(If YES answer ALL / If NO or Not documented answer 1.5i and proceed to 2)
- 1.5i Is the patient's functional status:
(see help notes for guidance) Unimpaired Mild Moderate Severe
 Insufficient information to calculate
- 1.5ii Is there documented use of a formal scoring system for assessment of functional ability?
(see help notes for guidance) Yes No

2. ASSESSMENT, EXAMINATION AND INVESTIGATIONS

ASSESSMENT

History

- 2.1 Is there documented evidence of a continence history? Yes No *(if NO go to 2.2)*
- 2.1i **If yes**, does the history of urinary incontinence include:
- | | | |
|--------------------|---|---|
| Daytime symptoms | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not documented | <input type="radio"/> Records not available on site |
| Nocturnal symptoms | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not documented | <input type="radio"/> Records not available on site |
- 2.2 Is the patient incontinent of faeces? Yes No
- 2.3 Is the patient's bowel habit documented? Yes No
- 2.4 Is there evidence of the use of a three day bladder diary? Yes No **No, but** the patient is incompetent to use a chart/diary
- 2.5 Is there documented evidence of the use of any bladder diary? Yes No **No, but** the patient is incompetent to use a chart/diary
- 2.6 Is the patient on medication that may exacerbate urinary incontinence? Yes No *(if NO go to 2.7)*
- 2.6i Has this medication been altered to minimise its impact? Yes No Not able to minimise further

- 2.7 Is there documented evidence that the impact of symptoms on quality of life has been assessed? Yes No **No, but** patient is mentally incompetent to undergo assessment
- 2.8 Is there documented evidence that the impact of symptoms on quality of life has been recorded using a standard assessment scale? Yes No **No, but** patient is mentally incompetent to undergo assessment

EXAMINATION

Basic examination

(for guidance on what constitutes “basic examination” see help notes)

- 2.10 Is there a documented indication for rectal examination? (select all that apply) Constipation
 Voiding difficulty
 Retention of urine
 Not documented
- 2.11 Is there documented evidence that a rectal examination was performed? Yes No, **No, but** consent could not be gained
- 2.12 Is there documented evidence of urinalysis? Yes No
- 2.13 Is there documented evidence of a mid stream specimen of urine being sent? Yes No No, but patient is distressed or too agitated?

Focused examination

(for guidance on what constitutes a “focused examination” see help notes)

- 2.14 Is there documented evidence that a focused examination has been performed? Yes No (if NO go to 2.15)
- 2.14i **If yes**, who has performed the examination? (Select all that apply)

- | | |
|-------------------------------------|--|
| <input type="radio"/> Geriatrician | <input type="radio"/> Therapist |
| <input type="radio"/> GP | <input type="radio"/> Hospital ward based doctor |
| <input type="radio"/> Gynaecologist | <input type="radio"/> Urologist |
| <input type="radio"/> Nurse | <input type="radio"/> Other (please specify) |

- 2.15 Is there documented evidence of the following?
- 2.15i Examination of the abdomen for palpable mass or bladder retention Yes No
- 2.15ii Examination to assess pelvic floor dysfunction Yes No
- 2.15iii Examination of perineum and pelvis to identify prolapse, excoriation and urogenital atrophy Yes No
- 2.15iv Rectal examination to exclude faecal loading/prostate size Yes No **No, but** consent could not be gained
- 2.16 Is there documented evidence that a woman with a symptomatic prolapse extending to the introitus was referred for a specialist opinion? Yes No **No, but** consent could not be gained
 No prolapse present

INVESTIGATIONS

Initial Assessment

- 2.17 Is there documented evidence of:
(select all that apply)
- | | |
|---|--|
| <input type="checkbox"/> Urea & Electrolytes | <input type="checkbox"/> Abdominal X-ray |
| <input type="checkbox"/> GFR (without indication of renal impairment) | <input type="checkbox"/> Flow Rate |
| <input type="checkbox"/> Cystoscopy | <input type="checkbox"/> Post void residual volume |
| <input type="checkbox"/> Abdominal Ultrasound | <input type="checkbox"/> None of the above |
- 2.18 Is there documented evidence of measurement of post-void residual volume (PVR) using ultrasound or catheterisation? Yes No **No, but** consent was unobtainable.
(see help notes for guidance)
- 2.19 Is there documented evidence of the use of a pad test for routine assessment? Yes No

Specialised Assessment

- 2.21 Is there documented use of routine imaging (CT / MRI / X-ray / ultrasound) for routine assessment? Yes No Records not available on site
- 2.22 In routine assessment is there documented evidence of the use of:
- | | | | |
|-------------------|---------------------------|--------------------------|---|
| Q-tip test | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Records not available on site |
| Bonney's test | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Records not available on site |
| Fluid bridge test | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Records not available on site |
| Cystoscopy | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Records not available on site |

URODYNAMIC TESTING (CYSTOMETRY)

- 2.23 Did the patient have conservative treatment? Yes No Records not available on site
If no go to 2.25 if yes go to 2.24
- 2.24 Is there documented evidence of the use of multi-channel cystometry **before** conservative treatment? (see help notes for guidance) Yes No Records not available on site
 Not documented
- 2.25 Did the patient have surgery or is it documented that they are considering surgery? Yes No Records not available on site
- 2.26 For women with monosymptomatic stress urinary incontinence, is there documented evidence of the use of multi-channel cystometry **prior to** surgery? Yes No Records not available on site
 Did not have monosymptomatic stress urinary incontinence

Diagnosis

- 2.28 Is there documented evidence of a clear identification of the type/cause of urinary incontinence? Yes No

3. MANAGEMENT

Treatment

3.1 Did the patient require treatment? Yes No

3.2 Did the patient have a treatment plan? Yes No

If you answered 'NO' to both 3.1 & 3.2 go to 3.4 otherwise answer 3.3

3.3 Which of the following methods of treatment have been used or are planned?
(select all that apply)

	Used	Planned	Neither Used or Planned	
3.3i	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lifestyle modification
3.3ii	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Behavioural modification
3.3iii	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bladder training regimes (supervised)
3.3iv	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Containment
3.3v	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Electrical stimulation (incl. afferent nerve stimulation)
3.3vi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management of faecal impaction
3.3vii	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Topical oestrogen treatment
3.3viii	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pelvic floor training (supervised and of minimum three months duration)
3.3ix	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Review of medication
3.3x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toileting schedules
3.3xi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Treatment of co-morbidities
3.3xii	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Treatment of acute urinary tract infection
3.3xvi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (please specify) <input style="width: 300px; height: 30px;" type="text"/>

Pharmacological interventions

3.10 Is there documented evidence that proprietary, immediate release oxybutynin was used as the first line treatment for women with a diagnosis of overactive bladder syndrome? Yes No **No, but** it is documented that either the woman has tried this medication previously or there is a contraindication to this prescription

Did not have an overactive bladder

3.11 Is there documented evidence of the use of duloxetine for the treatment of women with Stress Urinary Incontinence? Yes No Did not have stress urinary incontinence

3.12 Is there documented use of either probantheline, flavoxate or imipramine? Yes No

Surgery

- 3.14 Did the Patient suffer from Stress Urinary Incontinence? Yes No Records not available on site
(If YES go to 3.14i if NO go to 3.15)
- 3.14i For the treatment of SUI in women is there documented evidence of the use of:
- | | | | |
|--|---------------------------|--------------------------|---|
| Anterior colporrhaphy | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Records not available on site |
| Needle suspension | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Records not available on site |
| Paravaginal defect repair | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Records not available on site |
| Marshall- Marchetti – Krantz procedure | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Records not available on site |
| Autologous fat /PTFE injections | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Records not available on site |
| Mid Urethral Tape | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Records not available on site |
| Colpo suspension | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Records not available on site |
| Autologous rectus fascial sling | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Records not available on site |
-

CONTAINMENT

- 3.15 Which of the following methods of containment have been used or are planned for treatment?
(select all that apply)
- | | |
|--|---|
| <input type="checkbox"/> Body worn pads (disposable) | <input type="checkbox"/> Intermittent catheterisation |
| <input type="checkbox"/> Body worn pads (re-usable) | <input type="checkbox"/> Devices (see help notes for guidance) |
| <input type="checkbox"/> All-in-one disposable | <input type="checkbox"/> Containment not part of care plan |
| <input type="checkbox"/> All-in-one (re-usable) | <input type="checkbox"/> Not documented |
| <input type="checkbox"/> Reusable products (pants) | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Bed protection | <input type="text"/> |
| <input type="checkbox"/> Indwelling catheter | |
- 3.16 Is there documented evidence of the indication for indwelling catheterisation as a form of management? Yes No
- 3.17 Is there documented evidence of the arrangement for provision of maintenance products on discharge from hospital? Yes No Not applicable
(Hospitalised patients only)
- 3.17i **Is this: (choose one only)**
- | |
|---|
| <input type="checkbox"/> Patient to buy products |
| <input type="checkbox"/> Limited supply from hospital followed by own supply |
| <input type="checkbox"/> Limited supply from hospital followed by NHS supply |
| <input type="checkbox"/> No supply from hospital with an arrangement for NHS supply |

4. CARE PLAN / REVIEW / COMMUNICATION

- 4.1 Does the patient have a documented continence care plan? Yes No *(if NO go to 4.5)*
- 4.1i **If yes**, when was the patient's care plan last reviewed?
- Less than 6 months
 - 6-8 months
 - 9-11 months
 - 12 months or more
 - No documentation of reassessment
- 4.5 Where relevant is there documented evidence that a copy of the treatment plan has been given to the patient? Yes No **No, but** the patient lacks mental capacity.
- 4.6 Where relevant, is there documented evidence that a copy of the care plan has been given to the carer/relative? Yes No **No, but** the patient has either no relevant carer/relative, does not wish the carer/relative to be informed or is mentally incompetent to partake in such discussion.
-

COMMUNICATION / INFORMATION

- 4.7 Is there documented evidence of a full discussion with the patient of the cause and treatment of urinary incontinence? Yes No **No, but** the patient is incompetent to participate in such discussion
- 4.8 Where relevant, is there documented evidence of a full discussion of the cause and treatment of urinary incontinence with the carer/relative? Yes No **No, but** the patient has either no relevant carer/relative, does not wish the carer/relative to be informed or is mentally incompetent to partake in such discussion.