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)*

<table>
<thead>
<tr>
<th>Condition documented as:</th>
<th>Present</th>
<th>Absent</th>
<th>Not documented</th>
<th>Records not available on site</th>
</tr>
</thead>
</table>

1.1i Nocturnal frequency (>2 voids/night)  
1.1ii Urinary frequency (>8 voids/24h)  
1.1iii Nocturnal enuresis  
1.1iv Urinary urgency  
1.1v Urgency (urge) incontinence  
1.1vi Stress urinary incontinence (urine loss with coughing, straining, exertion)  
1.1vii This option is for men only and does not appear.  
1.1viii Clinically significant post void residual volume  
1.1ix Voiding difficulty  
1.1x Intermittent catheter  
1.1xi Permanent catheter  
1.1xii Constipation  
1.1xiii Bladder pain

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

- Bladder cancer/stones
- Chronic cough
- Dementia
- Depression
- Diabetes
- Faecal loading or chronic constipation
- Heart failure
- Hypertension
- Impaired mobility
- Neurological disease
- Obesity
- Urogenital atrophy
- Pelvic radiotherapy
- Pelvic surgery e.g. hysterectomy
- Prolapse
- Recurrent falls
- Spinal cord disease/trauma
- Smoking
- Stroke
- Trauma at childbirth
- Acute urinary tract infection
- Other (please specify)
- 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)
- Stress urinary incontinence
- Urinary tract infection
- Mixed urinary incontinence
- Voiding difficulty
- Passive leakage
- Urogenital atrophy
- Urgency urinary Incontinence
- Other (please specify)
- Detrusor overactivity / overactive bladder
- Functional (see help notes)
- 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 continent history? (if NO go to 2.2)
- Yes
- No
2.1i  If yes, does the history of urinary incontinence include:
- Daytime symptoms
  - Yes
  - No
  - Not documented
  - Records not available on site
- Nocturnal symptoms
  - Yes
  - No
  - Not documented
  - 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

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**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)

○ Geriatrician  ○ Therapist  ○ Hospital ward based doctor
○ GP  ○ Gynaecologist  ○ Urologist
○ Nurse  ○ 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)

☐ Urea & Electrolytes
☐ GFR (without indication of renal impairment)
☐ Cystoscopy
☐ Abdominal Ultrasound
☐ Abdominal X-ray
☐ Flow Rate
☐ Post void residual volume
☐ 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  ☐ Yes  ☐ No  ☐ Records not available on site
☐ Bonney’s test  ☐ Yes  ☐ No  ☐ Records not available on site
☐ Fluid bridge test  ☐ Yes  ☐ No  ☐ Records not available on site
☐ Cystoscopy  ☐ Yes  ☐ No  ☐ Records not available on site

URODYNAMIC TESTING (CYSTOMETRY)

2.23 Did the patient have conservative treatment?
If no go to 2.25 if yes go to 2.24

☐ Yes  ☐ No  ☐ Records not available on site

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

<table>
<thead>
<tr>
<th>3.1 Did the patient require treatment?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.2 Did the patient have a treatment plan?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Method</th>
<th>Used</th>
<th>Planned</th>
<th>Neither</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lifestyle modification</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Behavioural modification</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Bladder training regimes (supervised)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Containment</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Electrical stimulation (incl. afferent nerve stimulation)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Management of faecal impaction</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Topical oestrogen treatment</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Pelvic floor training (supervised and of minimum three months duration)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Review of medication</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Toileting schedules</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Treatment of co-morbidities</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Treatment of acute urinary tract infection</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Other</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

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### Pharmacological interventions

<table>
<thead>
<tr>
<th>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?</th>
<th>Yes</th>
<th>No</th>
<th><strong>No, but</strong> it is documented that either the woman has tried this medication previously or there is a contraindication to this prescription</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.11 Is there documented evidence of the use of duloxetine for the treatment of women with Stress Urinary Incontinence?</td>
<td>Yes</td>
<td>No</td>
<td><strong>Did not have</strong> stress urinary incontinence</td>
</tr>
<tr>
<td>3.12 Is there documented use of either probantheline, flavoxate or imipramine?</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

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### Surgery

3.14 Did the Patient suffer from Stress Urinary Incontinence?  
(If YES go to 3.14i if NO go to 3.15)

- **Yes**  
- **No**  
- Records not available on site

3.14i For the treatment of SUI in women is there documented evidence of the use of:

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Yes</th>
<th>No</th>
<th>Records not available on site</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anterior colporrhaphy</td>
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<tr>
<td>Needle suspension</td>
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<tr>
<td>Paravaginal defect repair</td>
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<tr>
<td>Marshall- Marchetti – Krantz procedure</td>
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<tr>
<td>Autologous fat /PTFE injections</td>
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<tr>
<td>Mid Urethral Tape</td>
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<tr>
<td>Colpo suspension</td>
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</tr>
<tr>
<td>Autologous rectus fascial sling</td>
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</tbody>
</table>

### CONTAINMENT

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

- Body worn pads (disposable)
- Body worn pads (re-usable)
- All-in-one disposable
- All-in-one (re-usable)
- Reusable products (pants)
- Bed protection
- Indwelling catheter
- Intermittent catheterisation
- Devices (see help notes for guidance)
- Containment not part of care plan
- Not documented
- Other (please specify)

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?  
(Hospitalised patients only)

- Yes  
- No  
- Not applicable

3.17i Is this: (choose one only)

- Patient to buy products
- Limited supply from hospital followed by own supply
- Limited supply from hospital followed by NHS supply
- 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.