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

MEN 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>
<tbody>
<tr>
<td>Nocturnal frequency (&gt;2 voids /night)</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Urinary frequency (&gt;8 voids/24h)</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Nocturnal enuresis</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
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<tr>
<td>Urinary urgency</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Urgency (urge) incontinence</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Stress urinary incontinence (urine loss with coughing, straining, exertion)</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Post micturition dribble</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Clinically significant post void residual volume</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Voiding difficulty</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Intermittent catheter</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Permanent catheter</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Constipation</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Bladder pain</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

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
- [ ] Pelvic radiotherapy
- [ ] Prostate disease or surgery
- [ ] Recurrent falls
- [ ] Spinal cord disease/trauma
- [ ] Smoking
- [ ] Stroke
- [ ] 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
- Urgency urinary Incontinence
- Detrusor overactivity / overactive bladder
- Other (please specify)
- 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

1.4i Is the patient's cognitive status:
- 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

1.5i Is the patient's functional status:
- 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? (if NO go to 2.2)
- Yes
- No

2.1i If yes, does the history of urinary incontinence include:
- Daytime symptoms
- Nocturnal symptoms

2.2 Is the patient incontinent of faeces? (if NO go to 2.7)
- Yes
- No

2.3 Is the patient's bowel habit documented?
- Yes
- No

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? (if NO go to 2.7)
- Yes
- No

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

2.9 Is there evidence of the use of a validated symptom score at initial assessment? □ 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) □ Assessment of prostate size □ 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
□ GP □ Hospital ward based doctor
□ Nurse □ Urologist
□ 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

2.15iv Rectal examination to exclude faecal loading/prostate size □ Yes □ No □ No, but consent could not be gained
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

2.19 Is there documented evidence of the use of a pad test for routine assessment?
☐ Yes ☐ No

Specialised Assessment
2.20 Is there documented evidence of:

☐ Cystoscopy for men with chronic retention, pain or recurrent urinary infection
☐ Flow Rate
☐ Post void residual volume
☐ None of the above

2.21 Is there documented use of routine imaging (CT / MRI / X-ray / ultrasound) for routine assessment?
☐ 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?
If YES go to 2.7 / If NO go to 2.28
☐ Yes ☐ No ☒ Records not available on site

2.27 Is there documented evidence of multi channel cystometry for men considering surgery for their lower urinary tract symptoms (LUTS)?
☐ Yes ☐ No ☒ Records not available on site
☐ Patient not considering surgery

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 □ □ □ Lifestyle modification

3.3ii □ □ □ Behavioural modification

3.3iii □ □ □ Bladder training regimes (supervised)

3.3iv □ □ □ Containment

3.3v □ □ □ Electrical stimulation (incl. afferent nerve stimulation)

3.3vi □ □ □ Management of faecal impaction

3.3viii □ □ □ Pelvic floor training (supervised and of minimum three months duration)

3.3ix □ □ □ Review of medication

3.3x □ □ □ Toileting schedules

3.3xi □ □ □ Treatment of co-morbidities

3.3xii □ □ □ Treatment of acute urinary tract infection

3.3xiii □ □ □ Urethral milking

3.3xiv □ □ □ Other (please specify)

Pharmacological interventions

3.4 Is there documented evidence of the use of anti-muscarinic medication for the treatment of Over Active Bladder (OAB)? ○ Yes ○ No ○ Did not have OAB

3.5 Is there documented evidence of a late afternoon diuretic for men with nocturnal polyuria? ○ Yes ○ No ○ Did not have nocturnal polyuria

If answer is ‘Did not have…’ go to 3.7

3.6 Is there documented use of DDAVP for men with nocturnal polyuria who have not benefited from other treatments? ○ Yes ○ No ○ Did not have nocturnal polyuria

3.7 Is there documented use of alpha blockers for treatment of men with moderate to severe LUTS? ○ Yes ○ No ○ Did not have moderate to severe LUTS

If answer is ‘NO’ or ‘Did not…’ Do not answer 3.9

3.8 Is there documented use of 5-AR to men with larger prostates (30ml, or PSA >1.4ng/ml) considered to be at high risk of progression? ○ Yes ○ No ○ Did not have large prostate (30ml, or PSA >1.4ng/ml)

3.9 Is there evidence of an anticholinergic being added for men with persisting storage symptoms despite treatment with alpha blockers? ○ Yes ○ No ○ Did not have storage problems

○ Yes but, patient did not have alpha blockers first.
Surgery

3.13 For men, did the patient consider or have surgical intervention for LUTS secondary to benign prostatic enlargement?

(If YES go to 3.13i if NO go to 3.15)

3.13i Is there documented evidence of the following procedures being carried out: (select all that apply)

- Transurethral resection of the prostate (TURP)
- Holmium laser enucleation of the prostate (HOLEP) (only at specialist centre)
- Transurethral incision of the prostate (TUIP) (only in men with a small prostate)
- Open prostatectomy (OP) (only in men with a large prostate)
- Transurethral needle ablation (TUNA)
- Transurethral microwave thermotherapy (TUMT)
- High intensity focused ultrasound (HIFU)
- Transurethral ethanol ablation of the prostate (TEAP)
- Transurethral vaporization resection of the prostate (TURVP)
- None of the above

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)
- Penile Clamps
- Containment not part of care plan
- Not documented
- Other (please specify)

Is there documented evidence of the indication for indwelling catheterisation as a form of management?

3.16 Yes No

3.17 Is there documented evidence of the arrangement for provision of maintenance products on discharge from hospital? (Hospitalised patients only)

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 4.2)

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

4.2 Is there evidence of a review for men on alpha blockers at:

- 4-6 weeks  - Not on alpha blockers  - Not yet relevant
- Then 6-12 months  - Not on alpha blockers  - Not yet relevant

4.3 Is there evidence of a review for men on 5-AR therapy at:

- 3-6 months  - Not on 5-AR therapy  - Not yet relevant
- Then 6-12 months  - Not on 5-AR therapy  - Not yet relevant

4.4 Is there evidence of a review for men on anti-cholinergics at:

- 4-6 weeks  - Not on anti-cholinergics  - Not yet relevant
- Then 6-12 months  - Not on anti-cholinergics  - Not yet relevant

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.