**Guidance and advice to support completed Screening Tool**

**Name:**

**Address:**

**Date of Birth:**

**NHS No:**

**To be completed by Band 3 or above**

**Please indicate below which dysfunction patient is experiencing**

* Bladder
* Bowel
* Both

**Further evidence to support the Screening Tool, please select:**

* Bladder Frequency Chart
* Bowel Chart
* Both

**Is the patient using containment products?**

* Yes
* No

Please specify if the patient is buying their own supply or already on home delivery.

What products are they currently using and how many are being used in 24 hours.

**Medications**

Does the patient need a medication review by Pharmacist or GP? Please request and record on S1 or own documentation. **Please note if patients are prescribed 4 or more medications this can increase their risk of falls.**

**Consider management and treatment plan dependant on any allergies identified** (e.g medications, pads, creams, sheaths, catheters etc)

**Women’s Health**

Are there any concerns from the information the patient has provided (such as: any menopausal symptoms or symptoms of a prolapse – vaginal bulge or dragging session when stood up) and if so, refer onwards to Bladder and Bowel Specialist Nurse.

**Skin Health**

Has a pressure ulcer screen been completed or does the patient require one. Are barrier creams or spray in use and if not consider Medi-Derma products (Derma-s, Derma-pro) and liaise with nurse in charge to consider a prescription

**Home Situation**

Consider if the patient would benefit from a commode, raised toilet seat or urinal bottle. Consider referral to Occupational/Physio Therapist, Social Prescribers, Social Services etc.

**Diet**

Consider if the patient is eating a well-balanced diet.

Is the patient having 5 portions of fruit and vegetables each day? If not encourage the patient to include this into daily diet to ensure they have a variety.

Encourage the patient to eat more fibre (recommended amount is 10g per day – good sources of fibre are wholemeal bread, rice and pasta or nuts, pulses, dried fruit or cereals such as - all bran, bran flakes, weetabix x 2, shredded wheat). **Cautions: any food allergies/ intolerances and any existing bowel conditions such as IBS, Chrons Disease and Diverticulosis refer to Bladder and Bowel Team for further advice**

**Fluids**

Consider if the patient is drinking well, 6-8 mugs or 10-12 cups per day (1.5 to 2litres daily). **Cautions: this may differ for someone on a specific fluid regime e.g advised to drink more than 2 litres or less than 1.5 litres.**

Avoid drinks known to irritate the bladder, such as; tea, coffee, fizzy drinks, fresh juice and alcohol.

Encourage the patient to dry decaffeinated tea and coffee. Patient should be drinking mostly water/juice (squash). Advise the patient not to have any caffeine after 4pmAdvise the patient to stop drinking 2 hours before bed.

**Bladder Problems**

**Urine infection/urine dip**

Possible urine infection? If two or more symptoms, request urine specimen from patient. Dipstick if under 65 years old, if urine infection indicated send MSU (if possible).

Do not dipstick, if over 65 years old as not reliable. Send MSU only. Please ensure symptoms are recorded on the Microbiology form.

* Was a urine sample sent to Microbiology

**Stress Incontinence**

* Discuss fluid intake (see management advice above)
* Treat any existing urinary tract infection/constipation/diarrhoea and monitor the improvement in symptoms
* Give the patient a copy of the ‘Pelvic Floor Exercise’leaflet. Explain the contents and provide reassurance. Pad supply should not be encouraged at this point (Please make the patient aware – pelvic floor exercises alone may not solve the problem in all cases)
* If the patient is given a Pelvic Floor Exercise leaflet refer to Bladder and Bowel Team for consideration of vaginal examination
* Skin must be clean and dry after any incontinent episode. Do not use barrier creams as these affect the absorbency of continence pads; use of a water based cream such as Derma-S

**Urgency and Frequency**

* Discuss fluid intake (see management advice above)
* Provide ‘Overactive Bladder’ booklet
* Pelvic Floor Exercises may be helpful, provide ‘Pelvic Floor Exercise’leaflets and explain the contents
* Offer patient a bladder scan post void to identify any bladder residual
* Refer to Bladder & Bowel Team for further information, advice or to confirm type of continence problem if needed
* If diagnosis of Bladder Pain Syndrome, discuss with Bladder & Bowel Specialist Nurse
* Continence products, e.g. Sanitary Pads, small stick in pad inside normal underwear; Skin must be clean and dry after any incontinent episode. use of a water based cream such as Derma-S
* Reduced mobility may cause urge so consider need for higher absorbency pad
* For male patients with urge/functional loss symptoms – consider a sheath

**Bladder scan**

Perform bladder scan and document results below and complete care plan on S1.

Has consent been obtained

* Yes
* No

Does the patient require a chaperone

* Yes
* No

Document details on pre void amount and post void amount and any other relevant information:

NB - If bladder scan shows large full bladder over 300mls consider teaching patient intermittent self catheterisation (ISC) but if not suitable consider indwelling catheter. Refer to bladder scanning pathway and refer to Bladder and Bowel Team for further assessment if necessary.

**Overflow symptoms/bladder not emptying**

* Discuss fluid intake (see management plan above)
* The patient may need to double void – after urination encourage patient to reattempt to see if they can empty their bladder further or fully empty.
* Discuss ‘Fist Technique’ to aid with bladder emptying after urination – apply pressure with fist to suprapubic area to attempt to fully empty.
* Consider intermittent or indwelling catheter as recommended by the Bladder & Bowel Specialist Nurse
* Alpha blockers may be appropriate for patients with Benign Prostate enlargement – seek medical advice or GP
* Continence products may be needed until diagnosis and treatment has commenced
* Skin must be clean and dry after any incontinent episode. Do not use barrier creams, as these affect the absorbency of continence pads; use a water based cream e.g Derma-S
* Offer patient a bladder scan post void to identify any bladder residual/incomplete bladder emptying
* If constipation is identified, please advise patient on ‘FEDOP’ and provide ‘Understanding your bowels’ booklet. If constipation continues to discuss with GP
* Intermittent/Indwelling catheter. If experiencing Catheter problems, consult Procedure/Protocol for Catheterisation and Catheter Care or the Bladder & Bowel Specialist Team, if necessary

**Bladder scan**

Perform bladder scan and document results below and complete care plan on S1.

Has consent been obtained

* Yes
* No

Does the patient require a chaperone

* Yes
* No

Document details on pre void amount and post void amount and any other relevant information:

NB - If bladder scan shows large full bladder over 300mls consider teaching patient intermittent self catheterisation (ISC) but if not suitable consider indwelling catheter. Refer to bladder scanning pathway and refer to Bladder and Bowel Team for further assessment if necessary.

**Functional Loss/Reflex**

* Discuss fluid intake (see management plan above)
* If the patient is unable to recognise the need to go to the toilet, a regular toileting regime following meals and fluids may be helpful. Discuss with patient/carer
* If the patient demonstrates some recognition of needing to go to the toilet then adequate toilet facilities/commodes/urinals should be provided at appropriate times following meals and fluids and assistance with mobility/hygiene requirements and maintain privacy and dignity at all times
* Any pad management must be appropriate to the patients needs (ie. dexterity, mobility, mental ability). Consider high absorbency pads secured with appropriate underwear or wrap around products
* Skin must be clean and dry after any incontinent episode. Do not use barrier creams as these affect the absorbency of continence pads; use a water based cream e.g Derma-S
* For male patients, consider a sheath or contact Continence Specialist Nurse for further advice regarding alternative appliances

Refer to Bladder & Bowel Team if complex and problem not managed by treatment plan above.

Discuss containment products if required for urgency, frequency, overflow or functional loss and provide sample containment products prior to arranging a delivery. Provide details of containment products required, type, size, absorbency and amount required over 24 hours and date products ordered:

**Bowel Problems**

**Symptoms of bowel cancer – red flags**

If the patient ticked any symptoms for bowel cancer check they have seen the GP. If not seen the GP, state reason why. **Any red flags need to be escalated to the nurse in charge/patients GP**

Provide details:

**Bowel Symptoms Treatment**

* Provide ‘understanding your bowels’ booklet and discuss the content with the patient/carer
* Dietary advice (see management plan above)
* Fluid advice (see management plan above)
* Exercise advice – 30 minutes 5 times weekly (dependant on ability)
* Suggest toileting regime (prompt to use toilet 30 to 60 minutes after a meal)
* Discuss positioning (knees higher than hips/place feet on stool)
* Containment products
* Anal plugs (refer to Bladder and Bowel Team)
* Bowel examination such as: rectal examination (DRE)
* Consider laxatives (discuss with nurse in charge)
* Consider enema/suppositories (discuss with nurse in charge)

Refer to Bladder & Bowel Team if complex and problem not managed by treatment plan above as may need to consider rectal irrigation or digital removal of faeces. **Please note - if the patient has a spinal injury at T6 or above they are at risk of autonomic dysreflexia, therefore a regular bowel routine is essential to prevent this.**

Discuss containment products and provide sample containment products prior to arranging a delivery. Provide details of containment products required, type, size, absorbency and amount required over 24 hours and date products ordered:

Provide details:

**Conclusion**

Please document any additional information or advice given on bladder and/or bowel

Provide details:

**If further advice or support is required please contact the Bladder and Bowel Team via E-referral on SystmOne with an explanation of the referral.**