

## SECTION H. CONTINENCE IN LAST 14 DAYS

1.	CONTINENCE SELF-CONTROL CATEGORIES (Code for resident's PERFORMANCE OVER ALL SHIFTS)	<p>0. <i>CONTINENT</i>—Complete control [includes use of indwelling urinary catheter or ostomy device that does not leak urine or stool]</p> <p>1. <i>USUALLY CONTINENT</i>—BLADDER, incontinent episodes once a week or less; BOWEL, less than weekly</p> <p>2. <i>OCCASIONALLY INCONTINENT</i>—BLADDER, 2 or more times a week but not daily; BOWEL, once a week</p> <p>3. <i>FREQUENTLY INCONTINENT</i>—BLADDER, tended to be incontinent daily, but some control present (e.g., on day shift); BOWEL, 2-3 times a week</p> <p>4. <i>INCONTINENT</i>—Had inadequate control BLADDER, multiple daily episodes; BOWEL, all (or almost all) of the time</p>																	
a.	<b>BOWEL CONTINENCE</b>	Control of bowel movement, with appliance or bowel continence programs, if employed																	
b.	<b>BLADDER CONTINENCE</b>	Control of urinary bladder function (if dribbles, volume insufficient to soak through underpants), with appliances (e.g., foley) or continence programs, if employed																	
2.	<b>BOWEL ELIMINATION PATTERN</b>	Bowel elimination pattern regular—at least one movement every three days	<table border="1"> <tr> <td data-bbox="532 620 601 667">a.</td> <td data-bbox="601 620 912 667">Diarrhea</td> <td data-bbox="912 620 986 667">c.</td> </tr> <tr> <td data-bbox="532 667 601 714">b.</td> <td data-bbox="601 667 912 714">NONE OF ABOVE</td> <td data-bbox="912 667 986 714">d.</td> </tr> <tr> <td data-bbox="532 714 601 743"></td> <td data-bbox="601 714 912 743"></td> <td data-bbox="912 714 986 743">e.</td> </tr> </table>	a.	Diarrhea	c.	b.	NONE OF ABOVE	d.			e.							
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3.	<b>APPLIANCES AND PROGRAMS</b>	<p>Any scheduled toileting plan</p> <p>Bladder retraining program</p> <p>External (condom) catheter</p> <p>Indwelling catheter</p> <p>Intermittent catheter</p>	<table border="1"> <tr> <td data-bbox="532 743 601 784">a.</td> <td data-bbox="601 743 912 784">Did not use toilet room/commode/urinal</td> <td data-bbox="912 743 986 784">f.</td> </tr> <tr> <td data-bbox="532 784 601 824">b.</td> <td data-bbox="601 784 912 824">Pads/briefs used</td> <td data-bbox="912 784 986 824">g.</td> </tr> <tr> <td data-bbox="532 824 601 864">c.</td> <td data-bbox="601 824 912 864">Enemas/irrigation</td> <td data-bbox="912 824 986 864">h.</td> </tr> <tr> <td data-bbox="532 864 601 905">d.</td> <td data-bbox="601 864 912 905">Ostomy present</td> <td data-bbox="912 864 986 905">i.</td> </tr> <tr> <td data-bbox="532 905 601 943">e.</td> <td data-bbox="601 905 912 943">NONE OF ABOVE</td> <td data-bbox="912 905 986 943">j.</td> </tr> </table>	a.	Did not use toilet room/commode/urinal	f.	b.	Pads/briefs used	g.	c.	Enemas/irrigation	h.	d.	Ostomy present	i.	e.	NONE OF ABOVE	j.	
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4.	<b>CHANGE IN URINARY CONTINENCE</b>	<p>Resident's urinary continence has changed as compared to status of <b>90 days ago</b> (or since last assessment if less than 90 days)</p> <p>0. No change                      1. Improved                      2. Deteriorated</p>																	