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Disclaimer for Kimberly-Clark Confidence Assurance Reliability and Education (C.A.R.E.) Programme

This publication and any associated training sessions contains general information about the control of incontinence. Such information is not intended to be comprehensive or to provide legal, medical or other advice. Do not rely on the contents of this publication without first seeking advice from a qualified individual. The Trade Practices Act 1974 (Cth) and similar legislation in the States and Territories of Australia may confer rights and remedies on you, which cannot be excluded, restricted or modified. To the extent permitted at law, the author, publisher, editor and reviewers of this publication and every person involved in their preparation and the provision of training (“Creators”) expressly disclaim all liability for any loss or damage whatsoever (whether foreseeable or not) which may arise from any person acting or relying on any statements contained therein. Except as provided by law, the creators exclude all implied conditions and warranties. Without limiting the generality of the above, no Creator shall have any responsibility for any act or omission of any other Creator.
Guidelines for DEPEND® Continence Aids

- The use of pads to manage continence is an individualised program that works with your toileting regime.
- Generally three pads are allocated for each incontinent resident per 24 hours.
- Continence aids are stored in the resident’s wardrobe.
- Individual locker cards are kept inside the wardrobe doors or wardrobe storage units, with the pads selection for that resident.
- If a pad requires changing during your shift and you have already used that shift’s allocated pad, please obtain an extra pad from emergency supply or the R.N. on duty. Ensure documentation of same.

   DO NOT USE THE NEXT SHIFTS ALLOCATED PAD!

Maintain pressure area care by repositioning regularly, even if a pad does not need changing.

Continence Management:

- The use of the Depend® 24 hour pad program does not replace toileting. It is used in conjunction with your toileting regime.
- Urine is drawn away from the skin into the pad and turns into gel. The resident is not lying or sitting in urine that is in a fluid like state. Therefore the pad can remain on until it requires changing.
- Every resident must have a gentle peri wash at every pad change. Wash with a soft cloth and pat dry to maintain skin integrity.
- Take time when applying pad, ensure correct fit. Always remember to gently ease the thigh skin down with one hand whilst placing the pad well into the groin with your other hand.
- When lying: remember to place tabs carefully with the bottom tab angled upwards and the top tab angled downwards.
- When lying or standing: fasten bottom tabs first.
- Careful that tabs do not come into contact with the resident’s skin.
- As the pad fills with urine, the writing (wetness indicator) gets blurry and then disappears. When it has disappeared to three quarters it is time to change the pad.
- Do not use powders as this will decrease pad absorbency.
- Use creams sparingly. Ensure they are rubbed into the skin thoroughly. Cream on the outside of the pad or on the hands will interfere with the stickiness of the tabs. Creams will also interfere with absorption.
- Document your concerns in the “Track your Residents with Confidence” Book
- Gloves are required when changing soiled pads.
GUIDELINES FOR DEPEND® PADS

Pad Removal and Disposal:

- Ensure tabs are stuck back onto the pad prior to removal to protect resident's skin.
- When pads are taken off they should be rolled up. Use the tabs on a brief to keep the pad rolled. This will ensure no odour escapes.
- Used pads are placed into normal waste unless they are contaminated with blood, if resident is undergoing cytotoxic therapy or have a known infectious disease. Normal bacteria in urine and faeces helps to decompose the pads in land fill.

Check List:

✓ If a resident’s clothing or linen is wet, check:
  - Has the pad been put on correctly – as close to the body as possible and fitted well up into the groin?
  - Is the pad the correct type – style and absorbency – for the resident's individual requirements?
  - At what time was the pad applied?

✓ Every nurse's station has a resident pad list.

✓ Every wardrobe has a card inside or in storage unit with pads used for that resident.

✓ “Track your Residents with Confidence” books are located at each nurse's station. Please use to communicate any issues relating to pads, and read for information by your Depend Co-ordinators. Your entries will be responded to.
Resident Care:

- All residents must be washed and dried at every pad change.
- No powder or talc.
- Creams can effect the adhesive properties of the tabs so care is needed when applying pads.
- Each resident has their pads kept in either storage units or wardrobe shelves.
- See locker cards with stickers inside resident’s wardrobe door or pad storage unit for correct pad to use.
- Don’t take pads from other resident’s wardrobes.
- Change pad according to wetness indicator (writing three quarters disappeared) when bowels open, or contaminated with blood or discharge.
- Toileting regime is to be kept as per care plan.
- Wrap pads up into a ball shape to dispose and follow facility guidelines for disposal.
- Dispose of pad into general waste unless contaminated by blood resident undergoing cytotoxic therapy or resident has known infectious disease.

Checklist for Assessment and Allocation of Continence Aids
(New residents and reassessments of current continence aids)

☐ 3 day Bladder Flow Chart completed.
☐ Continence Aids Assessment performed.
☐ Allocation of the appropriate pad.
☐ Follow up with a 3 day Continence Aid Evaluation to determine effectiveness of pad.
☐ All changes must be updated on the resident Care Plan, Computerised stock take program as well as the cards in the distribution album and wardrobe cards.
KCA Adult and Feminine Care Division recognises the specific needs of Aged Care Facilities and has a specialised national team of committed, highly trained and resourceful professionals focusing on this sector of the Health Care industry. We recognise an important challenge in Aged Care is the effective management of continence. Successful management has a direct and significant impact on the quality of care for residents, staff morale, working conditions and operating costs of a facility.

The K-C C.A.R.E program comprises of a comprehensive range of disposable continence aids and associated support services that seek to improve the quality of life for those living with incontinence and those who care for them. The K-C C.A.R.E program has been carefully designed to help the facility develop a successful continence management solution. It provides the facility, the staff and most importantly, the residents that are cared for, with the highest quality and effective continence solutions – plus all the tools and products to help the facility maintain systems that will work toward Accreditation and includes:

1. **Educate with Confidence** – Our qualified educators will come to your facility and take the staff through interactive education sessions on a variety of continence associated topics. This is in addition to the 3 monthly education given to the staff in relation to Pad application and usage. Depend Co-ordinators within the facility will receive additional education on Kimberly-Clark products, services and running a continence management system. Kimberly Clark Personal Care also have an E-Learning program that is available to your facility.

2. **Manage your stocks with Confidence** – An easy-to-use computerised stock take inventory and ordering management system.

3. **Distribute the right products with Confidence** – Locker card, sticker and album system to ensure that you supply the right products to your residents.

4. **Track your residents with Confidence** – Observation booklet designed to ensure open communication and recording systems between carers, Depend Co-ordinators and RNs.

5. **Assess and run your facility with Confidence** – a variety of standardised forms to use if required, in conjunction with the continence management program. Training is provided to staff on when to use the different forms and how to complete them. These forms can be used as part of the facility’s Accreditation program.

6. **Residential Aged Care Guidelines for Infection Control Manual** – this manual will assist the facility in developing procedures for reducing the potential spread of infection and establishing safe integrated work practices.
Step by Step Guide to KCA Continence Management System

1. Assessment of resident: Continence assessment, 3 day Bladder flow chart completed then a Continence Aids Assessment conducted.

2. Product selected and evaluation of same.

3. Name of resident and room number to be entered onto 2 wardrobe cards. 1 for the wardrobe and 1 for the distribution album.

4. Resident details and product selection to be placed onto the computer program, Manage your Stock.

5. If there are any changes required to the residents current continence aid, commence a 3 day bladder flow chart then complete a Continence Aids Assessment/Reassessment form, and follow steps 2-4.

6. ALWAYS ensure that any concerns re residents continence requirements are entered into the Track your Resident book. This will be reviewed by the continence team and outcomes noted.
How it relates to Accreditation Standards

Accreditation is a significant focus area for the Kimberly-Clark Confidence, Assurance, Reliability and Education (C.A.R.E.) Programme. Our Kimberly-Clark Personal Care team is committed to providing a fully integrated and clinically driven continence management support programme.

The K-C C.A.R.E. Programme recognises the importance of the Aged Care Funding Instrument (ACFI) funding process for Aged Care facilities. When used in its entirety this programme, will provide assistance in maximising the facility’s continence funding claims. K-C C.A.R.E. Programme recognises the importance of keeping abreast of the current ACFI guidelines to:-

ACFI 4 Toileting
ACFI 5 Continence

How do we do this?
The key to the success of the K-C C.A.R.E. Programme is Continuous Quality Improvement. K-C C.A.R.E. Programme is committed to quality driven outcome systems. These involve and utilise the Continuous Quality Improvement Cycle.

The focus and quality of our program promotes its involvement over the standards.

Standards 1.1, 2.1, 3.1 & 4.1 Accreditation Principles

Our system controls allow your facility to provide documented evidence of Continuous Quality Improvement. This is reflected in the ongoing feedback mechanisms regarding the suitability of the chosen K-C C.A.R.E. Programme disposable products in use in resident care.

Standards 1.2, 2.2, 3.2 & 4.2 Regulatory Compliance

When used in its entirety, our system promotes the meeting of regulatory compliance in the areas of infection control, occupational health and safety, and waste management. In conjunction with the site’s management, we promote the correct practices related to hand washing, pressure area care, manual handling, and disposal of used product.
THE K-C C.A.R.E. PROGRAMME

Standards 1.3, 2.3, 3.3 and 4.3 Education and Staff Development

K-C C.A.R.E. Programme offers assistance to facilities with continence management education to help meet these standards. This is undertaken via internal training by trained professionals with supplied resource materials. This assists in the promotion of Best Practice initiatives for your facility’s staff.

Standard 1.7 Inventory & Equipment

As part of the K-C C.A.R.E. Programme we have an easy-to-use computerised stock take inventory and ordering management system. When this aspect of the programme is used in its entirety, it helps to meet this standard. In using this, the facility will be able to demonstrate that it has Quality Inventory Controls for continence product purchased. This systematic approach assists in demonstrating efficient and effective product usage.

Standard 1.9 External Services

The agreement entered into between Kimberly-Clark Australia and your facility will highlight the role and responsibilities that each party will assume in this partnership.

Standard 2.4 Clinical Care

When the K-C C.A.R.E. Programme is fully utilised, it promotes a quality system consisting of:

- education
- assessment
- implementation
- evaluation

This assists in the successful meeting of this standard.

Standard 2.5 Specialised Nursing Care

Our system is very flexible. The aspects of the K-C C.A.R.E. Programme can be adapted in consultation with site management to suit the needs of different facilities. The system will allow the special care needs of residents to be taken into consideration. For example, with palliative care residents, the appropriate use of KCA products can assist in successful continence management. Also, the programme can be adapted to assist in catheter care and the needs of residents with complex and simple wounds.

Standard 2.6 Other Health Related Services

Collaboration is essential in the provision of quality care. K-C C.A.R.E. Programme promotes the involvement and consultation of health professionals.

Standard 2.7 Medication Management

The K-C C.A.R.E. Programme seeks to work with this standard. The system recognises influencing factors such as diuretics, sedatives, aperients and various other medications when assessment is undertaken for product choice.

Standards 2.8 & 2.9 Pain Management and Palliative Care

The system allows the facility to meet these two criteria together, as these issues run hand-in-hand. Product training promotes the correct product choice by care staff and so assists in minimising pain and unnecessary interventions. At all times, the privacy and dignity of the terminally ill is promoted in the use of KCA products and services.
Standard 2.11 Skin Care

The K-C C.A.R.E. Programme allows the facility to demonstrate this standard in conjunction with its skin integrity assessments. Allocation of the correct product as well as its correct usage ensures the best possible quality outcome for residents.

Standard 2.12 Continence Management

The K-C C.A.R.E. Programme assists facilities to successfully attain this standard by addressing the following:

- skin integrity
- improved levels of continence
- toileting programmes
- medical management
- RCS validations
- consultations – resident, family, staff and health professionals
- effective cost management

Standard 2.14 Mobility/Dexterity and Rehabilitation

The assessments undertaken to choose appropriate Depend®, Poise® and DryNites® products address this standard. Depending on the assessment requirements (i.e. hoist), KCA has a diverse range of products to meet the resident’s needs whilst maintaining dignity.

Standard 2.17 Sleep

The K-C C.A.R.E. Programme, when used in its entirety, encourages and effectively facilitates natural sleep patterns. Our system is designed to minimise night-time interventions due to wetness interrupting sleep patterns.

Standard 3.4 Emotional Support

Continence issues can have a devastating effect on residents. The K-C C.A.R.E. Programme achieves this via correct product choice and effective product use. The outcome is that those residents using an incontinence aid will have complete confidence in their ability to maintain their social activities. Resident’s quality of life will be enhanced due to increased emotional confidence.

Standard 3.5 Independence

Effective and efficient use of Kimberly-Clark products promotes confidence, comfort and dignity for the resident. The selection of the correct product assists their independence within and outside of the facility.

Standard 3.6 Privacy & Dignity

Kimberly-Clark promotes confidentiality to the site staff regarding continence aids. We advise the discrete placement of our products and locker cards to promote privacy.

Standard 3.7 Leisure Activities & Interests

The effective and efficient use of Kimberly-Clark products is an integral part of the K-C C.A.R.E. Programme, promoting confidence, comfort and dignity for residents. This provides the opportunity for residents to actively pursue their leisure interests and activities, thus enhancing their lifestyles.
Standard 3.8 Cultural and Spiritual Life

In all situations, Kimberly-Clark staff are sensitive to residents, spiritual beliefs and customs. We endorse that, at all times, their needs will be respected and adhered to. Our system is very flexible in meeting this standard, as staff are reminded that product use should be in alignment with residents, cultural and spiritual beliefs.

Standard 3.9 Choice in Decision-Making

Facilities have the opportunity to involve, inform and consult the residents and their families in product choice. The rights of residents and their families to make choices and decisions regarding our system will be respected.

Standard 4.4 Living Environment

The K-C C.A.R.E. Programme, when used in its entirety, demonstrates a potential reduction in hazard identification for urine on the floor. Another potential benefit is the decrease in slips and falls. Also, a decrease in urine odor smells is another positive aspect of the program.

Standard 4.5 Occupational Health & Safety

Our system actively links with the facility’s manual handling requirements through holistic assessments. We promote safe manual handling requirements as per the facility’s protocols. Site training promotes the safe and effective application of Depend®, Poise® and DryNites® products on residents who are using a hoist, sling, stand up lifter, or slide sheets as in side-to-side nursing.

Standard 4.7 Infection Control

When Depend®, Poise® and DryNites® products in conjunction with the K-C C.A.R.E. Programme are used correctly, they minimise the risk of exposure to bodily fluids. Education links with the facility’s infection control policies and procedures such as hand washing, use of gloves, contaminated linen practices, and the safe disposal of our products in accordance with the facility’s local EPA requirements all assist with this standard. Refer to the Kimberly-Clark “Guidelines for Infection Control” manual.

Standard 4.8 Catering/Cleaning/Laundry

With the efficient use of the K-C C.A.R.E. Programme and products, the site’s laundry costs can be reduced and maintained at a cost-effective level.
New residents and reassessments of current continence aids

1. 3 day bladder flow chart completed

2. Continence Aid assessment performed

3. Allocation of appropriate continence aid

4. Follow up with a 3 day continence aid evaluation

5. Ensure all changes are updated on Residents Care Plan, computer/wardrobe & distribution album
URINARY ASSESSMENT FORM

<table>
<thead>
<tr>
<th>DATE:</th>
<th>/</th>
<th>/</th>
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</thead>
<tbody>
<tr>
<td>FACILITY:</td>
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<td></td>
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<tr>
<td>SURNAME:</td>
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<td></td>
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<tr>
<td>GIVEN NAMES:</td>
<td></td>
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<tr>
<td>D.O.B.:</td>
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<tr>
<td>SEX:</td>
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</tbody>
</table>

Presenting Problem:

Duration of Problem:

Current Management:

**MEDICAL / RELEVANT SURGICAL HISTORY:**

**Significant medical problems:**

- Diabetes
- Multiple Sclerosis
- Parkinsons Disease
- Dementia
- Recurrent UTI's
- Neurological injury
- Spinal injury
- Unfit for surgery

**Other:** (specify)

**PREVIOUS PELVIC/BLADDER SURGERY:** (please tick box if yes)

- Abdominal hysterectomy
- Vaginal hysterectomy
- Bladder repairs
- Other bladder surgery
- Prostate surgery
- Radiotherapy
- Surgery Bowel

**How many?**

**Specify:**

**BOWEL PROBLEMS:**

How often do your bowels move and what is the consistency?

**HISTORY OF LAXATIVE USE:** □ Yes □ No

Specify:

**LEVEL OF INDEPENDENCE:**

**Cognitive problems:** □ Yes □ No

Eg: What step in toileting is the resident forgetting?
(Do they recognise the need to go? Can they find the toilet? Can they remove their clothes?
Can they co-ordinate micturition? Can they attend to their hygiene?)

Specify:

**Mobility problems:** □ Yes □ No Specify:

Can this be improved and how?

**Dexterity problems:** □ Yes □ No Specify:

Can this be improved and how?
### UROLOGICAL SYMPTOMS:

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Do you leak when you:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Cough, Sneeze, or Laugh?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Exercise or Change position?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Hear running water?</td>
<td></td>
<td></td>
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<tr>
<td>4. Have urgency?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does your bladder ever fully empty without warning?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have to strain to start your stream?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does your stream stop and start?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has your stream changed?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you dribble after micturation?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specify</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you feel you have emptied your bladder properly?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are you aware of the need to empty your bladder</td>
<td></td>
<td></td>
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<tr>
<td>Do you experience pain/burning in your bladder?</td>
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<tr>
<td>Do you have a history of UTI’s?  (how often)</td>
<td></td>
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<tr>
<td>Voids per day</td>
<td></td>
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<tr>
<td>Voids night</td>
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<td>Incontinent night</td>
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### INCONTINENT EPISODES:

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<th>Frequency</th>
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<td>One or less per week</td>
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<tr>
<td>2-3 times per week</td>
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<td></td>
</tr>
<tr>
<td>Once per day</td>
<td></td>
<td></td>
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<tr>
<td>Drops/damp (20c piece)</td>
<td></td>
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<tr>
<td>Several times per day</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dribble/wet (gusset ++)</td>
<td></td>
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<tr>
<td>Constantly</td>
<td></td>
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<td>Flood (wet through clothing)</td>
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### Further comments:

### Social Continence:

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<tr>
<th>Protection</th>
<th>Yes</th>
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<tr>
<td>Do you use aid or appliances?</td>
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<td>Specify type and satisfaction with them:</td>
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<td>No protection</td>
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<td>Occasional</td>
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<td>Protection regularly less than 50%</td>
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<tr>
<td>more than 50%</td>
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<tr>
<td>Always</td>
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URINARY ASSESSMENT FORM (Cont)

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<thead>
<tr>
<th>Fluid Intake: (NEED TO COMPLETE 3 DAY FLUID INTAKE RECORD)</th>
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<tr>
<td>Type of fluids?</td>
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<tr>
<td>Amount in mls</td>
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<td>Alcohol intake</td>
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<th>ABDOMINAL EXAMINATION:</th>
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<td>Signs of surgery:</td>
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<td>Hernias:</td>
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<td>Convex</td>
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<th>AUSCILIATION:</th>
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<td>Bowel sounds:</td>
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<th>PERCUSSION:</th>
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<td>Bladder percussable:</td>
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<th>PALPATION:</th>
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<td>Tenderness:</td>
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<td>Mass</td>
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<th>PERINEAL / ANAL EXAMINATION:</th>
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<tbody>
<tr>
<td>Skin Condition:</td>
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<td>Prolapse noted:</td>
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<td>Haemorrhoids:</td>
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<tr>
<th>SUMMARY AND OTHER RELEVANT INFORMATION:</th>
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<tr>
<th>MANAGEMENT STRATEGIES REQUIRED:</th>
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<tbody>
<tr>
<td>Fluid education</td>
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<tr>
<td>Dietary Education</td>
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<td>Toileting Program</td>
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<th>REFERRAL TO:</th>
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</thead>
<tbody>
<tr>
<td>NURSE CONTINENCE ADVISOR</td>
</tr>
<tr>
<td>PHYSIOTHERAPIST</td>
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</table>
BOWEL ASSESSMENT FORM

Resident's details:

Presenting problem: _____________________________________________________________
Duration of problem: ___________________________________________________________
Current treatment: ______________________________________________________________

Previous treatment: _____________________________________________________________

By whom: _______________________________________________________________________
Outcome: _______________________________________________________________________

Family history of bowel problems (cancer etc.): _______________________________________
Social or religious issues which may affect treatment: ________________________________

Medical History

<table>
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<tr>
<th>Medical History</th>
<th>YES</th>
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<tbody>
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<td>Diabetes</td>
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</tr>
<tr>
<td>Bowel Disease</td>
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<td></td>
<td></td>
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<tr>
<td>Asthma</td>
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<td></td>
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<tr>
<td>Chronic Cough</td>
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<tr>
<td>Spinal Problems</td>
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<tr>
<td>Neurological Problems</td>
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Smoker

Other Medical Problems

Medications

Comments (possible cause)

Bowel Problems

How often do your bowels move and what is the consistency _____________________________

Laxatives

Level of Independence

Cognitive Problems

What step in toileting is the resident forgetting (Do they recognise the need to go? Can they find the toilet? Can they remove their clothes? Can they co-ordinate micturition? Can they attend to their hygiene?)

Mobility Problems

Can this be improved and how _______________________________________________________

Dexterity Problems

Can this be improved and how _______________________________________________________

Surgical History (bowel, abdominal, pelvic)

Gynaecological History
### Obstetric History

<table>
<thead>
<tr>
<th>Number of Pregnancies</th>
<th>YES</th>
<th>NO</th>
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<tbody>
<tr>
<td>Extended labour</td>
<td>☐</td>
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<tr>
<td>Babies more than 4kg (8.5lb)</td>
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<tr>
<td>Difficult Deliveries</td>
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<tr>
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<tr>
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</table>

Has your pelvic floor ever been checked? ☐  ☐  
By whom ____________________________

### Incontinent Episodes

<table>
<thead>
<tr>
<th>Frequency</th>
<th>YES</th>
<th>NO</th>
<th>Specify</th>
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<tbody>
<tr>
<td>Once or less per week</td>
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<tr>
<td>2-3 times per week</td>
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<td>Several times per day</td>
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<table>
<thead>
<tr>
<th>Amount</th>
<th>YES</th>
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<tbody>
<tr>
<td>No leakage</td>
<td>☐</td>
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<tr>
<td>Stain on pants</td>
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### Entire Bowel Motion

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<tr>
<th>Consistency</th>
<th>YES</th>
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<tr>
<td>Soft</td>
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<tr>
<td>Both</td>
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<tr>
<td>Sensation of movement</td>
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<tr>
<th>Brought on by food or activity</th>
<th>YES</th>
<th>NO</th>
<th>Specify</th>
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<td>Yes</td>
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<td>Sometimes</td>
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</table>

What type of food? ____________________________

Further comments ____________________________

### Previous Habits

What were your bowels like previously? ____________________________

What do you feel caused the change in your bowel pattern? ____________________________

Have you had a change in routine? ____________________________

Further comments ____________________________

### Diet

Normal diet consists of:
- ☐ Breakfast
- ☐ Lunch
- ☐ Dinner

Total fibre content: ____________________________

Do you have special foods to help you go to the toilet? ____________________________

Do you avoid certain foods? ____________________________

Have you changed your diet? ____________________________
BOWEL ASSESSMENT FORM (Cont)

Fluid Intake
Type of fluid: __________________________________________________________
Amount in ml: __________________________________________________________
Is this adequate for the amount of fibre ingested? ________________________________

General Questions
How long would you wait to go after the sensation to evacuate your bowels? ______________
How long would you sit? ______________________________________________________
How many times a day do you try to evacuate your bowels? _________________________
Do you push? ______________________________________________________________
Do you strain? ______________________________________________________________
Has it ever been painful? □ Yes □ No
Details: ____________________________________________________________________
Can you stop yourself from passing wind? ________________________________________
Can you clean yourself? _______________________________________________________

Toilet Facilities
Toilet / lighting: □ Adequate □ Inadequate
Details: ____________________________________________________________________

Quality of Life
If you had to live with your bowel problem the way it is today for the rest of your life, would you be:

0 1 2 3 4 5
Satisfied Dissatisfied

Restrictions due to problems _________________________________________________
Resident’s perception of the problem __________________________________________

Examinations
Temperature ________________
Pulse ________________
Blood Pressure ________________

Weight ____________ kg: □ Under □ Normal □ Overweight
Mouth Examination □ Yes □ No
Observe teeth and hydration __________
Neurological Examination
Normal □ Yes □ No
Impact on continence ___________ 

Abdominal Examination
(signs of surgery, hernias, palpable bladder, organmegaly, faecal loading in transverse colon, discomfort)
Perineum/Pelvic Floor Examination

Consent □ Yes □ No

Skin Condition

Any discharge noted (vaginal or urethral)

Stress Test (ask the resident to cough or bear down): did urine leak? ____________________________________________

Did urine leak at the exact time the cough took place? □ Yes □ No

Prolapse noted □ Yes □ No

Pelvic Floor Examination:

Muscle tone Grade 1 2 3 4 5

Duration of hold ____________________________________________

No. of repetitions ____________________________________________

Fast contractions ____________________________________________

Comments ____________________________________________

Anal Examination

Skin condition ____________________________________________

Anal pathology ____________________________________________

Anal sphincter tone □ Normal □ Lax □ Tight

Contraction □ Good □ Weak □ Nil

Sensation around anal sphincter □ Yes □ No

PR examination: Comments (e.g. faeces present and the consistency, prostate gland enlargement)

Contract with Resident

Will the resident allow problems to be discussed at case conferences? □ Yes □ No

Does the resident understand the possible causes of their incontinence? □ Yes □ No

Discussed options available? □ Yes □ No

Do they feel that they understand the aims of treatment? □ Yes □ No

What does the resident want (what do they expect and in what time frame)? ____________________________________________

Further Investigation Required

MSU Yes □ No □

CYTOLOGY Yes □ No □

URODYNAMICS Yes □ No □

ULTRASOUND Yes □ No □

ABDOMINAL X-RAY Yes □ No □

OTHER Yes □ No □

REFERRAL TO: NURSE CONTINENCE ADVISOR □ DOCTOR □

PHYSIOTHERAPIST/OT □ DIETICIAN □
## CONTINENCE ASSESSMENT FORM

| DATE: | / | / |
| FACILITY: |  |
| SURNAME: |  |
| GIVEN NAMES: |  |
| D.O.B.: |  |
| SEX: |  |
| ALLERGIES: |  |

### CONTINENCE ASSESSMENT

- Is the resident continent of urine?  
  - Yes
  - No

- Is the resident continent of faeces?  
  - Yes
  - No

If no to either question, complete the assessment tool provided.

### 1. CONTINENCE ASSESSMENT (Registered Nurse to complete):

**TOOL SELECTED:**

| DATE COMMENCED: | / | / |

**RESULT OF ASSESSMENT:**

| Does the resident require a 3, 5 or 7 day bladder flow chart? | Yes | No |
| Does the resident require a continence management program? | Yes | No |

### PLEASE SPECIFY PROGRAM:

| Does the resident require catheter care? | Yes | No |
| Are the continence care needs included on the Care Plan? | Yes | No |
| Does the resident need a Continence Management Plan? | Yes | No |

**R.N. SIGNATURE:**

**R.N. NAME:**

**PLEASE PRINT:**
**CONTINENCE RECORD FORM**

**Kimberly-Clark**  
**Personal Care**

**CONTINENCE RECORD:**

**RESIDENT NAME:**  
**ID NUMBER:**  
**FACILITY ID:**  
**ACFI APPRAISER NAME:**  
**APPRAISER PROFESSION:**  
**SIGNATURE AND DATE:**

**ACFI CODES**

1. Incontinent of urine  
2. Pad change for incontinence of urine  
3. Pad has increased wetness  
4. Passed urine during scheduled toileting.  
5. Incontinence of faeces  
6. Pad change for incontinence of faeces  
7. Bowel open during scheduled toileting

---

**3 DAY URINARY RECORD:**  
**USING CODES 1-4**

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**7 DAY BOWEL RECORD:**  
**USING CODES 5-7**

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* Kimberly-Clark C.A.R.E. Programme/Master Forms  
* © Registered Trademark Kimberly-Clark Worldwide, Inc. © 2008 KCWW.
### Resident Continence Aid Assessment / Re-assessment Form

<table>
<thead>
<tr>
<th>Date</th>
<th>Ambulant</th>
<th>Weight Bearing</th>
<th>Bed or Chair Fast</th>
<th>Lifting Device Sling or Stand-up Hoist</th>
<th>Contracted</th>
<th>Aggressive or Other Behaviour Issues</th>
<th>Size (See below)</th>
<th>Urinary Incontinence AM</th>
<th>Urinary Incontinence PM</th>
<th>Urinary Incontinence Night</th>
<th>Faecal Incontinence</th>
<th>Skin Integrity</th>
<th>Diuretics</th>
<th>Current Continence Program</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Y or N</td>
<td>Y or N</td>
<td>Y or N</td>
<td>Y or N</td>
<td>S, M, L, XL</td>
<td>LT, MD, HE</td>
<td>LT, MD, HE</td>
<td>LT, MD, HE</td>
<td>LT, MD, HE</td>
<td>Y or N</td>
<td>AM or PM</td>
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</tbody>
</table>

- **Y** = Yes
- **N** = No
- **S** = Small (Size 8-10)
- **M** = Medium (Size 12-14)
- **L** = Large (Size 14-16)
- **XL** = Extra Large (Size 18-20)
- **LT** = Light Incontinence
- **MD** = Medium Incontinence
- **HE** = Heavy Incontinence

**Current Product**

<table>
<thead>
<tr>
<th>Current Product</th>
<th>Current Product</th>
<th>Current Product</th>
<th>Recommended Change to Continence Program, if any</th>
<th>Next Review Date</th>
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<tbody>
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If no change, record nil

**NB** Update resident care plan. Update resident pad list, cards and stickers.
CONTINENCE AID EVALUATION FORM

FACILITY __________________________  RESIDENT __________________________  DATE: __________________________

This assessment is to be conducted over a 3 day period to determine the effectiveness of the Aid.

<table>
<thead>
<tr>
<th>STAFF MEMBERS NAME</th>
<th>TIME</th>
<th>TYPE OF PAD IN PLACE &amp; TIME APPLIED</th>
<th>PAD DRY</th>
<th>PAD WET NOT CHANGED</th>
<th>PAD WET CHANGED TIME PAD CHANGED</th>
<th>CLOTHES WET</th>
<th>BED WET</th>
<th>TIME RESIDENT TOILETED AS PER CARE PLAN</th>
<th>RESULT PASSED URINE/HAS NOT PASSED URINE</th>
<th>FAECALLY INCONTINENT YES/NO</th>
<th>COMMENTS</th>
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</thead>
<tbody>
<tr>
<td>(EG Night pad, green brief, on at 2100)</td>
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<td>X</td>
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RESIDENT CARE PLAN OVERVIEW FORM

WARD: ____________________________ ROOM: ____________________________

RESIDENT NAME: ________________________________________________________________

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CONTRIBUTING FACTORS

GOAL

INTERVENTION

SPECIAL INSTRUCTIONS

LEVEL OF TOILETNG ASSISTANCE REQUIRED

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<th>Assistance/Positioning</th>
<th>Hygiene/Care</th>
<th>Clothing Adjustment</th>
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SIGNATURE: ____________________________ DATE: ____________________________

DATE: ____________________________
1. Have you previously attended a K-C C.A.R.E. Programme training session?
   - Yes
   - No

2. Do you have a Continence Committee within your facility?
   - Yes
   - No

3. Who is the Depend® Co-ordinator in your designated working area?

4. Who allocates which pad is to be used for each resident?

5. It is a morning shift and Mrs Jones has three Depend® pads in her wardrobe of varying colours and type. How do you decide which pad is to be used first?
   a) Doesn’t really matter
   b) By asking Mrs Jones which pad she would like
   c) By viewing the locker card displayed in Mrs Jones wardrobe

6. You have concerns that a resident’s pad may be inappropriate or not meeting their absorbency needs what do you do?
   a) Nothing
   b) Document it in the ‘Track your residents with Confidence’ book
   c) Change the resident to a more appropriate pad

7. You are on an afternoon shift and one of the residents needs an extra pad due to faecal incontinence. What do you do?
   a) Borrow any pad from someone else
   b) Borrow the correct pad from someone else
   c) Obtain an extra pad from the extra pad box in your area, and document the resident’s name and the reason an extra pad was required

8. Which of the pads in the Depend® range need to be worn with Stretch Pants?
   a) All of them
   b) Briefs
   c) Anatomic Pads
   d) Undergarments

9. How much of the wetness indicator needs to be blurred or disappeared for you to know that the pad needs changing?
   a) Half
   b) All of it
   c) Two-thirds
10. Which of the following is correct?
   a) Anatomic Pads are only ever to be applied with the largest portion to the front
   b) Anatomic Pads are only suitable for men
   c) Anatomic Pads are best applied with the small portion at the front for women, and the largest portion at the front for men
   d) Anatomic Pads are the best choice for non-ambulant residents

11. A resident does not need to be toileted when they have a pad in place.
    TRUE or FALSE

12. Depend® products replace pressure-area care.
    TRUE or FALSE

13. Which of the following is important when applying an absorbent product.
    a) Size
    b) Absorbency as per resident's need
    c) Attending to perianal cares
    d) All of the above

14. When applying a Depend® Brief which sticky tabs should be used first?

15. How do you dispose of urine-soaked and faecally soiled pads at your facility?

16. Do you need a re-usable bed sheet such as a kylie or buddy if pads are in use at night? Why?

17. Are there any areas regarding the Depend®, Poise® or DryNites® products and K-C C.A.R.E. Programme that you don’t feel confident with? Please list below.

Please return to your pad team-leader when completed. Thank you for your assistance.
DEPEND® CO-ORDINATOR KNOWLEDGE ASSESSMENT FORM

Name: ____________________________________________________________
Date: ____________________________________________________________
Facility: __________________________________________________________

1. Have you attended a K-C C.A.R.E. education session? Yes / No

2. Where is the K-C C.A.R.E. Manual kept? __________________________________________________________

3. Select what information is found in this manual.
   • Product profiles and information
   • Ordering forms
   • Completed Distribution lists
   • Completed Locker Cards

4. Who is the Pad Team Leader at your facility? __________________________________________________________

5. If you have a concern about how appropriate a resident’s pad is, what do you do? Why?
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

6. How do you know what pad is used on AM, PM or Nightshift for a resident?
   __________________________________________________________________________
   __________________________________________________________________________

7. Who allocates what pad is to be used on each resident?
   __________________________________________________________________________
   __________________________________________________________________________

8. Where are the pads kept?
   __________________________________________________________________________
   __________________________________________________________________________

9. What do you do if a resident needs to use an extra pad during a shift?
   __________________________________________________________________________
   __________________________________________________________________________

10. How many pads are allocated for use every 24 hours? 3 2 5 4

11. What do you do if an allocated pad is left over from the previous day? (Please circle your choice)
   • Throw it away
   • Give it to someone else to use
   • Use it in the current day’s allocation of pads
   • Ignore it

12. How are the Undergarments held in place? (Please circle your choice)
   • Tabs
   • Elastic with buttons
   • In underwear
   • Use of stretch pants
13. What Depend® pads have a built-in wetness indicator?
_________________________________________________________________________________________________
_________________________________________________________________________________________________
14. What is the wetness indicator used for and why?
_________________________________________________________________________________________________
_________________________________________________________________________________________________
15. How much of the wetness indicator needs to be blurred and disappeared for you to know the pad needs changing? (Please circle your choice)
   • 2/3  • 1/8  • All of writing
16. How are the Poise® Pads range and Depend® Pads and Shields held in place?
_________________________________________________________________________________________________
_________________________________________________________________________________________________
17. Are Depend® Shields suitable to use for mild faecal incontinence or on men? Why?
_________________________________________________________________________________________________
_________________________________________________________________________________________________
18. When applying pads do you (Please answer Yes or No)
   • Smear any form of cream all over perianal area?  Yes / No
   • Change a pad without attending to perianal cares?  Yes / No
   • Pour heaps of powder onto the pad and perianal area?  Yes / No
   • Apply a used pad after a shower even if the pad has nil or little use?  Yes / No
   • Stop toileting programmes as pads are in use?  Yes / No
   • Stop pressure area and skin care as pads are in use?  Yes / No
19. What products are used to aid in the skin care of the perianal area?
_________________________________________________________________________________________________
20. How much of the cream do you apply? Do you rub it in thoroughly?
_________________________________________________________________________________________________
21. How much of the spray do you use?
_________________________________________________________________________________________________
22. Do you use any other products to attend to the resident’s groin cares when you change a pad?  Yes / No
   If Yes, what are they called and how do you use these?
_________________________________________________________________________________________________
_________________________________________________________________________________________________
23. Which product has the least absorbency?
   • Poise® Pads
   • Depend® Shields
   • Depend® Anatomic Pads
   • Depend® Briefs
24. Which Depend® products do you apply by using the tabs to secure? And which tabs do you do up first?
_________________________________________________________________________________________________
_________________________________________________________________________________________________

25. Do you still toilet a resident if they are using pads? Why or why not?
_________________________________________________________________________________________________

26. How do you dispose of a urine soaked pad at your facility?
_________________________________________________________________________________________________

27. How do you dispose of a faecally soiled pad at your facility?
_________________________________________________________________________________________________

28. Do you need to use reusables bed sheets such as kylies or buddies if pads are in use at night? Why?
_________________________________________________________________________________________________

29. Are there any areas regarding the Depend®, Poise® or DryNites® products and K-C C.A.R.E. Programme that you don’t feel confident with? Please list below.
_________________________________________________________________________________________________
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Please return to you site educator when completed. Thank you for your assistance.
K-C C.A.R.E. EDUCATION EVALUATION FORM

Name: ____________________________________________
Position: _________________________________________
Shift: _____________________________________________
Date: _____________________________________________
Facility: __________________________________________

PLEASE CIRCLE EITHER YES OR NO TO THE FOLLOWING QUESTIONS:

1. Did you learn from the K-C C.A.R.E. education session?
   - YES
   - NO

2. Was the presentation clear and informative?
   - YES
   - NO

3. Was the content relevant to the area you work in?
   - YES
   - NO

4. Did this topics meet your information needs?
   - YES
   - NO

5. Any suggestions or other comments about your K-C C.A.R.E. education session?
   ______________________________________________________
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Can we have continence team leader when completed? Thank you for your assistance.
STAFF / RESIDENT PRODUCT EVALUATION FORM

Date: _____/_____/_______
Facility: _________________________________________________________________
Name:___________________________________________________________________
Products used: __________________________________________________________

Please circle: Resident Staff member

1. COMFORT: Uncomfortable 1 2 3 4 5 Very Comfortable
   Comment_________________________________________________________________

2. DIGNITY: Undignified 1 2 3 4 5 Dignified
   Comment_________________________________________________________________

3. RELIABILITY: Unreliable 1 2 3 4 5 Very Reliable
   Comment_________________________________________________________________

4. EASE OF USE: Very Difficult 1 2 3 4 5 Very Easy
   Comment_________________________________________________________________

OTHER COMMENTS:
_________________________________________________________________________
_________________________________________________________________________
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Response: ___________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

How was the response Received: Verbal, Written, Via Phone, Other
Signed: ________________________________ Title ________________________________ Date __/__/___
RELATIVES PRODUCT EVALUATION FORM

Resident Name: ____________________________________________

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<th>Date</th>
<th>Facility</th>
<th>Your Name</th>
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1. COMFORT Unsatisfactory 1 2 3 4 5 Very Comfortable
   Comment ______________________________________________________________________________________

2. DIGNITY Does not meet 1 2 3 4 5 Very Happy
   Comment ______________________________________________________________________________________

3. RELIABILITY Unsatisfactory 1 2 3 4 5 Very Reliable
   Comment ______________________________________________________________________________________

4. EASE OF USE Very Difficult 1 2 3 4 5 Very Easy
   Comment ______________________________________________________________________________________

OTHER COMMENTS: ________________________________________________________________________________
______________________________________________________________________________________________

5. Response Required YES NO (Please circle)
   Address to send response to ____________________________________________________________________
   ____________________________________________________________________________________________

Office use:
Response: ______________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
How was the response Received: Verbal, Written, Via Phone, Other
Signed: ______________________________________ Title ___________________________ Date __/__/____
**ADDITIONAL PAD FORM**

ALL staff must complete when an extra pad is required for a resident.

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</table>
**PAD AND LAUNDRY AUDIT FORM**

Resident Name: ___________________________________________ Room: ____________________

**Tick as appropriate:**
- Toilets self: [ ] Requires assistance: [ ] One person: [ ] Two people: [ ]
- Requires pad: [ ] Morning [ ] Afternoon [ ] Night [ ] (circle when requires pad)

Refer to locker card for correct pads required.

**Toileting Schedule:**

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**Date:**

**DAY ONE**

| Time | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 01 | 02 | 03 | 04 | 05 |
|------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| Morning | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Afternoon | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Night | | | | | | | | | | | | | | | | | | | | | | | | | | | |

- Toileted with success
- New pad applied
- Pad not ready to change
- Pad changed – no leakage
- Pad changed – leakage
- Underwear
- Dress/Trousers
- Nightie/Pajamas
- Bed sheet
- Blankets/Doona
- Pillowcase
- Face washer
- Towel
- Other

**Toileting Schedule:**

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**Date:**

**DAY TWO**

| Time | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 01 | 02 | 03 | 04 | 05 |
|------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| Morning | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Afternoon | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Night | | | | | | | | | | | | | | | | | | | | | | | | | | | |

- Toileted with success
- New pad applied
- Pad not ready to change
- Pad changed – no leakage
- Pad changed – leakage
- Underwear
- Dress/Trousers
- Nightie/Pajamas
- Bed sheet
- Blankets/Doona
- Pillowcase
- Face washer
- Towel
- Other
### Toileting Schedule:

|   | 0100 | 0200 | 0300 | 0400 | 0500 | 0600 | 0700 | 0800 | 0900 | 1000 | 1100 | 1200 | 1300 | 1400 | 1500 | 1600 | 1700 | 1800 | 1900 | 2000 | 2100 | 2200 | 2300 | 2400 |
|---|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|
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### Date:

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- Toileted with success
- New pad applied
- Pad not ready to change
- Pad changed – no leakage
- Pad changed – leakage

- Underwear
- Dress/Trousers
- Nightie/Pajamas
- Bed sheet
- Blankets/Doona
- Pillowcase
- Face washer
- Towel
- Other

### Toileting Schedule:

|   | 0100 | 0200 | 0300 | 0400 | 0500 | 0600 | 0700 | 0800 | 0900 | 1000 | 1100 | 1200 | 1300 | 1400 | 1500 | 1600 | 1700 | 1800 | 1900 | 2000 | 2100 | 2200 | 2300 | 2400 |
|---|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|
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- Toileted with success
- New pad applied
- Pad not ready to change
- Pad changed – no leakage
- Pad changed – leakage

- Underwear
- Dress/Trousers
- Nightie/Pajamas
- Bed sheet
- Blankets/Doona
- Pillowcase
- Face washer
- Towel
- Other
**PAD AND LAUNDRY AUDIT FORM (Cont)**

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### Toileting Schedule:

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### Date:

#### DAY FIVE

**Morning**

| 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
|   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |

**Afternoon**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 24 | 23 | 22 | 21 | 20 | 19 | 18 | 17 | 16 | 15 | 14 | 13 | 12 | 11 | 10 | 9  | 8  | 7  | 6  | 5  | 4  | 3  | 2  | 1  |   |   |

**Night**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 1 | 2 | 3 | 4 | 5 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

Toileted with success

New pad applied

Pad not ready to change

Pad changed – no leakage

Pad changed – leakage

Underwear

Dress/Trousers

Nightie/Pyjamas

Bed sheet

Blankets/Doona

Pillowcase

Face washer

Towel

Other

---

**Evaluation:**

______________________________________________________________________________________________________

______________________________________________________________________________________________________

______________________________________________________________________________________________________

______________________________________________________________________________________________________

______________________________________________________________________________________________________

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**Form completed by:**

Name: ____________________________
Contact Number: __________________
Signature: ________________________
Date: / /
K-C C.A.R.E. EDUCATION ATTENDANCE
REGISTER FORM

Facility: ____________________________________________________
Date: ______________________
Inservice Topic: ______________________________________________
Conducted By: _____________________________________________

Attended By:

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Signature</th>
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</table>
A Quality Improvement Tool

This form is to be filled out by your Kimberly-Clark Personal Care Team member. It is used to monitor your K-C C.A.R.E. Programme and ensure that it is being followed. The correct administration of the K-C C.A.R.E. Programme will ensure your residents comfort and dignity are achieved along with a quality, cost effective continence programme for your facility.

Name of Facility:  
Name of Auditor:  
Date of Audit:  

<table>
<thead>
<tr>
<th>PROGRAMME COMPONENTS</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
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<tbody>
<tr>
<td>Are cards &amp; stickers clearly identified in wardrobes/drawers?</td>
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<tr>
<td>Are stickers up-to-date?</td>
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<td>Are the correct products stored with each resident?</td>
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<tr>
<td>Is the right number of products in the resident’s wardrobe?</td>
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<tr>
<td>Are the Toileting stickers up-to-date?</td>
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<tr>
<td>Is the Toileting System being used by staff?</td>
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<tr>
<td>Is the Toileting System being monitored by the RN on duty?</td>
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<tr>
<td>Do cards &amp; stickers in the “Distribute the right products with Confidence” album match those in wardrobes/drawers?</td>
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<tr>
<td>Is the “Additional Pad Form” being used?</td>
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<tr>
<td>Are the “Handover sheets” being used by all shifts?</td>
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<tr>
<td>Are the residents and products in the “Manage your stocks with Confidence” software correct?</td>
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<tr>
<td>Are there any “Depend® Co-ordinators”?</td>
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<tr>
<td>Do staff know who their “Depend® Co-ordinators” are?</td>
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<tr>
<td>Has the “Depend® Co-ordinators” training been completed?</td>
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<tr>
<td>Has the Depend® Educational Video been shown to staff?</td>
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<tr>
<td>Is the “K-C C.A.R.E. Programme Manual” accessible by all staff?</td>
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<tr>
<td>Is the “Track your residents with Confidence” book being utilised?</td>
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<tr>
<td>Do the observations &amp; comments have outcomes?</td>
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<tr>
<td>Has future in-servicing been arranged? Date:</td>
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</table>

Totals

% Compliance Rate:  

Issues identified from this audit:  
Actions recommended:  

Feedback from audit given to:  

Name:  
Position:  

Next Audit Date: _______________
Complete the Urinary Record and Fluid Intake Record for 3 consecutive days. Please use codes provided for the urinary record and measure fluid intake in cups or mils as per description below.

**URINARY CODES:**
1. Incontinent of urine
2. Pad change for incontinence of urine
3. Pad has increased wetness
4. Passed urine during scheduled toileting.

---

**URINARY RECORD:**
(Using above codes)

<table>
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<th>CODES:</th>
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# of episodes

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**FLUID INTAKE RECORD:**

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# of episodes
EDUCATION MODULES
1,2,3,4,5,6,7,8,9,10 & 11

This Training Objective relates to:
Kimberly-Clark and CABB (Australia) Pty Ltd Aged Care Facilities modular training sessions

1. Training Variables
All training is to be conducted in accordance with relevant policies and procedures including any instructions and requirements of the key stakeholders as well as any Workplace Health and Safety and Code of Conduct legislative requirements.

Key stakeholders may include:
• Aged Care Facility
• Other participant organisations
• Community Groups

Training environment/context:
• Training room
• Tea room
• Or other areas as directed by the host organisation/group

Variables under which the participant will be able to apply the skill, knowledge and attitudes:
The participant will attend the information training session and then have the foundation knowledge to apply the information gained in the contexts of their own health practice or clinical setting in accordance with their organisation’s policy and procedures.

Training methods and learning strategies may include:
• Formal in-service sessions or lectures
• Informal discussion and brainstorming sessions
• E-Learning

Time for training session:
• 30 minutes to 2 hours depending on host stakeholder/organisational needs. (If the session is required to go for more than the initial 30 minutes, then each teaching point information can be expanded).

Participant/trainer ratio:
Information delivery only:
• Optimum: 8-16 participants/1 trainer
• Maximum: 20-50 participants/1 trainer

Information delivery and assessment:
• Optimum: 16 participants/1 trainer
• Maximum: 24 participants/1 trainer

Trainers may require the following equipment:
• Neat and comfortable dress (if demonstrations are required, the wearing of trousers or shorts is encouraged)
• Training aids applicable to the session, such as:
  • Black/whiteboard
  • Flipcharts
  • Video/TV
  • Overhead projector
  • Technology equipment, eg data projector, laptop computer

Participants may require access to the following references/publication:
• Host Organisations’ Policy and Procedure manual
• Relevant government (state and federal) legislation, such as Workplace Health and Safety Act
• Competency Standards for Continence Nurse Advisors

2. Assessment Criteria
All 11 of the Kimberly Clark education modules on the Depend E-Learning Programme have assessments that must be completed by staff. A minimum score of 80% accuracy needs to be achieved to ensure competent levels are being maintained.
MODULE 1 - INTRODUCTION TO INCONTINENCE

Aim
The purpose of this session is to introduce incontinence & its causes as well as the effects it has on the person who is incontinent.

Objectives/outcomes
• Understand the development of incontinence
• Define incontinence
• List and describe the different types of incontinence and identify their causes
• Develop an understanding of societies perception to incontinence
• Outline and describe the effect of incontinence on the individual and significant others, including the community

Teaching Points
1. Understand the development of Incontinence
   • Define continence (as the normal) as per the International Continence Society
     'A state where the person possesses and exercises the ability to store urine and to micturate at a socially acceptable time & place' Palmer 96
   • Define the development of continence:
     • Socialisation
     • CNS development
   • Briefly outline and describe the urinary system:
     • Kidneys
     • Ureters
     • Bladder
     • Sphincters
     • Pelvic floor
     • Characteristics of urine

2. Define Incontinence
   'Involuntary loss of urine which is objectively demonstratable and a social or hygienic problem' International Continence Society
   • The prevalence in Australia
   • An overview of who is affected and how
   • A symptom not a disease
   • Inability to control excretory functions e.g. urine & faeces
   • Characteristics of who is affected
   • The end result of intervention, such as cure or improved and better management
   • Specific defining of Incontinence such as

     'A person may deny incontinent but will often mention that at times they dribble, wet, soil or leak a bit. Most people use the term incontinent to mean total lack of control so doesn’t understand or agree when doctor says that they are incontinent.'

3. List and describe the types of incontinence and identify their causes
   • Stress
   • Urge
   • Overflow
   • Functional
   • Reflex
4. **Develop an understanding of societies perception to Incontinence**
   - Outline and describe the effect of incontinence on the individual and significant others, including the community generally and what these attitudes and perceptions contribute to.

**References:**
Continence Foundation of Australia
MODULE 2 - CONTINENCE ASSESSMENT

Aim
The purpose of this session is to identify the information required for an effective continence assessment

Objectives/outcomes
- Detail the elements of a comprehensive continence assessment
- Identify what information is needed to be collected
- Review & evaluate the collected information
- Identify resident/individual continence needs

Teaching Points
1. **Detail the elements of a comprehensive continence assessment**
   a. Using the following key titles:
      - Why
      - When
      - How
      - Who
   b. Ensure:
      - Confidentiality
      - Privacy
      - Preparation of yourself for the assessment
      - Plenty of time
      - Using a systematic approach

2. **Identify what information is needed to be collected and the variety of sources and documents**
   - A continence chart
   - A continence history
   - A physical examination
   - Diagnostic investigations

3. **Review and evaluate the collected information**

4. **Identify resident/individual continence needs and formulate a Nursing diagnosis to these continence needs**

References:
Continence Foundation of Australia


MODULE 3 - KCA PRODUCTS, APPLICATION & USAGE

Aim
The purpose of this session is to introduce Kimberly-Clark disposable continence aids, demonstrate the correct procedures in fitting these aids and how to effectively use and change them.

Objectives/outcomes
- Identify the different ranges of disposable aids available
- Develop and understand how to fit and remove products
- Identify when products require changing and how to dispose of soiled product
- Understand pad composition and the usage of SAM
- Outline the use of a toileting programme in conjunction with continence aids
- Understand what to do about product complaints
- Outline the use of a continence committee

Teaching Points
1. Identify the different ranges of Kimberly-Clark disposable continence aids
   - Poise® Pads
   - Depend® Pads
   - Depend® Shields
   - Depend® Maxi Booster Pads
   - Depend® Guards for Men
   - Depend® Undergarments
   - Depend® Underwear
   - Depend® Briefs
   - Depend® Anatomic Pads
   - Depend® Stretch Pants
   - DryNites® Pyjama Pants

2. Technology advancements in absorbent products
   - Designs of absorbent products
   - Features
   - Fluff and Super Absorbent Material (SAM)

3. How to fit and remove Kimberly-Clark disposable continence aids
   - Fitting product correctly
   - Checking when products require changing
   - Changing products
   - Disposing of used/soiled product

4. Toileting programmes

5. Product complaints
   - The process
   - Providing samples
   - Product identification

6. Cost-in-Use

7. Continence Committee
Aim
The purpose of this session is to introduce the Kimberly-Clark Confidence, Assurance, Reliability and Education Programme or K-C C.A.R.E. Programme. This programme is implemented as part of the Kimberly-Clark approach to successful continence management.

Objectives/outcomes
• Identify and understand the different components of the K-C C.A.R.E. Programme
• Introduce and explain the forms associated with the K-C C.A.R.E. Programme
• Develop an understanding to maintain the K-C C.A.R.E. Programme and the benefits to the facility

Teaching Points
1. Identify the different components of the K-C C.A.R.E. Programme
   • Education modules
   • Locker cards and stickers
   • Distribution guide
   • Observation booklet
   • Toileting programme
   • Guidelines for Infection Control
   • Stock Management System

2. K-C C.A.R.E. Programme forms
   • Shift handover form
   • Additional pad form
   • Pad and laundry audit form
   • Briefly overview the following:
     • Assessment form
     • Continence aid assessment/re-assessment form
     • Bladder flowchart
     • Product evaluation form

3. Role of the Depend® Co-ordinator
   • Function of the Depend® Co-ordinator
   • General tasks completed by the Depend® Co-ordinator
Aim
The purpose of this session is to identify the multidisciplinary team and the different strategies that may be included in the resident’s continence program and incontinence management.

Objectives/outcomes
- List the health professionals that may be involved
- Identify the different types of therapies and management styles that may be used

Teaching Points
1. **Identify the multidisciplinary team of health professionals:**
   - Nurse/Carer
   - Doctor
   - Physiotherapist
   - Occupational therapist
   - Social worker
   - Psychologist
   - Others

2. **Identify the different types of therapies and management styles that may be used:**
   These must include Programs that are
   - Individualised
   - Acceptable
   - Affordable
   - Accessible

   Strategies may include
   - Empathy
   - Environmental
   - Maintaining physiological function
   - Treatment of underlying problems
   - Pelvic floor exercises
   - Bladder retraining
   - Containing, aids & appliances
   - Catheterisation
   - Drug therapy
   - Biofeedback
   - Surgery
   - Alarms
   - Complementary therapies
   - Electrical stimulation
   - Referral

Different training methods

Fundamental considerations to be included
- Skin care
- Controlling odour & soiling
- Fluid intake
- Bowel management
- Diet
- Environment

References:
- Continence Foundation of Australia
MODULE 6 - TREATING FAECAL INCONTINENCE

Aim
The purpose of this session is to identify what to look for when conducting a faecal assessment & implement appropriate strategies to promote appropriate bowel motions.

Objectives/outcomes
- Define Faecal Incontinence
- Identify and list causes of faecal incontinence
- Identify the requirements of a thorough faecal continence assessment
- Identify indicators to confirm constipation

Teaching Points
1. Define faecal incontinence
   Involuntary action:
   - Social or unhygienic condition
   - True faecal incontinence vs behavioural

2. Identify & list causes of faecal incontinence
   These must include Programs that are;
   - Faecal impaction
     - Constipation
   - Diarrhoea
     - Disorders of the bowel
     - Cancer
     - Colitis
     - Crohn’s disease etc
     - Medications
   - Environmental
     - Lack of privacy
     - Inability to reach the toilet
   - Neurogenic disorders
     - Dementia
     - MS
     - Idiopathic megacolon
   - Loss of anorectal angle accompanied by an increase in abdominal pressure
     - Trauma
     - Habitual straining at stool
   - Local causes
     - Carectum
     - Rectal prolapse
     - Anal fissure

3. Define constipation as the leading cause of resident faecal incontinence
   - Explain the process and the occurrence of constipation
   - The requirements to promote normal bowel motions

4. Identify the requirements of a thorough faecal continence assessment
   - When it is conducted
   - What is involved, the 3 steps to a comprehensive assessment:
     1. Full history
     2. Physical assessment
     3. Nursing diagnosis
5. **Identify indicators to confirm bowel problems and issues**
   - Indicators of constipation - (some or all of the following indicators may or may not be present):
     - Hard formed stool
     - Straining at stool
     - Inability to pass a motion
     - Decreased level of activity
     - Decreased frequency, absence of two of normal pattern
     - Palpable abdominal mass
     - Reported feeling of pressure in the rectum
     - Reported feeling of rectal fullness or incomplete emptying following a bowel action
     - Abdominal pain
     - Loss of appetite
     - Back pain
     - Headache
     - Use of laxatives
     - Dehydration
     - Confusion
     - Halitosis
   - Indicators of faecal impaction - (some or all of the following indicators usually are present):
     - Alternating diarrhoea & constipation
     - Soiling
     - Absence or reduction in bowel sounds
     - Urinary incontinence

6. **Prevention and management of constipation**
   - Promotion of appropriate and effective bowel motions to include;
     - Consistency
     - Adequate fluid intake (unless contraindicated)
     - Adequate dietary intake including fibre content (unless contraindicated)
     - Exercise
     - Access to toilet facilities
     - Privacy
     - Positioning when sitting on the toilet
     - Use of the gastrocolic reflex to encourage defaecation
     - Use of bowel medications

7. **Those residents with dementia and meeting their needs**

References:
Aim
The purpose of this session is to identify appropriate times that the use of urinary catheterisation is the best or only alternative to urinary continence management.

Objectives/outcomes
- List the indications for the use of catheterisation as urinary management
- Outline the 3 types of urinary catheterisation
- Identify when the use of ICSC is required and principles of its use
- Identify the indications for the use of an IDC & its management
- Identify the indications where a Suprapubic catheter is required and its management

Teaching Points
1. List the indications for the use of catheterisation as urinary management
   - When it will assist
   - When it won’t work

2. Outline the 3 types of urinary catheterisation
   - Intermittent Clean Self Catheterisation (ICSC)
   - Indwelling Catheter
   - Supra-pubic Catheter

3. Intermittent Clean Self Catheterisation (ICSC)
   - Identify when the use of ICSC is required
   - Principles of its use

4. Indwelling Catheter
   - Describe
   - Changes
   - Indications for use
   - Management
   - Complications

5. Supra-pubic Catheter
   - Indications for use
   - Management
   - Changes

6. Generic catheter management and care

References:
Continence Foundation of Australia
Aim
The purpose of this session is to encourage carers and health professionals to change the myth of incontinence in the elderly and caring for elderly individuals.

Objectives/outcomes
- List the physiological effects of ageing
- Identify some iatrogenic factors contributing to incontinence
- Meeting the continence needs of those with dementia

Teaching Points
1. **Identify and list the physiological effects of ageing:**
   - May include:
     - Kidney
     - Urinary tract
     - Hormonal
     - Prostate
     - Bowels & risk of constipation
     - Neurological

2. **Identify iatrogenic factors contributing to incontinence**

3. **Effects of incontinence in the elderly**
   - Emotional
   - Psychological
   - Social

4. **Those with dementia and meeting their needs**

References:
Continence foundation of Australia
Aim
The purpose of this session is to identify some of the aids and appliances that are available for use in the long and short-term management of a resident who has urinary incontinence.

Objective/outcomes
- Understand the considerations in the selection of an aid and/or appliance to manage incontinence.
- List the areas that are to be assessed when selecting an effective and appropriate aid and/or appliance.
- Identify the different types of aids and appliances that are available.

Teaching Points
1. **Identify selection of an aid as an aid to continence promotion and management**
   - Factors to consider may include:
     - The suitability to the individual resident
     - The need to conduct an individualised and comprehensive assessment of the residents needs
   - The features of the aid must include, the ability to:
     - Contain the excretion
     - Contain and/or disguise the odour
     - Be comfortable to use and easy to conceal under clothes
     - Be easy to use and manage
     - Be easy to dispose of, wash and/or clean as appropriate
     - Be available and accessible
     - Should never replace the human element of care

2. **Identify the specific areas of resident individual needs when conducting an assessment**
   - These must include Programs that assess;
     - Gender specific
     - Type of incontinence
     - Amount of loss
     - Pattern of the loss and the times that it occurs
     - Mobility
     - Dexterity
     - Vision/eyesight
     - Mental awareness, Cognitive status
     - Social activities
     - Residents personal preferences and perception of need
     - Sexual activity
     - Skin condition
     - Personal hygiene
     - Local anatomy
     - Financial status
     - Laundry facilities
     - Disposal facilities
     - Availability of aid or appliance
     - Availability of services, e.g. nursing care, home help, laundry, housework etc
     - Cultural Sensitivity
3. **Identify and demonstrate the different types of aids and appliances available including:**
   - Disposable absorbent products
   - Reusable briefs and products
   - Bed Protection
   - External collection devices for men
   - External collection devices for women
   - Clothing
   - Timing devices
   - Dampness detectors
   - Catheters
   - Equipment

4. **Environmental modifications may be required and may include:**
   - Rails
   - Privacy
   - Toilet acceptability/adaptability
   - Hooks to hang personal bags, purses, belongings
   - Grab bars, armrests
   - Toilet seats, raised
   - Over toilet frames
   - Lighting
   - Mobilising aids
   - Aids to personal cleansing
   - Consider alternatives as resource availability is not limitless along with safety issues

5. **The benefit of an acceptable and an appropriate aid**

**References:**

The Australian Continence Foundation


Aim:
The purpose of this session is to introduce the ACFI Tool (which replaced the RCS).

Objectives/outcomes
- Define the ACFI Funding Instrument and Funding Model
- Identify the twelve (12) questions and three (3) Domains of the ACFI
- Identify areas of evidence required for each of the twelve questions especially ACFI 4 and 5

Teaching Points
- Introduce The ACFI Funding Instrument and Funding Model
- Define The Structure of the ACFI Questions
- Identify and explain the 2 Aged Care questions relating to continence

References:
Centers for Disease Control (2000) Division of Media Relations at: www.cdc.gov
MODULE 11 - INTRODUCTION TO INFECTION CONTROL

Aim:
The purpose of this session is to introduce basic infection control principles to residential aged care workers

Objectives/outcomes
• Understand effective hand hygiene practices
• Outline and describe standard and additional precautions
• Develop an awareness of vaccination requirements for health care workers
• Describe first aid and reporting requirements following an occupational exposure to body fluids
• Outline and describe the management of a blood or body fluid spill

Teaching Points
1. **Understand effective hand hygiene practices**
   • Describe importance of hand hygiene in prevention of infection
   • Describe routine hand washing technique
   • Describe effective use of alcoholic hand rub
   • Define situations when to use alcoholic hand rub versus hand washing
   • Outline rationale for hand care for health care workers:
     ✤ Moisturising lotions
     ✤ Poor skin integrity and risk of infection
     ✤ Reporting skin conditions

2. **Outline and describe standard and additional precautions**
   • Describe the chain of infection
   • Describe why standard precautions are used
   • Outline what standard precautions include:
     ✤ Hand hygiene
     ✤ Use of personal protective equipment
     ✤ Use of aseptic technique
     ✤ Appropriate reprocessing of used instruments and equipment
     ✤ Safe management of laundry and linen
     ✤ Safe handling and disposal of clinical and general waste and sharps
   • List and describe the implementation of additional precautions:
     • Airborne precautions
     • Droplet precautions
     • Contact precautions

3. **Develop an awareness of vaccination requirements for health care workers**
   • Outline current vaccines recommended for health care workers:
     ✤ Tuberculosis, MMR, Hepatitis B, Influenza, Varicella

4. **Outline and describe first aid and reporting requirements following an occupational exposure to blood or body fluids**
   • Outline first aid for:
     ✤ Penetrating sharps injuries
     ✤ Splash injuries to mucous membranes
     ✤ Body fluid exposure to non-intact skin
   • Importance of immediate reporting of occupational exposures and timely follow-up

5. **Outline and describe the management of a blood or body fluid spill**
   • Describe equipment required for containment and cleaning of a body fluid spill
   • Describe appropriate donning of personal protective equipment in preparation for cleaning of a blood or body fluid spill
   • Describe process for containment and cleaning of the spill
References:
Forrest, J (2005) Residential Aged Care Guidelines for Infection Control Kimberly-Clark Australia