Appendix G: Algorithm for Urinary Incontinence Care

Interprofessional Approach to Providing Care for Persons Living with Urinary Incontinence

Recommendation 3.1
There needs to be a tailored interprofessional approach based on individual care needs. Primary care settings should initiate evidence-based management and should have resources for referral to continence care specialists and/or other continence care services (i.e., continence clinics) as required.

Foundational: Person- and Family-Centred Care (PFCC)

All persons living with urinary incontinence.

Good Practice Statement
Conduct a focused initial assessment of urinary incontinence.
This can include obtaining a clinical history and determining incontinence type, a voiding record, assessing urinary urgency, obtaining a urinalysis, and post-void residual.

Stress or mixed incontinence

Recommendation 1.1
Offer individualized toileting strategies.

All toileting strategies may not be appropriate (or realistic) for all persons living with urinary incontinence. Health providers should carefully assess age, physical limitations and cognitive status (i.e., dementia, other behavioral issues) and encourage strategies that are individualized to them. See **good practice statement** on assessment of urinary incontinence on p. 36.

Adopted Recommendation
First line treatment for women with stress or mixed urinary incontinence: Offer supervised Pelvic Muscle Floor Training (PFMT) for at least 3 months

This recommendation can also be considered for men.

A comprehensive assessment should be conducted to determine the applicability of PFMT.

CAUTION: PFMT may not be appropriate for frail older women or those living with cognitive impairments. Further, PFMT should be facilitated and supervised by a health provider with the appropriate knowledge and skills, such as a nurse continence advisor or pelvic health physiotherapist.

Recommendation 2.1
Encourage low-intensity physical activity, as tolerated.

Low-intensity physical activity should be individualized and appropriate to person's age, physical ability and associated health status. See **good practice statement** on assessment of urinary incontinence on p. 36.

Report findings to the appropriate member of the interprofessional team and/or continence specialist (as required).

Routinely reassess as the condition changes and as per organizational policy.

Document care provided.

APPENDICES