Name: DOB:					B:	NHS Number:					
	THE ASSES	SMENT OF	BLADI	DER PROB	BLEMS	IN A	DULTS - For us	e w	ith the Co	olley Mod	el
document 'A	About Baselir	ne Charts' ur	nder 'F	Resource	Downl	oads		te a			nction. View the suitable one for
Date re	eferred				Referr	ed by	Y			Da	te assessed
Patient nam	e:					DO	B:			Age:	
Address:											
Postcode:						NH	S Number:				
Preferred co	ntact teleph	one number	:			GP:					
Occupation:						Sur	gery:				
Main compla	aint:					Ons Rel	set: ated to an ever	nt?			
How does th	· -	affect your	quality								
	Not at all			A little	9		Moder	atel	У		A lot
Medical history, including any mental health problems:			Surgical history:			U	Irological	history /	investigations:		
Female:											
Number of vaginal deliveries: Quick (Quick de				Gynaecological / Urogynaecological history				
Presc	cribed medica	ation	Dat	e comme	nced		Over-the-count	ter r	nedicatio	on [Date commenced
Date of last		eview:	1		Ca	rried	d out by: GP / N	lurs	e Prescril	per / Phar	macist
Result of uri Leucocytes	naiysis: Nitrite	Blood	ı	ЭΗ	Prote		ein Specific gravity		Ketone	Glucose	Sample to lab?
Any action re	equired follo	wing urinaly	sis?				ı				Date:

State action taken:

Namo: NHS Number:											
Name:				DOB:				NHS Number:			
Urinary frequency			ded (fror	n bladd	er diar	y or other chart)					
Total number of No. of voids in No.					No. of times Largest volu			Total volume	No. of incon		
voids in 24 hours	ds in 24 hours waking hours wa			g to vo	void in 1 void			ded in 24 hours	episode	es	
If pads used, how many pad changes in 24 hours?											
Fluid intake and ty	/pe (in	clude any a	lcoholic	drinks)							
					glass or	millilitres or flui	d our	ces Es	timated volum	e	
Tea											
Coffee											
Water											
					Т	otal fluid intake	in 24	hours:			
l luin am el luga		Va	a / Na / G	` +!		Dadwat	±:~?	Vac	/ No. / Compatin		
Urinary Urge	ncy?	Ye	s / No / S	ometin	nes	Bedwet	ting?	Yes	/ No / Sometin	nes	
Observation / Phy	sical ex	xamination	: DONE /	NOT D	ONE						
Informed consent	obtair	ned? Yes / I	No			A physical examination is undertaken by a competent					
						professional.					
List any abnormal	List any abnormalities on OBSERVATION below: List any abnormalities on EXAMINATION below:							below:			
					Abd	omen					
				Skin cor	ndition	s or excoriation					
				SKIII COI		ntegrity					
					J	11081114					
					Ger	nitalia					
				Prolap	se visik	ole from vagina					
				<u> </u>							
				Prolaps	se visib	le from rectum					
Pelvic floor					Assessment						
Normal howel had	si+•										
Normal bowel habit:					lv		Other (state)				
Daily Alternate days We			Week	ıy		Other (state)					
Normal stool Constipated stool Laxativ				ve used (state)		Leakage of st	ool				
If in doubt, use the Bristol Stool Form Scale: Type											
If in doubt, use the	e Bristo	ol Stool Foi	m Scale:	Туре							
Bladder emptying											
Does the patient f		eir hladder	is emntv	after vo	niding?	•					
YES. Continue					inue		but	DON'T KNOW.	Continue asses	sment	
bladder scan devi								but arrange for a bladder scan to be			
		ed out 1						undertaken to measure the volume			
confirmation.		-	l l	of urine left in the bladder after				of urine left in the bladder after			
			void					voiding.			
<u> </u>								1			

Residual urine (if bladder scan done)

mls.

	Name:	DOB:	NHS Number:
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Voiding symptoms:

Straining	g to void	d Slow urinary stream		Hesitancy		Intermitte	nt stream	Terminal dribble	
Yes	No	Yes	No	Yes	No	Yes	No	Yes	No

Check that there is not a build-up of faeces in the rectum causing pressure on the urethra.

Cognitive and functional status:

The patient is independent and has no cognitive or functional difficulties. YES / NO If NO, complete below:

FUNCTIONS	STATUS
Mobility	
Manual dexterity	
Impaired fine finger movement	
Ability to wash / bath / shower	
Toileting ability	
Eating / drinking	
Hearing	
Vision	
Speech	
Orientation	
Memory	
Motivation	

Urinary leakage:

<u> </u>						
Light	Moderate		Heavy		No leakage	
Occasional leakage	Needs to wear a pad to prote	ct	Urine leakage con	stant	Reaches the toilet in tir	me
managed by changing	clothing and maintain dignity	or full voids into pa	d	but symptoms such as		
underwear or wearing passes urine on the toilet too)			frequency and urgency	,
small pad						

Problem(s) identified:

Loss of urine on effort or physical exertion, including sporting activities, or on sneezing or coughing. This may indicate STRESS URINARY INCONTINENCE (SUI)	YES / NO
Loss of urine associated with urgency This may indicate URGENCY URINARY INCONTINENCE (UUI)	YES / NO
If both of the above are present, this may indicate MIXED URINARY INCONTINENCE (MUI)	YES / NO
Urinary tract infection (UTI)	YES / NO
Loss of urine with or without urgency, in the presence of an excessively (over) full bladder. The patient may be unaware of leakage or the desire to void. This may indicate OVERFLOW URINARY INCONTINENCE	YES / NO
Loss of urine in the presence of a functional inability to reach a toilet/urinal in time because of a physical and / or mental impairment; or the inability to respond appropriately to bladder signals. This may indicate FUNCTIONAL URINARY INCONTINENCE (FUI) (disability associated urinary incontinence)	YES / NO

NONE OF THE ABOVE

If the assessment has not identified what the possible cause or causes of the symptoms might be, refer to the Bladder & Bowel service or doctor for further assessment and guidance.

Name:	DOB:		NHS Number:
Referral:			
To:	On: (dat	e) Reason:	
101		, neason.	
Astion / Adviso / Discussion	on / Deferred / Treetmout, Tiel	بالمجم واحتالية	
0.	on / Referral / Treatment: Tick of identified and action take	• • • • • • • • • • • • • • • • • • • •	
	l policy / guidelines.	···	
in line with to loca	ii policy / guidelilles.	1	
Stress urinary	Urgency urinary	Overflow urinary	Functional urinary
incontinence	incontinence	incontinence	incontinence
Miyad urir	 nary incontinence		
Advice on PFMF's	If UTI detected follow	If UTI detected	If UTI detected follow
(male or female)	local policy on MSU and	follow local policy	
` ,	treatment	MSU and treatme	
The Knack	Modify low or high fluid	Medication review	, , ,
	intake if indicated		bladder dysfunction
Prevent constipation:	Recommend caffeine	Bowel care / advice	ce Address any mobility
offer dietary and fluid	reduction		and other functional
advice			iccupc

Kidney function – ask

doctor to assess

Male: Prostate

assessment if indicated

Female: Refer

specialist if a visible

prolapse at or below

the vaginal introitus

Address any mobility

and other functional

Refer for advice, further assessment

and management

Female: Possible

oestrogen

issues

options

replacement

women to a

Improve underlying

Bowel care / advice

Medication review

Female: Possible

Plan a prompted,

timed, individual

toileting programme

oestrogen

replacement

conditions where

possible

Date for review / reassessment:

Assessor:

issues

Correct Position

For Opening Your

Discuss possible

>30kg/m2

weight loss if BMI

Chronic cough advice

Female: Possible

Medication review

Address any mobility

and other functional

oestrogen replacement

Bowels

PRINT NAME	SIGNATURE	JOB TITLE	DATE

Medication review

Refer if neurological symptoms suspected

oestrogen replacement

Address any mobility

and other functional

loss if BMI >30kg/m2

Discuss possible weight

Advice on PFME's (male

issues

or female)

The Knack

Bladder training

Female: Possible