

Name:	DOB:	NHS Number:
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### THE ASSESSMENT OF BLADDER PROBLEMS IN ADULTS - For use with the Colley Model

Prior to the assessment ask the patient to complete the appropriate chart to record bladder function. View the document 'About Baseline Charts' under 'Resource Downloads' on this website and select the most suitable one for your patient. This and further information at: [www.continenceassessment.co.uk](http://www.continenceassessment.co.uk)

Date referred	Referred by		Date assessed
Patient name:	DOB:	Age:	
Address:			
Postcode:	NHS Number:		
Preferred contact telephone number:	GP: Surgery:		
Occupation:			

Main complaint:	Onset: Related to an event?		
How does this complaint affect your quality of life?			
Not at all <input type="checkbox"/>	A little <input type="checkbox"/>	Moderately <input type="checkbox"/>	A lot <input type="checkbox"/>

Medical history, including any mental health problems:	Surgical history:	Urological history / investigations:

Female:		
Obstetric history Number of vaginal deliveries: Caesarean section:	Difficult deliveries? Quick deliveries? Babies over 3.6kg (8lbs)?	Gynaecological / Urogynaecological history

Prescribed medication	Date commenced	Over-the-counter medication	Date commenced

Date of last medication review:

Carried out by: GP / Nurse Prescriber / Pharmacist

Result of urinalysis:

Leucocytes	Nitrite	Blood	pH	Protein	Specific gravity	Ketone	Glucose	Sample to lab?

Any action required following urinalysis?  
State action taken:

Date:



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Voiding symptoms:

Straining to void		Slow urinary stream		Hesitancy		Intermittent 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:

Light	Moderate	Heavy	No leakage
Occasional leakage managed by changing underwear or wearing small pad	Needs to wear a pad to protect clothing and maintain dignity, but passes urine on the toilet too	Urine leakage constant or full voids into pad	Reaches the toilet in time but symptoms such as frequency and urgency

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.	

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Referral:

To:	On: (date)	Reason:

Action / Advice / Discussion / Referral / Treatment: Tick all which apply

 State any 'red flags' identified and action taken in line with to local policy / guidelines. 							
Stress urinary incontinence		Urgency urinary incontinence		Overflow urinary incontinence		Functional urinary incontinence	
Mixed urinary incontinence							
Advice on PFME's (male or female)		If UTI detected follow local policy on MSU and treatment		If UTI detected follow local policy on MSU and treatment		If UTI detected follow local policy on MSU and treatment	
The Knack		Modify low or high fluid intake if indicated		Medication review		Treat any underlying bladder dysfunction	
Prevent constipation: offer dietary and fluid advice		Recommend caffeine reduction		Bowel care / advice		Address any mobility and other functional issues	
Correct Position For Opening Your Bowels		Medication review		Kidney function – ask doctor to assess		Improve underlying conditions where possible	
		Refer if neurological symptoms suspected		Male: Prostate assessment if indicated			
Discuss possible weight loss if BMI >30kg/m2		Female: Possible oestrogen replacement		Female: Refer women to a specialist if a visible prolapse at or below the vaginal introitus		Bowel care / advice	
		Address any mobility and other functional issues			Medication review		
Chronic cough advice		Discuss possible weight loss if BMI >30kg/m2		Female: Possible oestrogen replacement		Female: Possible oestrogen replacement	
Female: Possible oestrogen replacement		Advice on PFME's (male or female)		Address any mobility and other functional issues		Plan a prompted, timed, individual toileting programme	
Medication review		The Knack		Refer for advice, further assessment and management options			
Address any mobility and other functional issues		Bladder training					

Date for review / reassessment:

Assessor:

PRINT NAME	SIGNATURE	JOB TITLE	DATE