

<b>OASIS ITEM:</b>
<p><b>(M0520) Urinary Incontinence or Urinary Catheter Presence:</b></p> <p><input type="checkbox"/> 0 - No incontinence or catheter (includes anuria or ostomy for urinary drainage) [ <b>If No, go to M0540</b> ]</p> <p><input type="checkbox"/> 1 - Patient is incontinent</p> <p><input type="checkbox"/> 2 - Patient requires a urinary catheter (i.e., external, indwelling, intermittent, suprapubic) [ <b>Go to M0540</b> ]</p>
<b>DEFINITION:</b>
<p>Identifies presence of urinary incontinence or condition that requires urinary catheterization of any type, including intermittent or indwelling. The etiology (cause) of incontinence is not addressed in this item.</p>
<b>TIME POINTS ITEM(S) COMPLETED:</b>
<p>Start of care Resumption of care Discharge from agency - not to inpatient facility</p>
<b>RESPONSE—SPECIFIC INSTRUCTIONS:</b>
<ul style="list-style-type: none"> <li>• If the patient has anuria or an ostomy for urinary drainage (e.g., an ileal conduit), mark Response 0.</li> <li>• If the patient is incontinent AT ALL (i.e., “occasionally”, “only once-in-a-while”, “sometimes I leak a little bit”, etc.), mark Response 1.</li> <li>• If the patient requires the use of a urinary catheter for any reason (retention, post-surgery, incontinence, etc.), mark Response 2.</li> <li>• If the patient is <u>both</u> incontinent and requires a urinary catheter, mark Response 2 and follow the skip pattern.</li> <li>• A leaking urinary drainage appliance is not incontinence.</li> </ul>
<b>ASSESSMENT STRATEGIES:</b>
<p>Review the urinary elimination pattern as you take the health history. Does the patient admit having difficulty controlling the urine, or is he/she embarrassed about needing to wear a pad so as not to wet on clothing? Do you have orders to change a catheter? Is your stroke patient using an external catheter? Be alert for an odor of urine, which might indicate there is a problem with bladder sphincter control. If the patient receives aide services for bathing and/or dressing, ask for input from the aide (at follow-up assessment). This information can then be discussed with the patient. Urinary incontinence may result from multiple causes, including physiologic reasons, cognitive impairments, or mobility problems.</p>