

OASIS ITEM:
<p>(M0530)* When does Urinary Incontinence occur?</p> <p><input type="checkbox"/> 0 - Timed-voiding defers incontinence</p> <p><input type="checkbox"/> 1 - During the night only</p> <p><input type="checkbox"/> 2 - During the day and night</p> <p>*At follow-up, following the item number (M0530) insert the phrase, "skip this item if patient has no urinary incontinence or has a urinary catheter."</p>
DEFINITION:
Identifies the time of day when the urinary incontinence occurs.
TIME POINTS ITEM(S) COMPLETED:
Start of care Resumption of care Follow-up Discharge from agency - not to inpatient facility
RESPONSE—SPECIFIC INSTRUCTIONS:
<ul style="list-style-type: none"> • If patient is only "occasionally" incontinent, determine when the incontinence usually occurs. • Any incontinence that occurs during the day should be marked with Response 2. • Insert directions at follow-up to skip this item if the patient has no urinary incontinence or has a urinary catheter.
ASSESSMENT STRATEGIES:
Once the existence of incontinence is known, ask when the incontinence occurs.