

# Bladder Retraining

	<b>ADM To 48Hrs</b>	<b>2Wks</b>	<b>30Days</b>	<b>Reassess</b>	<b>Reassess</b>
<b>Date:</b> Is this resident continent of urine when OOB?  Yes=5      No=0					
Is this resident continent of urine when in bed?  Yes=5      No=0					
Is this resident incontinent of urine 24 hours each day?  Yes=0      No=5					
Will resident's general state of health enable him/her to participate in a bladder retraining program?  Yes=5      No=0					
Can the resident understand what will be expected of him/her when on a bladder retraining program?  Yes=5      No=0					
Does resident have urinary history or diagnosis which may prevent him/her from regaining bladder control?  Yes=0      No=5					
Is the resident being treated for a UTI?  Yes=0      No=5					
When incontinence occurs, does the resident feel he/she has lost control?					
Do you feel the resident is a candidate for bladder retraining?  Yes=5      No=0      Not necessary=5					
<b>Total Score</b>					

0-10, not a candidate;    15-20, reassess in 2 wks. or 30 days (If ADM to 48 hrs or 2wks\_score is 15-20. If 30Day score is again 15-20, the next reassessment date would occur when there is a change in the resident's condition (improvement or decline)),    25-35 proceed; 40-45, resident is continent. Reassessment not needed unless a change in resident's condition occurs (improvement or decline).

Nurse's Initials

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<b>Resident Name:</b>	<b>Room #</b>	<b>Physician:</b>	<b>Medical Rec. #</b>