Attends® ADVANTAGE™

Your Quality Management Tools for Best Practices in Continence Care

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Did You Know... that the success of a continence care program is dependent upon the commitment of the nursing staff?

Domtar Personal Care is committed to providing your clinical staff with the specific tools and products necessary to promote continence and manage your incontinence program. The Domtar Personal Care continence care program is called **Attends® Advantage™**. This program is designed to help your facility achieve clinical, financial and operational goals. As always, Domtar Personal Care offers its programs and services at no charge to any facility ordering our products.

Domtar Personal Care is proud to say that ***Better Outcomes Start Here***. For patients, this means healthier skin, greater dignity and improved quality of life. For healthcare providers, this means improvements in clinical care and operational costs. Our objective is to help you deliver a high-quality, low-cost system that produces positive outcomes for your residents and staff. If we work together as a team, we will accomplish these goals.

Attends® Advantage™ is Your Quality Management Tools Best Practices in Continence Care. This complete resource for continence management includes:

- Getting Started with Attends
- Resident Assessment
- Best Practices
- Product Selection and Sizing
- Staff Training
- Restorative Nursing

For additional information on **Attends® Advantage™** or any **Attends®** products, please call **1-800-428-8363** or contact your local Domtar Personal Care account manager.

Attends® ADVANTAGE™

Your Quality Management Tools for Best Practices in Continence Care

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Better Outcomes Start Here

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QM Guide - 1

PRODUCT SELECTION & SIZING GUIDES

Attends® ADVANTAGE™
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PRODUCT MANAGEMENT GUIDE

A step-by-step guide for managing your resources, to ensure successful outcomes.

Step 1 Attends® Product Selection Guide and/or Product Selection Worksheet

Recommend completing on all incontinent residents
1. On admission
2. In accordance with MDS schedule
3. Upon change in residents condition or continence status

Step 2 Product Sizing

The correct size and fit of the Attends brief or protective underwear will promote dignity, comfort and leakage protection.
1. Attends sizing is simple.....locate the residents height and weight.
2. Using the Attends Sizing Guide located on pages 10 - 12 find the residents height and weight to identify the correct product size. To ensure optimal outcomes, start with the recommended size and assess the fit after applying to the resident and adjust accordingly. **(Remember bigger is not better)**.

Step 3 Complete Resident Workbook Provided By Your Domtar Personal Care Representative

The Resident Workbook is an Attends Best Practice for product management. It is an easy way to maintain resident product list, calculate product order specific to individualized product mix, track distribution, and sizing ratios. This workbook will assist in achieving expected clinical, operational and financial outcomes.

All you need to get started is the following:
1. Resident workbook
2. Resident census in room order, height and weight and current product and size used.
3. Enter the above information on the resident assessment tab and the workbook will do the rest.
4. On the target order tab enter the daily change rate recommend (4.5 for briefs, or 2.5 for protective underwear and pads) and enter the number of days between orders.

Step 4 Implement Attends Best Practices For Product Management

1. In-Room Distribution
2. Nighttime protocol

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PRODUCT SELECTION GUIDE

	MDS Section H: Urinary Continence (H2) / Bowel Continence (H4)			
MDS Section G1 **Functional Status / Toilet Use**	**0** **ALWAYS CONTINENT** Continent of urine without any episodes of incontinence in past 7 days.	**1** **OCCASIONALLY INCONTINENT** Incontinent less than 7 episodes in past 7 days. Any amount of urine sufficient to dampen undergarments, briefs or pad.	**2** **FREQUENTLY INCONTINENT** Incontinent of urine during 7 or more episodes but had at least 1 continent void. Includes incontinence of any amount of urine.	**3** **ALWAYS INCONTINENT** No continent voids in past 7 days.
 • Independent • Supervision • Limited Assistance	**No Product Necessary**	 INCONTINENCE LEVEL LIGHT MODERATE HEAVY SEVERE □ morning □ afternoon □ evening	 INCONTINENCE LEVEL LIGHT MODERATE HEAVY SEVERE □ morning □ afternoon □ evening	 INCONTINENCE LEVEL LIGHT MODERATE HEAVY SEVERE □ morning □ afternoon □ evening
 • Extensive Assistance • Weight Bearing Support	**No Product Necessary**	 INCONTINENCE LEVEL LIGHT MODERATE HEAVY SEVERE □ morning □ afternoon □ evening	 INCONTINENCE LEVEL LIGHT MODERATE HEAVY SEVERE □ morning □ afternoon □ evening	 INCONTINENCE LEVEL LIGHT MODERATE HEAVY SEVERE □ morning □ afternoon □ evening
 • Total Dependence • Non-Ambulatory • Full Assistance	**No Product Necessary**	 INCONTINENCE LEVEL LIGHT MODERATE HEAVY SEVERE □ morning □ afternoon □ evening	 INCONTINENCE LEVEL LIGHT MODERATE HEAVY SEVERE □ morning □ afternoon □ evening	 INCONTINENCE LEVEL LIGHT MODERATE HEAVY SEVERE □ morning □ afternoon □ evening

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PRODUCT SELECTION WORKSHEET

Complete the form for each new admission or for a change in condition or incontinence level.

Please complete this section by writing the number that best describes the resident based on your assessment or MDS data. Using the assessment total score, select the appropriate product.

Identify type of incontinence with check mark

Urge _____
Stress _____
Overflow _____
Functional _____
Transient _____

Continence Level - Urinary:

0 = Continent, Complete Control
1 = Usually Continent
2 = Occasionally incontinent; may have a couple of episodes/week; not daily
3 = Frequently incontinent; incontinent daily; may have periods of continence on certain shifts
4 = Incontinent; multiple episodes during day and night
0 = Foley/Supra-pubic catheter

day ☐ night ☐

Urinary Incontinence Amount

0 = No incontinence
1 = Light; less than 100cc (ml) per episode
2 = Moderate; 100-300cc (ml) per episode
4 = Heavy; 300-550cc (ml) per episode
6 = Severe; > 550cc (ml) per episode
0 = Foley/Supra-pubic catheter

day ☐ night ☐

Frequency of Urination

1 = Less than 4 times
2 = 4-7 times
4 = 8-10 times
6 = More than 11 times
0 = Foley/Supra-pubic catheter

day ☐ night ☐

Continence Level - Fecal

0= Continent; no fecal episodes
2= Occasional fecal smears
4= Occasional fecal episodes
6= Fecal incontinence

day ☐ night ☐

Toileting Ability / Mobility

0 = No setup or staff physical assistance
1 = Minimal; setup help only
2 = Moderate; one person physical assist
4 = Unable/Immobile; 2+ persons staff physical assistance

day ☐ night ☐

Communication (Ability to Understand)

0 = Able to express needs; understands others
1 = Usually able to express needs; usually understands
2 = Limited to making concrete requests; understands direct communication
3 = Rarely/never able to express needs, rarely/never understands

day ☐ night ☐

Resident name: _____

Room number: _____

TOTAL SCORE: DAY ☐

TOTAL SCORE: NIGHT ☐

USE TOTAL SCORE TO DETERMINE PRODUCT TYPE:

INCONTINENCE LEVEL

LIGHT	MODERATE	HEAVY	SEVERE

Score Total 1-7: Light Incontinence

Attends Light Pads Regular
Attends Light pads Extra
Attends Light pads Extra Plus
Attends Light Insert Pads

Score Total 8-12: Moderate Incontinence

Attends Light Pads Ultra Plus
Attends Light Pads Ultimate
Attends Belted Undergarments
Attends Underwear Extra

Score Total 13-24: Heavy Incontinence

Attends Shaped Pads Day Regular
Attends Shaped Pads Day Plus
Attends Poly Briefs
Attends Shaped Pads Super
Attends DermaDry Advance
Attends Underwear Super Plus w/Leakage Barriers

Score Total 25-29: Severe Incontinence

Attends Shaped Pads Extended Wear
Attends DermaDry Complete Underwear Overnight
Attends Briefs Overnight Protection

PRODUCT SELECTION

DAY: **EVENING:** **NIGHT:**

Assessment Date:

Assessed By:

Height: **

Weight: **

****See the Attends Briefs Sizing Guide to easily determine brief size by resident's height and weight.**

VOIDING DIARY COMPLETED? YES/NO

TOILETING PROGRAM IN PLACE? YES/NO

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PRODUCT SELECTION ALGORITHM

INCONTINENT → **NO** → **NO incontinent product. Routine Skin Care.**

INCONTINENT → **YES** → **URINE** / **FECAL**

INDEPENDENT OR SUPERVISION	LIMITED ASSISTANCE	EXTENSIVE ASSISTANCE	TOTAL DEPENDENCE
Occasionally Incontinent of Urine Stress Incontinence	**Frequently Incontinent** Stress, Urge, Mixed, Transient Incontinence in toileting program	**Frequently Incontinent** Urge, Overflow, Functional or Bowel Incontinence	**Always Incontinent** Air flow therapy bed, overflow, or bowel Incontinence **At high risk for skin irritation**
Light Incontinence <100 ml / episode	**Moderate Incontinence** 100/300 ml / episode	**Heavy Incontinence** 300/500 ml / episode	**Severe Incontinence** >550 ml / episode
			
Attends® Bladder Control Pads, Guards for Men	**Attends® Shaped Pads, Attends® Underwear**	**Attends® Briefs**	**Attends® Briefs**

GUIDELINES FOR UNDERWEAR

Attends® Underwear are geared for light to moderate incontinent residents who toilet independently. The goal is to continue their independence as long as possible.

- Resident must be ambulatory.
- Resident requires no more than one to two per 24hrs.
- Resident must be able to toilet self during the day and night safely and independently.

GUIDELINES FOR BRIEFS

- When using Attends® briefs, refer to Attends® sizing guide for proper sizing.
- Bigger is not better. Better fit=Better containment.
- A proper fitting brief boosts resident confidence, dignity, skin health and leakage containment.
- Peri care done with each incontinent episode.
- Brief should be changed when change indicator activated or bowel movement occurs.

GUIDELINES FOR SHAPED PADS

- Works very effectively in conjunction with toileting programs.
- Similar to underwear and may be more acceptable to resident.
- Must be worn body close, inside of underwear as part of a two piece system.

GUIDELINES FOR UNDERPADS - 1 PAD ONLY

- Attends® All-in-One™ Underpad with Supersorb® Dryness Layer is an underpad with super absorbency that protects the resident and the bed and reduces the need for multiple underpads.
- For use on residents totally dependent, in bed, always incontinent and at high risk for skin breakdown, not wearing a brief.
- For use on all beds including air flow therapy beds.

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RECOMMENDED LONG TERM CARE PRODUCT FORMULARY

Product Selection

Choosing the right product will ensure the correct level of absorbency, leakage control, skin care and comfort. Refer to the incontinence definitions below and the indicators which are located in the product description section to select the appropriate product.

Incontinence Level

LIGHT

For occasional leaking during certain events: laughing, sneezing, exercising, lifting heavy objects etc. For those who may experience a small amount of urine leakage when the bladder is full.

MODERATE

For frequent dribbling or occasional moderate flow of urine, requiring a steady need for containment. For those who experience moderate leakage when the bladder is full.

HEAVY

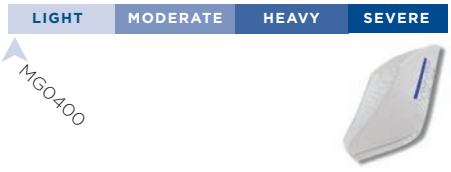
For a heavy flow of urine that requires constant containment and all-over protection. For those who sometimes experience a sudden and intense urge to urinate.

SEVERE

For severe urinary or fecal incontinence that requires constant containment and all-over protection. For continuous, heavy leaking of urine day and night, or frequent uncontrollable flow of large volumes of urine.

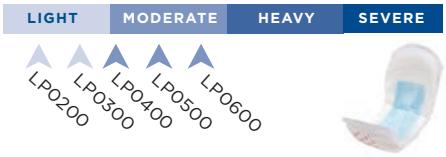
Male Guards

- Unique, anatomical form-fitting shape and thin design for comfort and fit
- Soft, cloth-like inner liner and outer covering for discretion and skin wellness
- Super absorbent polymer locks fluids in the core and helps prevent odor
- Hold-in-place adhesive patch
- Excellent option for post surgery



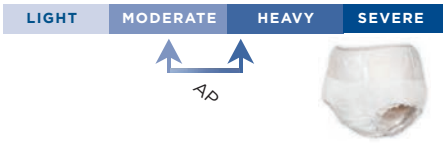
Bladder Control Pads

- Contoured shape for form-fitting comfort
- Soft, cloth-like inner liner AND outer covering for discretion and skin wellness
- Super absorbent polymer lock fluids in the core and helps prevent odor
- Individually wrapped for on-the-go convenience (except LP0600)
- Full-length, secure-fit adhesive peel strip



Underwear

- Cloth-like material for discreet wear
- Breathable, air-flow material for dry, healthy skin
- Stretchable comfort-fit belly and waistband elastics
- Acquisition layer and super absorbent polymer channel and lock fluids in the core and help prevent odor



Shaped Pads

- Leg gathers in contoured shape for leakage protection and form-fitting comfort
- Soft cloth like inner liner and outer covering for comfort discretion and skin wellness
- Triple-tier moisture locking system to promote skin health and manage odor
- Hold in place adhesive patch

Overnight Protective Underwear

- Super Plus Underwear have the same features as Extra but are more absorbent and feature ultimate defense leak-guard leg cuffs

DermaDry™ Briefs

- Air-comfort breathable side panels for healthy skin
- Soft, cloth-like inner AND outer covering for discretion and skin wellness
- Triple-tier moisture locking system to promote skin health and manage odor
- Soft and flexible Secure Tabs® fasten anywhere for precise fit

Overnight Breathable Briefs

- These briefs have the same features as above, but contain additional super absorbent polymer and cellulose fibers for extra absorbency

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ATTENDS® BRIEF COLOR CODES

SMALL BRIEF: GREEN

ABBREVIATION: SB

EXTRA LARGE: BEIGE
ABBREVIATION: XLB

DERMADRY™ STRETCH L/XL
ABBREVIATION: DDSLXL

MEDIUM BRIEF: WHITE

ABBREVIATION: MB

2XL LARGE: GREEN

ABBREVIATION: XXLB

REGULAR BRIEF: LAVENDER
ABBREVIATION: RB

DERMADRY™ STRETCH M/R
ABBREVIATION: DDSMR

BARIATRIC BRIEF: BEIGE

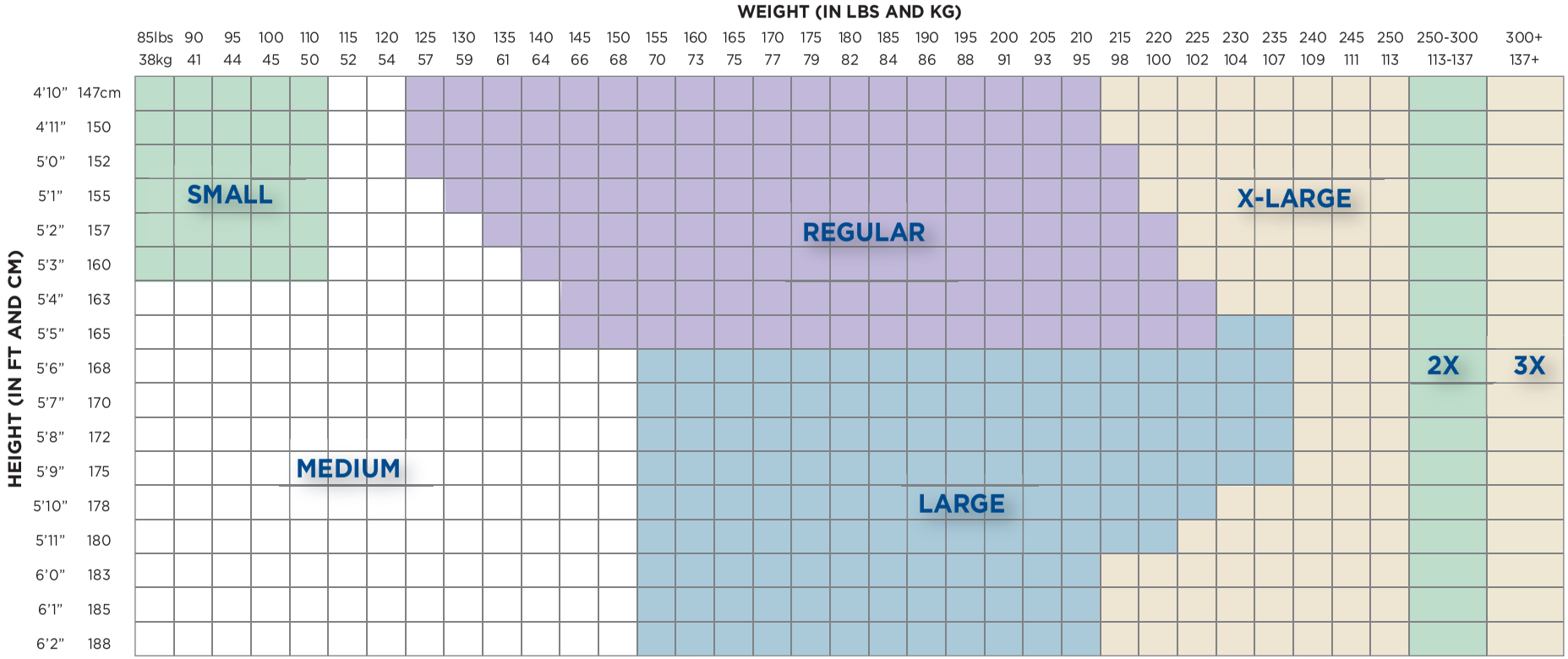
ABBREVIATION: XXXLB

LARGE BRIEF: BLUE

ABBREVIATION: LB

Attends® Briefs Sizing Guide

Choose the right brief quickly and easily! Find the user's height and weight below to see what size is recommended. If you have any questions about sizing or Attends® products, call our Customer Care Center at **1.800.4.Attends (1.800.428.8363)**.



Sizing is not a perfect science, therefore the sizes provided in this guide are only recommendations, not guaranteed. Please call our Customer Care Center at **1.800.4.ATTENDS (1.800.428.8363)** if you have any additional questions.

Checklist:

- Determine the proper size using the **Sizing Guide** above.
- Pull tape tabs on each side of the panel to open brief.
- Have you washed your hands thoroughly and put on protective gloves?
- Have you provided privacy for the resident?

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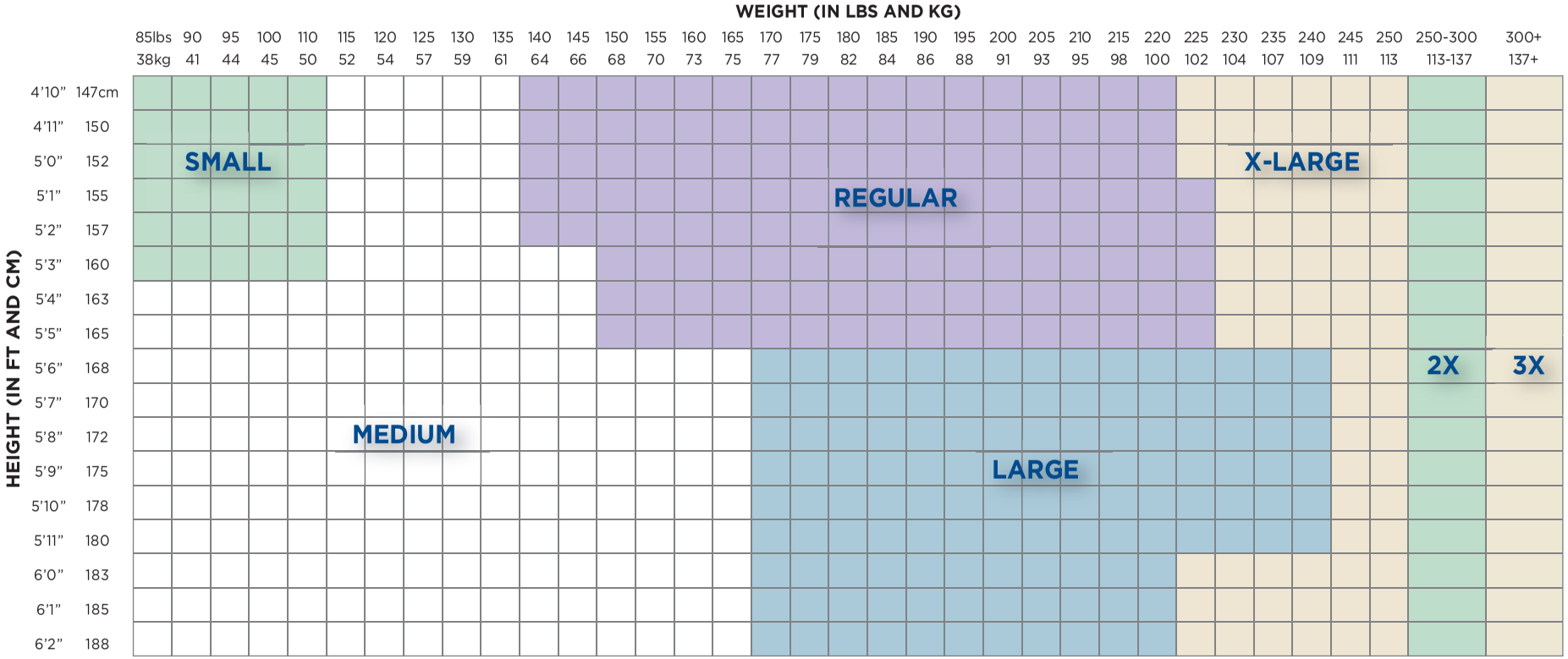
Attends® DermaDry™ Briefs Sizing Guide

Choose the right brief quickly and easily! Find the user's height and weight below to see what size is recommended. If you have any questions about sizing or Attends® products, call our Customer Care Center at **1.800.4.Attends (1.800.428.8363)**.



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Checklist:

- Determine the proper size using the **Sizing Guide** above.
- Pull tape tabs on each side of the panel to open brief.
- Have you washed your hands thoroughly and put on protective gloves?
- Have you provided privacy for the resident?

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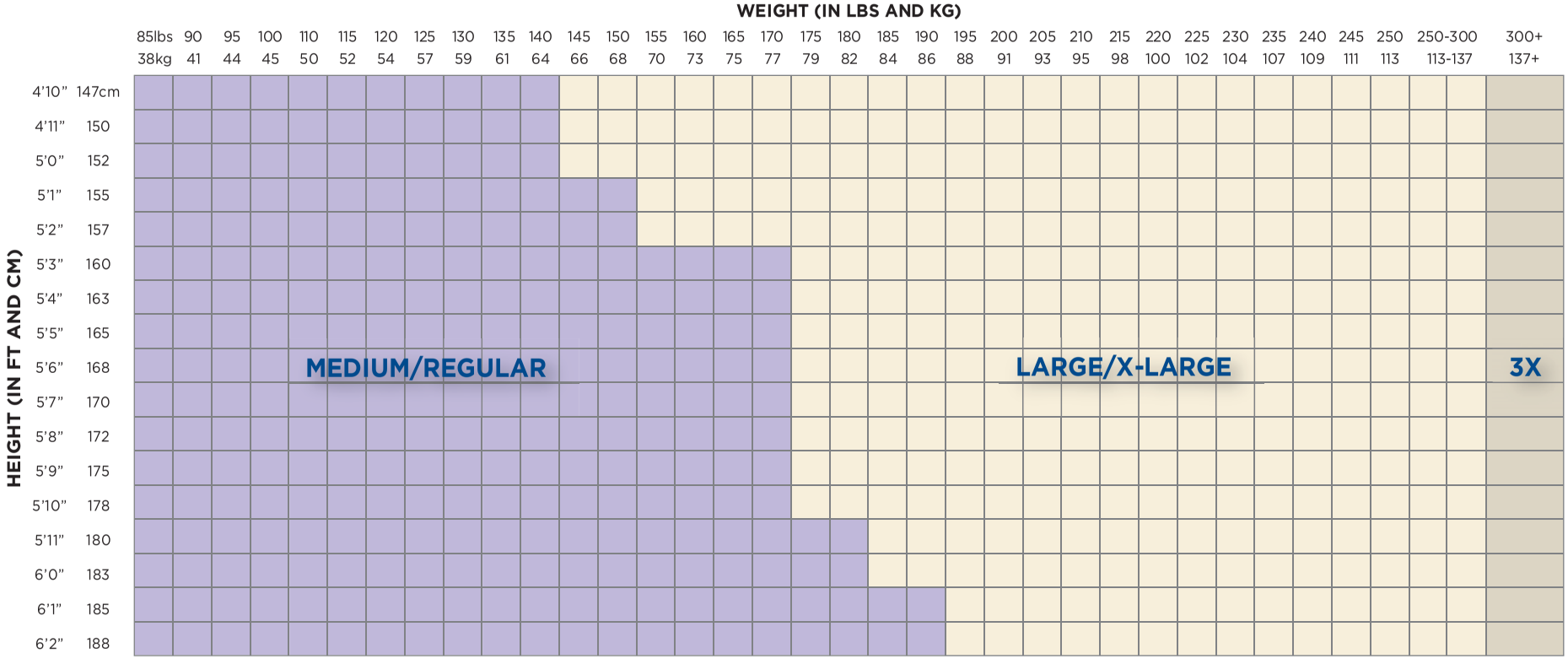
Attends® DermaDry™ Stretch Briefs Sizing Guide

Choose the right brief quickly and easily! Find the user's height and weight below to see what size is recommended. If you have any questions about sizing or Attends® products, call our Customer Care Center at **1.800.4.Attends (1.800.428.8363)**.



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- Pull tape tabs on each side of the panel to open brief.
- Have you washed your hands thoroughly and put on protective gloves?
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PRODUCT CHANGE REQUEST FORM

This form is to be used as an internal communication tool notifying the Incontinence Manager of a request for a product change for a specific resident.

- Any product change requires a completed change request, including size change.
- Completed request needs to be signed by the person making the request, approved and returned to Incontinence Manager so order may be adjusted.
- Ensure change is documented on incontinence forms used throughout the facility.

Resident's Name: _____ **Room#** _____

Reason for change: _____

_____

_____

Product change requested: _____

_____

_____

Change requested by: _____ **Date:** _____

Approved by: _____ **Date:** _____

Care Plan updated: _____

Resident list updated: _____

QM Guide - 2

STAFF EDUCATION

QM Guide - 2

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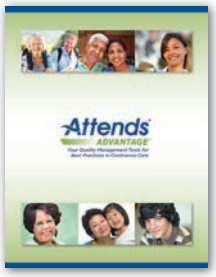
NEW EMPLOYEE ORIENTATION

Staff development guidelines:

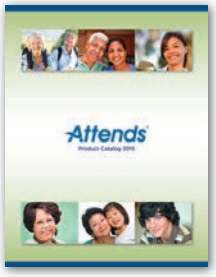
- Introduction of Attends® products can be incorporated into your existing new employee orientation.
- This guideline can be used with existing employees to conduct an in-service as a "refresher" course.
- The time allotted should be approximately 1/2 hour.

You will need the following tools/resources:



❑ **Attends® Advantage™**
This will be your teaching resource and you can refer to designated sections within the manual.

❑ **Product Samples:**
A sample of each Attends product that you are currently using in the facility (bladder control pads, underwear, adult briefs, underpads, etc.)



❑ **Tools and Forms Samples:**
- Getting Started Guide
- Product Selection Guide
- Sizing Guide
- Competency Check List
- In Service Learning Objectives
- In Service Quiz

Attends® ADVANTAGE™
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STAFF DEVELOPMENT CHECKLIST

What your staff needs to know about Attends®:

- ❑ Inform your staff that you utilize Attends® disposable incontinence products because of the quality, performance and benefits for resident comfort, dignity and leakage protection.
- ❑ Show your staff a sample of each incontinent product that your facility utilizes. Remember to include all types **NOT JUST BRIEFS**.
- ❑ Review with your staff who in your facility determines the right type of product, size and that there is a process for this utilizing the Attends® Product Selection Guide.
- ❑ Refer to the sizing guide.
- ❑ Emphasize with your staff that bigger is NOT better.
- ❑ Remember if the product does not fit it may cause: leakage, discomfort, dignity issues and possible skin alterations.
- ❑ Review the proper application of the brief, especially the positioning of the tabs/strips on the briefs and the ability to refasten. Utilize the competency checklist to assess product application.
- ❑ Review with your staff your process of how the products are distributed to the residents.
- ❑ Remind the staff not to borrow from other residents and who they should contact if they do not have the appropriate product or size.

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PRODUCT SIZING & APPLICATION COMPETENCY CHECKLIST

After receiving in-service training on the Attends® Incontinence Products, the caregiver should be able to perform the following procedures:

Attends Product Selection and Sizing		
The Caregiver:	**Yes**	**No**
1. Selects the correct product based on Attends Product Selection Guide.		
2. Demonstrates how to navigate the Brief Sizing Guide to determine correct brief sizing.		
3. Identifies the correct color brief from sizing guide.		
4. Identifies resident outcomes from correct product selection.		

Brief Application		
The Caregiver:	**Yes**	**No**
1. Opens brief completely - unfolding side panels.		
2. Positions resident on side.		
3. Positions brief folded in half lengthwise. Align top of brief change indicator w/ tip of coccyx.		
4. Rolls resident to center of brief.		
5. Ropes brief to turn out leg gathers, stretches brief out and up over abdomen.		
6. Positions leg gathers into groin fold by gently moving inner thigh down, out of the way, and checks that edges of leg gathers remain turned outward.		
7. Smooths front panels against abdomen and, fastens tape tabs.		
8. Observes the following for proper fit a) Tape tabs near hipbone, not in middle, equal amounts of product on each side. b) Brief is snug against perineum, fitting resident like underwear. c) No gaps in back of brief.		

Attends Pad and Pant Application		
The Caregiver:	**Yes**	**No**
1. Selects correct size pant.		
2. Ensures shaped pad is placed inside pant, against perineum, colored back sheet facing out.		
3. Ensures shaped pad is smooth, slightly higher in back than front, affix adhesive patch.		
4. Ensures pant is securely in place, thigh folds gently pulled down, leg gathers turned out.		

Change / Peri-Care Protocol		
The Caregiver:	**Yes**	**No**
1. Demonstrates understanding of facility protocol on incontinence check and change and how it relates to the Attends product. (i.e. change indicator).		
2. Demonstrates facility protocol for hand washing, gloving.		
3. Understands the importance of cleansing all areas where an incontinence product has skin contact, per facility protocol.		
4. Disposes of soiled product, per facility policy, not in resident's room.		

Trainer and employee signatures indicate successful return demonstration of all above criteria.

Employee:	Date:
Trainer:	Date:

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IN-SERVICE LEARNING OBJECTIVES

At the end of this presentation the participant will be able to:

1. Select appropriate incontinent product based on continence assessment.
2. Determine appropriate sizing of brief.
3. Discuss proper application of product.
4. List benefits of correct sizing to resident, staff, facility.
5. Identify tools for problem solving using Best Practices Product Solutions (refer to page 35).
6. Understand and perform perineal care according to facility protocol.
7. Understand change protocol and use of wetness indicator.
8. Define proper disposal of soiled incontinence products.

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IN-SERVICE QUIZ - Choose the best answer to each Question

1. Incontinence is?

a. Inability to control urination or bowel movements
b. Natural part of the aging process
c. An illness
d. None of the above

2. Incontinence can lead to?

a. Personal embarrassment
b. Isolation
c. Serious skin problems
d. All of the above

3. Skin that is soiled or continuously wet is?

a. More easily attacked by bacteria or fecal enzymes
b. More sensitive to abrasion
c. At greater risk for rashes, infection and skin breakdown
d. All of the above

4. One of the most serious skin problems associated with incontinence when combined with pressure and immobility is?

a. Pressure ulcers
b. Itching
c. Dry skin
d. Rash

5. Absorbent products should be changed?

a. Once a shift
b. Every two hours
c. When the wetness indicator has changed color, per facility policy, or when the resident has had a bowel movement
d. Only if the brief is totally saturated

6. Proper sizing of disposable briefs?

a. Promotes resident dignity
b. Decreases leakage
c. Assist in maintaining skin integrity
d. All of the above

7. An important part of peri-care is?

a. Washing from front to back
b. Washing from clean to dirty (least soiled to most soiled)
c. Including peri-care as part of every incontinence change
d. All of the above

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IN-SERVICE QUIZ - Answers

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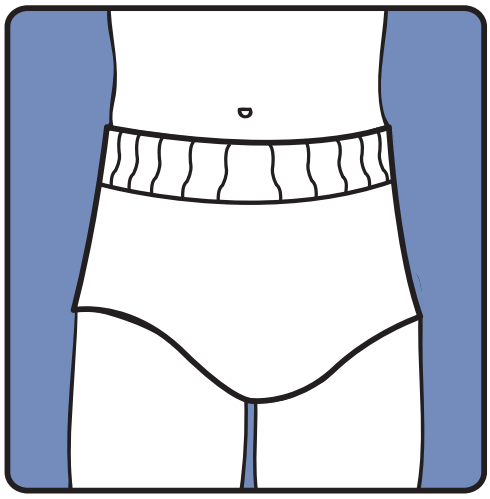
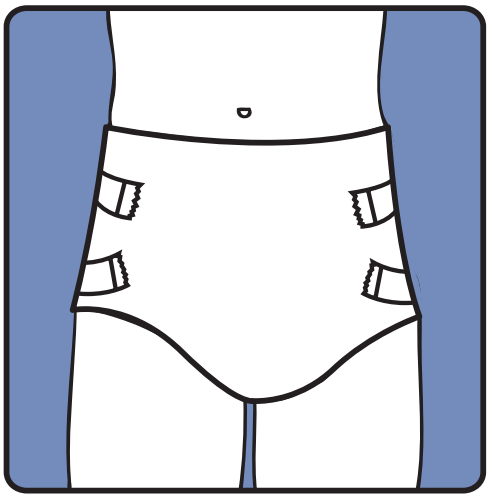
Try the "Would You Wear It?" Test

Does is look and fit like a pair of underwear?

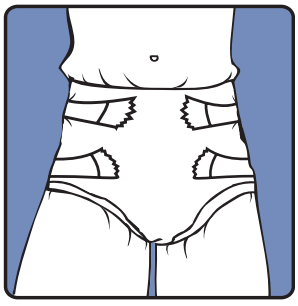


Underwear

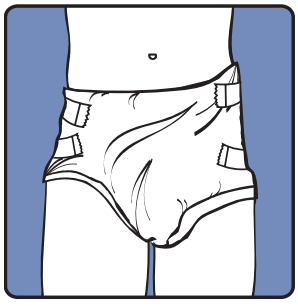


Briefs

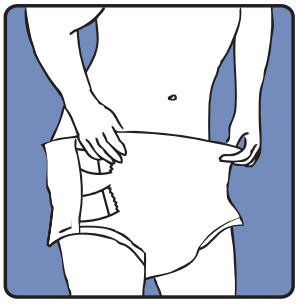
Does it fit correctly?



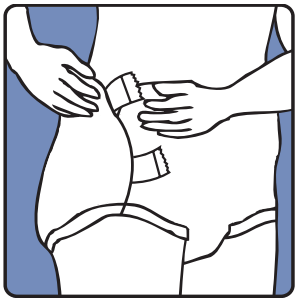
Is it too tight?



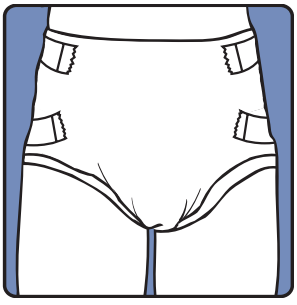
Does it shift or bunch?



Is it too loose?



How much overlap is there on each side?



How does it fit around the legs?

QM Guide - 3

ATTENDS® BEST PRACTICES

QM Guide - 3

Attends® ADVANTAGE™

Your Quality Management Tools for Best Practices in Continence Care

ATTENDS® BEST PRACTICES

Attends® is a pioneer in providing quality products with a singular focus on incontinence care for more than 30 years. Throughout the years we have developed best practices that have become industry standards that can assist your facility in achieving clinical, operational, and financial outcomes.

Although we recommend implementation of our Best Practices for optimal outcomes, we recognize that each facility has different needs and the Attends Clinical Staff can work with your facility to assess your requirements and implement programs based on your individualized needs.

Attends® Best Practices Include:

- Attends© Underwear
- Best Practices for DermaDry™ XXL & XXXL (Bariatric)
- Best Practices for DermaDry™ Brief
- Improved Sleep Hygiene
- Eliminate Double Padding
- Brief Application
- Pad Application
- Product Change & Disposal
- Problem Solving
- Quality Monitoring

Attends® ADVANTAGE™

Your Quality Management Tools for Best Practices in Continence Care

BEST PRACTICES
ATTENDS® UNDERWEAR

New Attends® Underwear — our most technologically advanced underwear, softer, drier, and more absorbent than ever before — is designed for light to moderate incontinent residents who toilet independently. Worn under clothing like regular underwear, they provide an alternative to briefs for more active residents. The goal is to continue independence as long as possible.

- Longer, wider high performance core channels and locks fluid away for coverage, absorption, protection and odor control.
- Soft cloth-like breathable fabric allows sweat, moisture to evaporate, promotes dryness and skin wellness.
- Shaped, contoured design for a comfortable fit with superior leakage protection.
- Tear away sides make removal fast and easy.

Attends® Underwear is appropriate if:

- Resident is ambulatory.
- Resident needs one to two per 24 hours.
- Resident can successfully toilet self during the day and night safely and independently or with minimal assistance.

Smart Design | Premium Softness | Comfortable Fit | Odor Control | Breathable Fabric | Rapid Lock™ Dual Core | Advanced Leakage Protection

Better Outcomes Start Here

Attends® ADVANTAGE™

Your Quality Management Tools for Best Practices in Continence Care

New! SOFTER • DRIER • MORE ABSORBENT

BEST PRACTICES DERMADRY™ BARIATRIC XXL and XXXL BRIEFS

Obesity is a growing medical concern of pandemic proportions in North America. Approximately one-third of adult Americans are obese, and the numbers are growing. This weight can cause excessive pressure on the bladder, often resulting in incontinence for obese individuals. Skin wellness is also of concern, especially for individuals who are sedentary for extended periods. To address this growing issue, we proudly introduced Attends® DermaDry™ Bariatric.

- Flexible and soft stretch panels for a secure, individualized and comfortable fit up to 94 inches*.
- Innovative design provides for ultimate performance and fit while remaining both economically and environmentally sustainable.
- High performance, multi-layer core stays dry and maintains integrity through multiple voids.
- Breathable fabric with superior softness delivers comfort and skin wellness.
- Interior leg cuffs offer additional leakage barrier protection.

** Only DermaDry™ XXXL Brief features stretch. DermaDry™ XXL Brief does not include the stretch attribute.*

DermaDry™ XXL Brief Criteria:

- The typical weight of this resident is greater than 250 lbs.
- The brief should be placed directly in the designated resident's room.
- The brief should not be stored in a central closet.

DermaDry™ XXXL Brief Criteria:

- The typical weight of the resident is greater than 300 lbs.
- The brief should be placed directly in the designated resident's room.
- The brief should not be stored in a central closet.
- Approval of the brief should be done by the Director of Nursing or the appropriate facility designee.

Smart Design · Premium Softness · Comfortable Fit · Odor Control · Breathable Fabric · Rapid Lock™ Dual Core · Advanced Leakage Protection

Attends® ADVANTAGE™
Your Quality Management Tools for Best Practices in Continence Care

BEST PRACTICES FOR IMPROVED SLEEP HYGIENE

Use of Attends® (Maximum Absorbency) Incontinence Products for nighttime incontinence:

1. Reduces changes of heavily incontinent residents.
2. Reduces disturbances of residents at night to increase hours of sleep.
3. Improves sleep deprivation.
4. Maintains skin integrity.
5. Reduces risk of falls.

Recommendations for promoting sleep hygiene and use of Attends® (Maximum Absorbency) incontinence products should include:

- Development of an individualized plan of care for nighttime incontinence.
  See Nighttime Incontinence Protocol Assessment and Toileting Plan (refer to page 28).
- Peri-care to be done with every brief change.
  If a bowel movement has occurred, please change the brief immediately.
- Residents with nighttime incontinence who are prone to skin breakdown need to be repositioned every two hours or as per facility protocol or individualized plan of care.
- Reduce nighttime noise and light in the resident's room.

Attends® ADVANTAGE™
Your Quality Management Tools for Best Practices in Continence Care

NIGHTTIME INCONTINENCE PROTOCOL ASSESSMENT AND TOILETING PLAN

This form will help give some direction in developing an individualized nighttime approach. Check the correct answer for the following questions:

1. Turns?	Independent_____	With Assistance_____
2. Uses call light?	Yes_____	No_____
3. At risk for pressure ulcers?	Yes_____	No_____
4. Fall risk?	Yes_____	No_____
5. Normal nighttime voiding pattern taken from bladder diary:		
• Incontinent	Yes_____ times per night	No_____
• Toilets independently	Yes_____ times per night	No_____
• Toilets with assistance	Yes_____	times per night No_____
• Incontinent product changed	Yes_____	times per night No_____

Based on the information above please choose a Nighttime Incontinence Management plan:

1. _____ Toilet every _____hours.
2. _____ Check and change every _____hours.
3. _____ Resident is independent in nighttime continence management.
4. _____ Other _____

Signature_____
Date_____

Print Name_____

Attends® ADVANTAGE™
Your Quality Management Tools for Best Practices in Continence Care

BEST PRACTICES FOR MANAGEMENT OF FECAL INCONTINENCE

SUPPORTIVE DATA:

Fecal incontinence (FI) is the involuntary passing of solid or liquid stool or mucus from the rectum. It affects more than 70% of adults age 70 and older. At least half of all nursing home residents and 83% of residents with severe cognitive impairment have experienced FI. It may occur as the result of injury to nerves or other structures involved in normal defecation, or as the result of disease processes that alter normal function. Normal aging causes changes in the intestinal muscles which may contribute to bowel incontinence. When a person loses the ability to reach the toilet in a timely manner due to loss of mobility, functional incontinence may occur. Chronic constipation causing fecal impactions may cause involuntary leakage of stool.

MANAGEMENT GOALS:

- ❑ Reestablishment of continent bowel elimination pattern.
- ❑ Prevent incontinent episodes.
- ❑ Preservation of self-esteem and dignity, and improve quality of life.
- ❑ Maintain skin integrity.

EXPECTED OUTCOMES:

- ❑ Resident is continent of stool or has decreased episodes of fecal incontinence.
- ❑ Resident or family verbalizes understanding for consideration of well-being and preservation of dignity.

INSTITUTE BEST PRACTICES FOR BOWEL MANAGEMENT

- ❑ Encourage bowel elimination at the same time every day.
- ❑ Recommend after breakfast as gastrocolic reflex is stimulated by food and fluid.
- ❑ Provide a warm drink to stimulate the colon.
- ❑ Massage abdomen to induce gastrocolic reflex.
- ❑ Provide privacy and allow 20-30 minutes for evacuation.
- ❑ Place resident in correct upright position with feet flat on floor.
- ❑ Provide Attends® briefs.
  Underwear with inner leg barriers if disposable protection is necessary.

EVALUATE PROGRAM

When evaluating effectiveness of a bowel management program consider the following:

- ❑ Stool should be soft and well formed.
- ❑ Bowel movements should be regular.
- ❑ Bowel movements should not be painful or stressful.
- ❑ Continuously monitor resident's progress based on expected outcomes. Redefine goals as appropriate.

REFERENCES

Fecal Incontinence – ICS Fact Sheet July 2013.
NIH Health Information – Fecal Incontinence NIH Publication No. 13-4866 December 2012.
Newman Diane. Restorative Therapy Program http://www.seekwellness.com/PDFs/ce/abb-monograph.pdf

Attends® ADVANTAGE™
Your Quality Management Tools for Best Practices in Continence Care

BEST PRACTICES ELIMINATE DOUBLE PADDING

Double padding is not only expensive but also not recommended for clinical reasons. It can cause pressure sores, heat rashes and skin irritation and should therefore be avoided. The use of several continence care products together does not improve the products' leakage protection.

- **Individualized Product -** Attends Product Selection Guide will address each residents individual incontinence needs, eliminating the need for "double padding". Using just one continence care product at a time is sufficient for optimal protection. As there is such a large selection of product types and absorbency levels, an accurate assessment and the choice of the correct pad or brief will provide the correct product for individual needs.

- **Reevaluate Product Selection and Resident Continence Status -** There may have been a change in resident condition or level of continence that warrants increased absorbency.

- **Underpads -** When using an underpad, only one should be used. Subsequent pads overlap and pose wrinkling issues and potential pressure from overlapped edges which could potentially cause pressure ulcers.

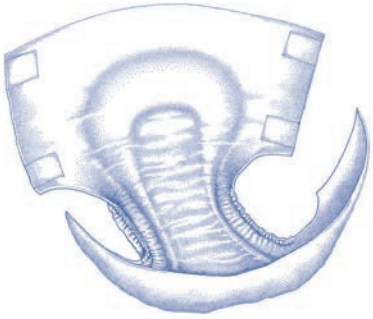
- **Briefs -** When two briefs are applied, or a pad is placed inside a brief, the urine will stay within the brief that is closest to the body and therefore the wetness indicator on the outside brief will not activate, not signaling signaling to the caregiver the need to change product. Additionally, any overflow of urine could leak from the sides of brief causing moisture on skin and potential moisture related skin issues.

- **Underwear -** Often a resident will request a bladder control pad inside of Protective Underwear because they do not have reusable underwear. Provide the resident with reusable underwear as appropriate.

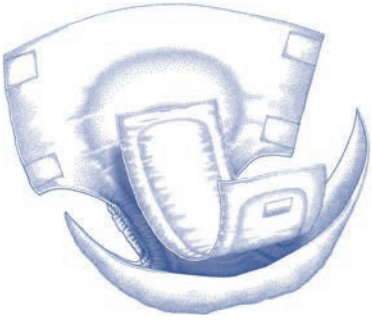
- **Discuss and Document -** Double padding is often done at the request of resident or family. A discussion with the resident/family should outline why the product was chosen and why double padding is detrimental to resident. If the resident/family member is still insistent, document in care plan.

- **Educate Staff, Resident and Family -** Continuously educate on the benefits of individualized product selection and the potential risks of double padding.

Correct



Incorrect



Attends® ADVANTAGE™
Your Quality Management Tools for Best Practices in Continence Care

Attends® Application Guide — Briefs

- **Wetness indicator** will change color when the brief is voided in. Change according to facility policy.
- Dispose of soiled product according to facility policy.

Checklist:

- Determine the proper size using the **Attends® Brief Sizing Guide**.
  M = 32" - 44" waist
  R = 44" - 56" waist
  L = 44" - 58" waist
  XL = 58" - 63" waist
  XXL = 63" - 70" waist
  XXXL Bariatric = 70" - 100" waist
- Have you washed your hands thoroughly and put on protective gloves?
- Have you provided privacy for the resident?

In-Bed Application

1. Fully open brief. Roll resident to one side. Position soft side of clean brief against skin. Align top of wetness indicator to resident's coccyx to ensure correct alignment.

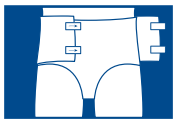
2. Pull brief up between the resident's legs with pad snug against perineum. Smooth side panels across resident's hips. The front/back of the brief should be even at the waist. Gently move excess skin while positioning leg gathers in natural crease of groin.

3. Fasten tape tabs. Adjust panels as necessary for a comfortable, secure fit.

Standing Application

1. Fully open brief. Fold brief in half lengthwise and place between legs with inner lining against skin.

2. Open and lift back of brief so top of the wetness indicator aligns with resident's coccyx. Pull front of brief up between resident's legs, with pad snug against perineum. Smooth side panels across resident's hips. Front/back of brief should be even at the waist. Gently move excess skin while positioning leg gathers in natural crease of groin.



3. Fasten tape tabs. Adjust panels as necessary for a comfortable, secure fit.

Seated - Wheelchair Application

1. Help resident stand, making sure they are stable.
2. Place brief on the seat, so the resident will sit in the center of brief, positioning the inner lining of the brief against skin.
3. Sit resident down, making sure to align top of wetness indicator to resident's coccyx.
4. Proceed with Steps 2-3 (above) from the **In-Bed Application**.

Attends® ADVANTAGE™
Your Quality Management Tools for Best Practices in Continence Care

Attends® Application Guide — Stretch Briefs

- Interior Leg cuffs provide **Advanced Leakage Protection**. Always face the leg gathers toward the outside and assure they rest in natural crease of groin.
- **Extra-Long Secure Tabs** can be fastened and re-fastened anywhere on the brief. They are easy to attach for increased comfort and fit.
- **Wetness indicator** will change color when the brief is voided in. Change according to facility policy.
- Dispose of soiled product according to facility policy.

Checklist:

- Determine the proper size using the **Attends® Stretch Brief Sizing Guide**.
  M/R = 31" - 52" waist
  L/XL = 40" - 70" waist
- Have you washed your hands thoroughly and put on protective gloves?
- Have you provided privacy for the resident?

In-Bed Application

1. Fully open brief. Roll resident to one side. Position soft side of clean brief against skin. Align top of wetness indicator to resident's coccyx to ensure correct alignment.

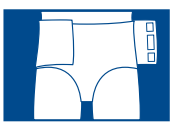
2. Pull brief up between the resident's legs with pad snug against perineum. Smooth side panels across resident's hips. The front/back of the brief should be even at the waist. Gently move excess skin while positioning leg gathers in natural crease of groin.

3. Stretch and secure stretch side panel, first one side, then the other. Adjust panels as necessary for a comfortable, secure fit.

Standing Application

1. Fully open brief. Fold brief in half lengthwise and place between legs with inner lining against skin.

2. Open and lift back of brief so top of the wetness indicator aligns with resident's coccyx. Pull front of brief up between resident's legs, with pad snug against perineum. Smooth side panels across resident's hips. Front/back of brief should be even at the waist. Gently move excess skin while positioning leg gathers in natural crease of groin.



3. Stretch and secure stretch side panel, first one side, then the other. Adjust panels as necessary for a comfortable, secure fit.

Seated - Wheelchair Application

1. Help resident stand, making sure they are stable.
2. Place brief on the seat, so the resident will sit in the center of brief, positioning the inner lining of the brief against skin.
3. Sit resident down, making sure to align top of wetness indicator to resident's coccyx.
4. Proceed with Steps 2-3 (above) from the **In-Bed Application**.

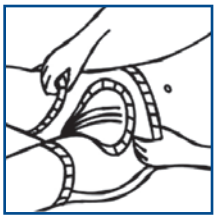
Attends® ADVANTAGE™
Your Quality Management Tools for Best Practices in Continence Care

Attends® Application Guide — Pads

Checklist:

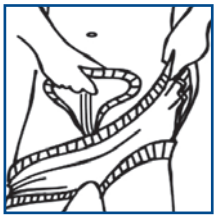
- Determine correct product using the Product Selection Guide.
- Have you washed your hands thoroughly and put on protective gloves?
- Have you provided privacy for the resident?
- When finished make sure only the soft lining is in contact with the resident's skin.
- Dispose of soiled product according to facility policy.

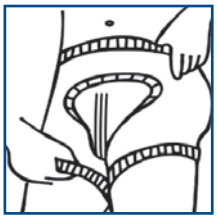
In-Bed Application



1. For the in-bed resident roll resident on their side, and for the standing resident help them stand and make sure they are stable. Pull current **PANT** down to mid-thigh.
2. Gently remove the current soiled **PAD** by pulling the pad from **BEHIND** the resident. Carefully fold the pad and depose of soiled pad according to your facility's policy.
3. Follow your facility's protocol for performing Peri-Care.
4. Before applying the pad, firmly **FOLD** it in half lengthwise. Fold the pad so the colored backsheet is folded against itself, and the soft inner lining is facing outwards.
5. With the pad folded, gently apply the new pad from the front to back between the inner thighs. The narrow part of the pad should be against the abdomen with the wider part going towards the back*. Make sure the leg gathers are in the first crease of the groin area and the pad is against the perineum to prevent leakage and provide comfort. The pad is more effective when it is "body close".
6. Smooth out the front and back of the pad. When properly applied, the back of the pad will be slightly higher than the front. Pull pants up into place by grasping the waistband and pulling them up slightly higher than the resident's waist. Make sure once again that the pad and pant are snug against the perineum. Gently pull down any excess skin from the inner thigh area, making sure the leg gathers on the pad are turned **OUT** and the pad is snug against the perineum. Also **REMOVE** the adhesive tape tab on the back of the pad to ensure it adheres to the pant and does not shift.

Standing Resident:





Wheelchair - Sitting Resident:

1. Help resident stand, making sure they are stable.
2. Perform steps 2 and 3 from above.
3. Place pad on the seat so the person will sit in the center of the pad. Positioning the soft side of the pad against the skin.
4. Sit resident down, making sure to align the top of the indicator to the resident's coccyx.
5. Proceed with steps 5 and 6 from above.

*NOTE: For male residents, the large side of pad may be placed toward the front rather than the back for more targeted absorbency.

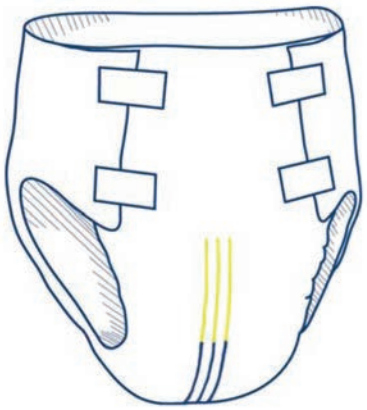
Attends® ADVANTAGE™
Your Quality Management Tools for Best Practices in Continence Care

BEST PRACTICES CHANGE & PRODUCT DISPOSAL

Change Indicator:

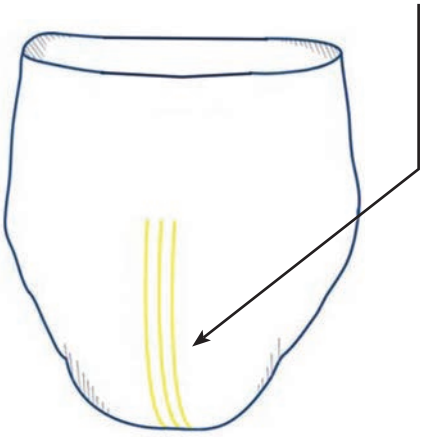
All Attends briefs have a colored change indicator on the outside that runs from the front to the back. Attends Shaped Pads also have a change indicator. The change indicator can help determine when the brief or pad should be changed. It can also assist with proper application. Always follow your facility's guidelines for change and disposal of soiled products.

Changing a Brief or Pad Using the Change Indicator:



- The change indicator turns from yellow to blue when the user has voided.
- The brief or pad should be changed when the change indicator has become activated, based on individual assessments per shift, resident's elimination patterns, or facility protocol.
- A product should always be changed if it is soiled with feces.
- Dispose of the soiled product in a sanitary manner. Roll up a brief into a ball and refasten the tapes to secure it. Place in the plastic garbage bag and remove from resident's room.
- Close or tie off all plastic garbage bags tightly and place in utility room containing soiled products.
- Garbage bags should be removed from the soiled utility room on a regular basis. At least once per 8-hour shift is recommended.

Applying a Brief Using the Change Indicator:

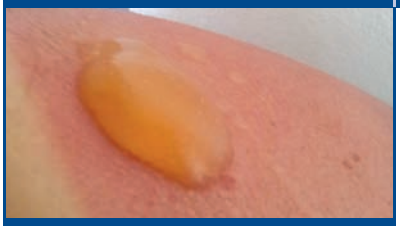
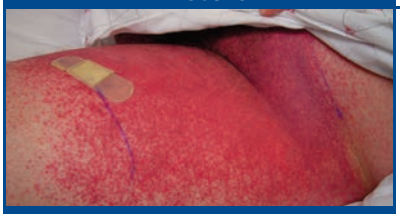
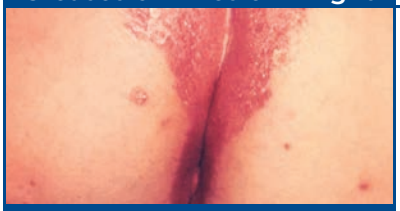
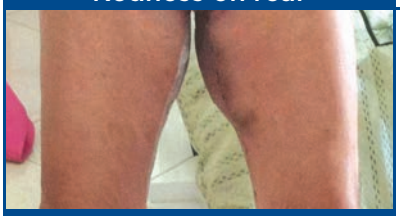


When applying a brief, the change indicator can help a caregiver know how to position the brief correctly. The top of the change indicator on the back side of the brief should be placed at the person's coccyx. This will help center the brief, front to back and side to side.

Attends® ADVANTAGE™

Your Quality Management Tools for Best Practices in Continence Care

BEST PRACTICES PRODUCT SOLUTIONS

PROBLEM:	PROBABLE CAUSE(S):	SOLUTION(S):
 Blisters	• Backsheet turned under • Tape touching skin • Brief applied too tightly	• Make sure backsheet is away from skin • Make sure tape is correctly applied to brief • Check for areas of restriction during application
 Creases or Lines on Thighs	• Leg gathers not fitted in leg creases	• Position leg gathers in crease of groin; make sure leg gathers are turned out with backsheet away from skin
 Redness on rear	• Lack of proper peri-care • Infrequent changes	• Ensure proper peri-care is done with each change • Change brief in a timely manner, when wetness indicator is 3/4 activated or per facility protocol
 Redness on inner thighs	• Thick thighs tightly closed • Poor cleaning/wet brief • Brief is too large; baggy between thighs	• Skin should be kept clean and dry • Check for correct size; leg gathers fitted up in groin
 Wet linen or clothing	• Resident not wearing brief • Brief saturated • Loose fit • Improper size • Incorrect penis position	• Evaluate residents' need for brief • Report to charge nurse • More frequent changes - check every 2 hours; change when wet - especially heavy wetters • Remind staff that a snug fit is necessary for containment • Ensure that brief is correct size: too large a size may leak • Point penis down

PLEASE NOTE: Misapplication or incorrect fit may result in skin problems; however other medical conditions may cause these irritations and a physician should be consulted whenever a skin irritation develops. Attends-related concerns can be quickly resolved with proper nursing judgement and problem-solving techniques.

Attends® ADVANTAGE™
Your Quality Management Tools for Best Practices in Continence Care

BEST PRACTICES QUALITY MONITORING PROGRAM

A Quality Monitoring Program will enable the long term care facility to effectively maintain the Attends® Advantage™ continence program. Program compliance is monitored by periodic clinical rounds to determine proper product selection, sizing and fit, product application, usage and product management.

The facility's Nursing Management should conduct Clinical Rounds frequently at the start of the program, and then on a periodic basis determined by the Director of Nursing. Results from the rounds should be presented to the Director of Nursing and Administration.

Clinical Rounds (Use Quality Monitoring Audit Tool):

1. Select 10 residents at random on each unit and do an unannounced survey.
2. Take caregivers on these rounds. It provides an opportunity to teach correct product usage and product application.
3. Choose residents from several caregiver assignments.
4. Schedule rounds on each unit and on each shift.
5. Record findings.
6. Review results and develop plan to improve results. Provide additional training to staff as needed.

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Your Quality Management Tools for Best Practices in Continence Care

BEST PRACTICES QUALITY MONITORING AUDIT TOOL

Best Practices: Quality Monitoring Audit Tool	Room #	Room #	Room #	Room #	Room #	Room #	Room #	Room #	CORRECT	INCORRECT
BEST PRACTICES-RESIDENT:										
Is the resident wearing the correct product?										
Is the product the correct size?										
Is the product applied correctly?										
Is bed/clothing dry?										
Is skin free of redness?										
Only one product in use on resident?										
BEST PRACTICES-PRODUCT MANAGEMENT:										
Is overnight product stocked/used appropriately?										
Is correct product stocked on floor/resident room?										
Is product stocked in correct sizes?										
Is product stocked in the correct location?										
Is resident list up to date?										
Indicate Y or N for each resident for each objective										
TOTAL # of YES responses under correct#										
TOTAL # of NO responses under incorrect#										

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QUALITY MONITORING REPORT

Facility:	Unit:
Date:	Number of Residents Checked:
Completed by:	

OBJECTIVE	# CORRECT	# OF ERRORS
Correct product: A clinical assessment will identify the incontinence level and the Attends Product Selection Guide will assist in choosing the correct product to meet the residents' individual needs.		
Correct size: A brief that is too large or small can result in resident discomfort. Incorrect size can lead to leakage resulting in dignity issues, skin irritation and increased workload for staff.		
Correct application includes: • Backsheet is not against the skin • Brief is centered on resident • All tapes are fastened at the correct angle • Leg gathers are in natural fold of the groin and face outward • Passes the "would you wear it test"		
Bed and clothing are dry: The correct product, in the correct size and applied correctly, will prevent leakage. The wetness indicator assists staff in determining when to change the product.		
Skin free of redness: Correct application minimizes skin irritation risk. Resident should be properly cleansed after each incontinent episode when changing the product. Avoid use of barrier creams and petroleum-based products that hinder absorption.		
Only one product in use: Using more than one product at a time can result in resident discomfort, as well as increased leakage. This practice increases costs and does not provide additional absorbency.		
Overnight product is stocked/used appropriately: Use of the overnight product should be limited to residents needing additional absorbency based on clinical assessment.		
Correct product stocked on floor/resident room? Proper product stocking helps overall cost and ensures correct products are available.		
Is product stocked in correct sizes? Having the correct product available will provide the resident with the correct size for better fit, comfort, and product performance.		
Is product stocked in correct location? Proper product stocking allows staff to have correct products at all times, preventing waste, and borrowing. It also helps control costs.		
Is resident list up to date? Updated resident lists ensures correct products in the correct size are available for all residents.		

QM Guide - 4

PROMOTING SKIN WELLNESS

QM Guide - 4

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IMPORTANT DO'S & DON'TS FOR PROPER SKIN HEALTH

Do: Make sure you have selected the right size. A brief that is too big will result in leakage.

Do: Make sure that the flexible gathers fit snug into the first crease of the groin. This will greatly reduce the likelihood of leakage.

Do: Make sure the ruffles of the flexible elastic leg gathers are positioned on the outside of the brief to help prevent skin irritation.

Do: Obtain a snug, but not tight fit, when fastening the tapes. This will allow the brief to adjust automatically with body movement.

Do: Remember that a brief should fit just like a pair of underwear. The leg gathers should be in the natural fold of the groin just like the elastic on underwear and fit close to the body.

Do: Change the product when the wetness indicator has been activated, or per facility protocol.

Do: Follow facility protocol for performing Peri-Care.

Do: Make sure you know which product(s) to use on your resident during both hours awake and hours of sleep.

Don't: Use powder, cornstarch or heavy barrier cream that may inhibit the absorption of urine.

Don't: Fold in the side flaps of the brief. Instead, smooth the brief around the hips before fastening.

Don't: Tuck in the waistband. To avoid the likelihood of skin irritation of the short-waisted person, the waistband should be folded out, or consider using a regular brief if appropriate.

Don't: Allow the adhesive surfaces of the tapes to contact the skin.

Don't: Assume "larger" is better.

Don't: Call the brief a "diaper". Please refer to product as brief.

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BEST PRACTICES USE OF BARRIER SPRAYS AND CREAMS

Excessive use of barrier cream can create increased moisture which can cause maceration, as well as decrease absorbency of incontinent products. Always follow guidelines as recommend by facility skin and wound care team and physician orders.

As a precaution the following guidelines are recommended:

- Excessive use of petroleum-based barrier creams[1,3] could decrease effective absorbency of incontinence products. Follow manufacturer recommendations.

- Use a non-blocking formulation — it will not block incontinence pads ensuring pad absorbency is not reduced. Recommend: ***Attends® Barrier Spray Daily Skin Protectant*** and ***Attends® Barrier Spray Advanced Skin Protectant to protect skin.***
  - Convenient, easy-to-apply spray pump bottle — no rubbing, staining[2] or stinging
  - Protects and soothes irritated or damaged skin associated with incontinence
  - Creates a barrier layer to prevent further irritation, rash, redness and itching
  - Dermatologically tested; ideal for sensitive skin; economical to use
  - Will not affect absorbency of incontinence pads or undergarments

  Regular application of skin protectants for patients with incontinence is the standard of care for preventing personal skin injury, secondary to incontinence.[4]

- Remember most barrier creams and sprays are highly concentrated - small amounts can cover a large area of skin. Rule of thumb: since a little barrier spray or cream goes a long way, use sparingly to increase cost effectiveness.

References

1 *According to Hart (2002), petroleum ointments transfer easily from the skin to the absorbent pad, thus compromising the absorbency of the pad and allowing the urine to stay in contact with the skin.*

2 *This feature only applies to Attends® Barrier Spray Daily Skin Protectant. Attends® Barrier Spray Advanced Skin Protectant may cause staining.*

3 *J. George (2007), A Review of Body Worn Pads, Nursing Times, Volume 13(26):45.*

4 *NIX,D, Ermer (2004) a review of Perineal Skin Care Protocol Ostomy Wound Management 50(12):59-67.*

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Your Quality Management Tools for Best Practices in Continence Care

INCONTINENCE-ASSOCIATED DERMATITIS (IAD)

What is IAD?

- Painful skin condition secondary to urinary and fecal incontinence.
- Irritation and inflammation of skin that develops from prolonged exposure to urine or feces.
- 5-43% of LTC residents have IAD / 48-78% are incontinent.[1]
- Part of larger set of conditions known as "Moisture Associated Skin Damage".

What Causes IAD?

- Prolonged exposure to surface irritants such as urine and fecal enzymes create inflammatory response and increase trans-epidermal water loss (TEWL).
- The delicate skin of perineum and scrotum are susceptible to breakdown.

Effects of Urine and Feces on Skin

URINE

- Ammonia in urine raises skin pH, promotes growth of pathogens, disrupts skin acid mantle, alters skins normal flora.
- Moisture on skin can also make skin more susceptible to damage from friction and shear.

FECES

- Greater threat than urine to skin integrity because of bile salts and fecal enzymes.

Risk Factors for IAD

- Urinary / Fecal incontinence
- Frequency of incontinence episodes
- Existing skin condition
- Pain
- Poor skin oxygenation
- Fever
- Compromised mobility

IAD vs Pressure Ulcers (PU)

- Difficult to differentiate pressure ulcers.
- Pressure Ulcers present over bony prominence.
- Stage 1 PU typically presents as localized redness or skin discoloration.
- IAD presents as diffuse redness and discoloration where urine comes in contact with skin.
- Skin damage from IAD starts on the skin surface. Skin damage from PU occurs from inside out.

Prevention through Skin Care

- Primary skin care regimen is one of the most effective methods for prevention of IAD
  - Cleanse
    - No rinse cleaners reduce skin tears and save nursing time.
    - Recommend Attends® washcloths. Pre moistened wipes that contain barrier and protect skin from IAD.
  - Moisturize & Protect
    - Moisturizers help lipid barrier of skin, and provide a natural defense against bacteria.

Moisture Management and Incontinence Products

- Cloth like briefs are breathable and less likely to trap moisture next to skin. Correct sizing and application are important to maximize the benefit of the breathable side panels.
- Consider users level of continence, gender, fit, and ease of use when selecting incontinence products.

IAD is Manageable and Preventable

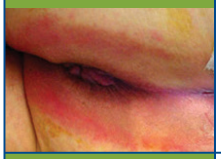
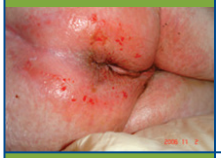
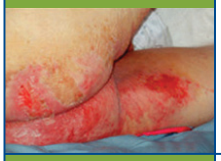
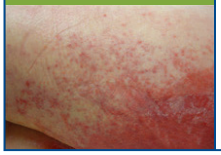
- Education.
- Skin care protocols in place and followed.
- Use of Attends® disposable incontinence products and programs as part of skin care protocol.

1. Junkin J, Slelkof JL., Beyond "diaper rash": incontinence associated dermatatis: does it have you seeing red? Nursing. 2008;38(suppl 11): 56nh156nh10.
Bliss DZ, Savik K, Harms S, Fan Q, Wyman JF, Prevalence and correlates of perineal dermatitis in nursing home residents. Nurs Res. 2006;55(4);243251.

INCONTINENCE-ASSOCIATED DERMATITIS INTERVENTION TOOL (IADIT)

SKIN CARE FOR INCONTINENT PERSONS

1. Cleanse incontinence ASAP and apply barrier.
2. Document condition of skin at least once every shift in nurse's notes.
3. Notify primary care provider when skin injury occurs and collaborate on the plan of care.
4. Consider use of external catheter or fecal collector.
5. Consider short term use of urinary catheter only if necessary.

	DEFINITION	INTERVENTION
HIGH-RISK	Skin is not erythematous or warmer than nearby skin but may show scars or color changes from previous IAD episodes and/or healed pressure ulcer(s). Person not able to adequately care for self or communicate need and is incontinent of liquid stool at least 3 times in 24 hours.	1. Use a disposable barrier cloth containing cleanser, moisturizer and protectant.[2] 2. If barrier cloths not available, use acidic cleanser (6.5 or lower), not soap (soap is to alkaline); cleanse gently (soak for a minute or two - no scrubbing); and apply a protectant (i.e.: dimethicone, liquid skin barrier or petrolatum). 3. If briefs or underpads are used, allow skin to be exposed to air. Use containment briefs only for sitting in chair or ambulating - not while in bed. 4. Manage the cause of incontinence: a) Determine why the patient is incontinent. Check for urinary tract infection, b) Consider timed toileting or a bladder or bowel program, c) Refer to incontinence specialist if no success.[3]
EARLY IAD 	Skin exposed to stool and/or urine is dry, intact, and not blistered, but is pink or red with diffuse (not sharply defined), often irregular borders. In darker skin tones, it might be more difficult to visualize color changes (white or yellow color) and palpation may be more useful. Palpation may reveal a warmer temperature compared to skin not exposed. People with adequate sensation and the ability to communicate may complain of burning, stinging, or other pain.	
MODERATE IAD 	Affected skin is bright or angry red - in darker skin tones, it may appear white or yellow. Skin usually appears shiny and moist with weeping or pinpoint areas of bleeding. Raised areas or small blisters may be noted. Small areas of skin loss (dime size) if any. This is painful whether or not the person can communicate the pain.	**Include treatments from box above plus:** 5. Consider applying a zinc oxide-based product for weepy or bleeding areas 3 times a day and whenever stooling occurs. 6. Apply the ointment to a non-adherent dressing (such as anorectal dressing for cleft, Telfa for flat areas, or ABD pad for larger areas) and gently place on injured skin to avoid rubbing. Do not use tape or other adhesive dressings. 7. If using zinc oxide paste, do not scrub the paste completely off with the next cleaning. Gently soak stool off top then apply new paste covered dressing to area. 8. If denuded areas remain to be healed after inflammation is reduced, consider BTC ointment (balsam of peru, trypsin, caster oil) but remember balsam of peru is pro-inflammatory. 9. Consult WOCN if available.
SEVERE IAD 	Affected skin is red with areas of denudement (partial thickness skin loss) and oozing/bleeding. In dark skinned patients, the skin tones may be white or yellow. Skin layers may be stripped off as the oozing protein is sticky and adheres to any dry surface.	**Include treatments from box above plus:** 10. Position the person semiprone BID to expose affected skin to air. 11. Consider treatments that reduce moisture: low air loss mattress/overlay, more frequent turning, astringents such as Domeboro soaks. 12. Consider the air flow type underpads (without plastic backing).
FUNGAL APPEARING RASH 	This may occur in addition to any level of IAD skin injury. Usually spots are noted near edges of red areas (white or yellow areas in dark skinned patients) that may appear as pimples or just flat red (white or yellow) spots. Person may report itching which may be intense.	Ask primary care provider to order an anti-fungal powder or ointment. Avoid creams in the case of IAD because they add moisture to a moisture damaged area (main ingredient is water). 1. If using powder, lightly dust powder to affected areas. Seal with ointment or liquid skin barrier to prevent caking. 2. Continue the treatments based on the level of IAD. 3. Assess for thrush (oral fungal infection) and ask for treatment if present. 4. For women with fungal rash, ask health care provider to evaluate for vaginal fungal infection and ask for treatment if needed. 5. Assess skin folds, including under breast, under pannus, and in groin. 6. If no improvement, culture area for possible bacterial infection.

1. Bliss DZ, Zehrer C, Savik K, et all. Incontinence-Associated Skin Damage in Nursing Home Residents: A Secondary Analysis of a Prospective, Multicenter Study. Ost/Wound Mgmt. 2006;52:46-55
2. Institute for Healthcare Improvement. Prevent Pressure Ulcers: How-To Guide. May 2007. Available at: http://www.ihi.org/nr/rdonlyres/5ababb51-93b3-4d88-ae19-be88b7d96858/0/pressureulcerhowtoguide.doc, accessed 1-/21/07
3. Gray M, Bliss DB, Ermer-Seltun J, et al. Incontinence-Associated Dermatitis: A Consensus. JWOCN. 2007;34:45-54.

Do Not Flush These Wipes!

NEW
Soothing
Soft
Cream™

Great for care, but not for flushing

- Soothing Soft Cream calms chaffed and irritated skin by leaving behind a layer of moisturizer
- pH-balanced cleansing formula with aloe and vitamin E helps prevent irritation
- Attends® washcloths are produced with 100% wind energy and contain pure glacial artesian aquifer water
- Hypoallergenic for sensitive skin
- Available unscented
- No rinsing necessary
- Soft pack with reclosable lid

QM Guide - 5

RESTORATIVE NURSING

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RESTORATIVE NURSING

Restorative techniques are not new and have been taught in nursing schools and caregiver training for many decades. Restorative measures are integrated into routine nursing care and become part of the plan of care. Restorative nursing is based on a belief in the dignity and worth of each individual, moving away from stereotyping or labeling a person by injury, age or diagnosis.

The Goals of Restorative Nursing:

- To return or maintain an individual to their highest practicable physical, mental and psychological functional level and well-being.
- Utilizing the skills and expertise of each discipline to plan, implement and facilitate all pathways for the best individual outcomes.
- For some residents this means being discharged home or maintaining as much independence as possible.

Instituting an individualized, effective program means a program will be implemented to assure an individual will not deteriorate or diminish unless circumstances, such as a progressive deteriorating condition, makes the decline unavoidable.

Reference:

Yvonne Russell RN
Long Term Care Nursing Coalition of Mississippi-1stTeleconference
Restorative Nursing

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SAMPLE PROTOCOL

A GUIDE TO INDIVIDUAL BLADDER AND BOWEL MANAGEMENT IN LONG TERM CARE

INTRODUCTION:

The MDS RAI Users Manual identifies and defines four methods of managing incontinence.

1. Bladder rehabilitation/bladder training
2. Prompted Voiding
3. Habit training/scheduled voiding
4. Check and Change

Section H — An individualized approach to reducing episodes of incontinence (or wetness). Collection of data is an excellent place to begin as it provides information to help caregivers identify patterns and personal habits as well as responses to treatment.

3 COMPONENTS OF URINARY TOILETING PROGRAM:

- Trial of toileting program
- Response to Trial Toileting Program
- Current Toileting Program – Documentation in Medical record that shows that the following requirements are met:
  - Implementation of plan based on assessment of residents voiding pattern
  - Evidence that individualized program was communicated to staff and resident verbally and through a care plan, progress notes, flow records and written report
  - Documentation of resident response to program and additional evaluations noted

POLICY: Individualized programs will be provided to residents who are incontinent of bladder and bowel to prevent urinary tract infections and to restore as much normal function as possible

RESPONSIBILITY: Licensed nurses and caregivers

INFECTION CONTROL: Standard precautions

PURPOSE: To restore incontinent residents to the fullest capacity of which they are capable

PROCEDURE: General Guidelines

1. A bladder and bowel screen completed on admission, quarterly and any time there are significant changes warranting re-assessment.
2. The Caregiver staff will complete a 3-7 day Bladder and Bowel assessment form on all residents identified as candidates for toileting or bowel and/or bladder retraining program.
3. Licensed nursing staff will be responsible for supervision of Caregiver staff as well as validation of completed assessment forms.
4. Only 1-2 residents on each unit should be in a retraining program at one time.
5. Encourage the resident to drink at least 1500cc of fluids if not on a fluid restriction program.
6. Encourage the resident to toilet at the same time daily (examples).
   a. Every 2-3 hours using specific times based on individual patterns
   b. Upon waking
   c. Before each meals
   d. After each meal
   e. After a nap
   f. Before activities
   g. Before bedtime
7. Provide resident as much privacy as possible.
8. Encourage resident to empty bladder completely at each void.
9. Residents on a retraining program need to be continually encouraged to remain on the training program.

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BLADDER & BOWEL TRAINING PROGRAM

SAMPLE PROTOCOL

PROGRAM LEVELS:

BLADDER/BOWEL RETRAINING

This level requires the ability of the resident to understand, and fully participate and cooperate in the program. The resident must be motivated to achieve goals. Bladder retraining is used to treat urge incontinence.

1. Individual resident toileting pattern will be observed and documented on the Bladder and Bowel Diary for 3-7 days.
2. Hydration will be assessed by dietician, primary care staff and resident based on preferences and habits. Fluid plans per dietician recommendations based on the weight, size and medical condition of the resident.
3. A scheduled delayed voiding will be developed by nursing and the resident based on the diary patterns. The preferred delay time is 15-30 minutes after established voiding times.
4. Resident is encouraged to delay or inhibit urge to void until scheduled voiding time. Distractions may be used to assist in delaying the urge to urinate. Examples might be conversation or mental activities.
5. Licensed nursing staff will document progress, regress and adjustments along with final outcome to the individualized program.
6. If this level is unsuccessful, the resident will be included in one of the other programs to address his/her individualized needs and this will be care planned.

PROMPTED VOIDING/BOWEL ELIMINATION: TOILETING PROGRAM

This level is recommended for the resident that is dependent or cognitively impaired. Prompted voiding is used to treat functional incontinence. It trains a caregiver to prompt the incontinent person to urinate. The intention is to decrease the chance of accidents by making the incontinent person aware of the need to urinate periodically. Prompted voiding is usually used in combination with habit training/ scheduled voiding for people who are insufficiently aware of their bodily functions, such as people who have dementia.

1. Individual resident toileting pattern will be observed and documented on the Bladder and Bowel Diary for 3-7 days.
2. Residents incontinent of bowel will be placed on a toileting schedule as indicated by the Bladder and Bowel form.
3. Nursing will establish a planned schedule for taking the resident to the toilet or reminding him/her to go.
4. If the time frame established is not effective, the schedule should be readjusted to meet the resident's needs.
5. Caregiver is responsible for following individualized plan of care, and reporting information to the charge nurse such as difficulties or constructive definitive information.
6. Licensed nurses are responsible for supervision of Direct Caregiver staff and to ensure that the care plan is followed.
7. Nursing will document on progress and make adjustments as indicated.
8. Toileting program will be care planned to meet the resident's individualized need.

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BLADDER & BOWEL TRAINING PROGRAM

SAMPLE PROTOCOL

HABIT TRAINING/SCHEDULED VOIDING

Habit training is used to treat functional incontinence. It sets a schedule for urinating (voiding) that is determined by the resident's individualized habits and is usually used in conjunction with Prompted Voiding. Timed voiding reduces the frequency of incontinent accidents in the majority of the people who use this method.

1. Individual resident toileting pattern will be observed and documented on the Bladder and Bowel Diary for 3-7 days.
2. Residents incontinent of bowel will be placed on a toileting schedule as indicated by the Bladder and Bowel form, taken in advance of need to prevent an incontinent episode
3. Nursing will establish a planned schedule for taking the resident to the toilet. If the time frame established is not effective, the schedule should be readjusted to meet the resident's needs.
4. Caregiver is responsible for following individualized plan of care and documentation of outcomes.
5. Licensed nurses are responsible for supervision of Caregiver staff and to ensure that the care plan is followed.
6. Nursing will document on progress and make adjustments as indicated.
7. Toileting program will be care planned to meet the resident's individualized need.

SCHEDULED INCONTINENCE CARE / CHECK AND CHANGE

This level is recommended for residents that require extensive/total assistance with transfer or mobility or the resident without a voiding pattern. It is also for residents who did not respond to a toileting program and require management to prevent further complications of incontinence.

1. The resident will receive incontinent checks and care as indicated, at least every 2 hours or based on individualized needs.
2. The Caregiver is responsible to follow the individualized plan of care and report difficulties to the Charge nurse.
3. Licensed nursing staff is responsible for supervision of Caregiver staff and ensuring that the care plan is followed.
4. Incontinence care will be planned to meet the resident's individualized need.

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ASSESSMENT TOOL RECOMMENDATIONS

The following documents will help in assessing a resident's incontinence needs:

- ☐ **Resident Physical Assessment (Bladder and Bowel Incontinence Assessment)**
  Done on admission of incontinent residents, and/or when there is a change in continence. This should be a permanent record on the chart.

- ☐ **Incontinent Category Evaluation**
  This is a worksheet to document type of incontinence. This checklist should be completed on admission of incontinent residents and/or when a resident becomes incontinent or has changes in their continence or status. This worksheet should be kept according to facility policy.

- ☐ **Incontinence Summary**
  This is completed at the end of the incontinence evaluation to determine type of incontinence the resident has, if physician assessment and intervention is needed, care plan indications and absorbent product selections. Also consider possible causes or contributing factors such as physical mobility limitations, need for task segmentation, medications, diagnosis, infections, patterns of fluid intake, caffeine or other urinary tract stimulants, physical issues, e.g., prolapsed uterus, prostate enlargement, constipation, atrophic vaginitis, etc. This worksheet should be kept according to facility policy.

- ☐ **Daily Bowel and Bladder Diary**
  The diary should be done for 3-7 days to establish the resident's voiding and elimination pattern on residents that are incontinent. This worksheet should be kept according to facility policy.

- ☐ **Attends Product Selection Worksheet**
  Complete to determine appropriate absorbent product for individualized care based on clinical criteria. This worksheet should be kept according to facility policy.

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RESIDENT'S PHYSICAL ASSESSMENT

Name: _____ Room Number: _____

Date: _____ Completed By: _____

In determining the best possible course of action and/or treatment for incontinence, it is important to identify any potential underlying physical causes of incontinent symptoms. If you check anything other than "Normal" or "Same" below, you may need to seek the council of your nursing supervisor or the resident's physician.

1. Check any of the following that currently affect this Resident:

- ☐ Pain or burning sensation while urinating
- ☐ Difficulty beginning stream of Urine
- ☐ Vaginal discharge
- ☐ Scrotal discomfort/pain
- ☐ Urinary Tract Infection
- ☐ Straining to void
- ☐ Difficulty stopping stream of urine
- ☐ Perineal discomfort/pain
- ☐ Testicular discomfort/pain

2. Describe Resident's urine: (check all that apply)

- ☐ Normal
- ☐ Cloudy
- ☐ Strong smell
- ☐ Dark
- ☐ Bloody
- ☐ Sediment or mucus in urine

3. Check any of the following medicines currently prescribed for Resident, which can cause or aggravate symptoms of incontinence:

- ☐ Diuretics
- ☐ Narcotic Analgesics
- ☐ Antidepressants
- ☐ Antispasmodics
- ☐ Anticholingerics
- ☐ Antipsychotics
- ☐ Antihistamines
- ☐ Laxatives
- ☐ Sedatives/Muscle Relaxants
- ☐ Calcium channel blockers
- ☐ Parkinson's Disease drugs
- ☐ Antacids

4. Describe Resident's term of incontinence: (check one)

- ☐ Ongoing over a period of time
- ☐ Recent onset, cause undetermined
- ☐ Recent onset, result of surgery or other relatively short-term medical condition

5. Compared to the past, describe resident's current incontinence situation: (check one)

- ☐ Same
- ☐ Better
- ☐ Worsening

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RESIDENT'S PHYSICAL ASSESSMENT (continued)

6. Check and or complete the following questions that relate to the resident's bowel history:

- ☐ Laxative Use
- ☐ Hemorrhoids
- ☐ Irritations
- ☐ Has the perception of need to defecate
- ☐ Uses food items to stimulate elimination.
- ☐ Enema Use
- ☐ Fissures/Fistula
- ☐ Pain
- ☐ History of Impaction
- ☐ Bleeding
- ☐ Incontinent of Bowel

If so, what & when? _____

7. Consistency:

- ☐ Soft/Formed
- ☐ Diarrhea
- ☐ Small/Dry
- ☐ Hard
- ☐ Pasty
- ☐ Other _____

8. Average 24-hour fluid intake: _____

_____

9. Fluids preferred: _____

_____

10. Diet plan: _____

_____

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CATHETER ASSESSMENT

1. Does the resident have an indwelling catheter? ☐ Yes ☐ No

2. If yes, is it expected that they will have in longer than 14 days? ☐ Yes ☐ No

3. If yes, check the following diagnosis that applies:

   - ☐ Urinary Retention (i.e., atony of the bladder, paralysis, etc.
   - ☐ Possible contamination of Stage III or IV pressure ulcer
   - ☐ Terminal illness or severe impairments which make the positioning or clothing changes painful

4. If catheter is to remain in the and the resident does not have the appropriate diagnosis, please check the following as appropriate:

   - ☐ Check with physician for appropriate diagnosis
   - ☐ Check with physician to consider removal
   - ☐ Verify specific indications for catheter use
   - ☐ Inform DON of the catheter without appropriate diagnosis

5. Care plan appropriate approaches:

   If the resident has a catheter, consider the potential for discontinuing its use. Appropriate indications for continuing the use of an indwelling catheter beyond 14 days may include urinary retention, contamination of Stage III or IV pressure ulcer, terminal illness or severe impairments which make the positioning or clothing changes painful.

   If the resident is incontinent after the catheter has been removed an assessment of the incontinence and determination of care should be completed.

Attends® ADVANTAGE™
Your Quality Management Tools for Best Practices in Continence Care

INCONTINENCE CATEGORY EVALUATION

Name: _____ Room Number: _____

Date: _____ Completed By: _____

Directions for completing evaluation:

Check all the following statements that apply to this resident. Total your checkmarks at the end of each section. Record section totals on the Incontinence Assessment Summary form. The section with the most number of boxes checked will most likely be the type of incontinence the resident has. Keep in mind it is not uncommon to have more than one type of incontinence. This does not substitute for a medical evaluation/diagnosis.

Section I: Stress Incontinence

- ☐ Resident dribbles urine when laughing, coughing, sneezing or engaging in strenuous exercise.
- ☐ Resident feels no sense of urgency, even when dribbling is occurring.
- ☐ Urine loss is usually a small amount.
- ☐ Leakage usually occurs when resident is awake (not at night).
- ☐ Leakage usually occurs while resident is standing (as opposed to lying prone).
- ☐ Resident is obese.
- ☐ Resident smokes tobacco.
- ☐ Resident has given birth to children.
- ☐ Resident has had extensive surgery or experienced some other trauma to pelvic area.
- ☐ Resident has had a radical prostatectomy.
- ☐ Resident has undergone bladder neck surgical procedures.
- ☐ Resident is female.

Section I Total _____

Section II: Urge Incontinence

- ☐ Resident experiences a sudden, strong urge to void.
- ☐ When Resident experiences this urge, he/she is unable to control the loss of urine.
- ☐ Resident experiences frequent (15-30 min.) need to go to the bathroom, but can't make it on time.
- ☐ Resident urinates large amounts.
- ☐ Resident urinates more frequently than normal during the day (more than 8 times).
- ☐ Resident often needs to urinate more than 2 times per night.
- ☐ Timing of incontinence is unpredictable, both day and night
- ☐ Resident has diverticulitis.
- ☐ Resident suffers acute and/or chronic urinary tract infections.
- ☐ Resident has history of constipation or fecal impaction.
- ☐ Resident has Parkinson's Disease, Alzheimer's Disease, brain tumors, aneurysm or spinal cord injury.
- ☐ Resident has an enlarged prostrate.

Section II Total _____

Attends® ADVANTAGE™
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INCONTINENCE CATEGORY EVALUATION

Section III: Overflow Incontinence

- ☐ Resident is unable to urinate when he or she wants to.
- ☐ Resident feels that their bladder is full but they have no desire to void.
- ☐ Resident dribbles urine almost constantly with little control over when leakage will occur.
- ☐ Resident's bladder is swollen or feels tender above pubic area.
- ☐ Resident is taking muscle-relaxing drug.
- ☐ Resident has no control when leakage of urine occurs.
- ☐ Resident's bladder is palpable and/or tender.
- ☐ Resident has prostatic hyperplasia.
- ☐ Resident has had extensive pelvic surgery.
- ☐ Resident may need to strain to void and/or feel a sense of incomplete bladder emptying.
- ☐ Resident has painful detrusor contractions.
- ☐ Resident has bladder neck or urethra obstructions (usually due to tumors or urinary stones).

Section III Total _____

Section IV: Functional Incontinence

- ☐ Resident suffers impairment of mobility or dexterity that prevents independent toileting.
- ☐ Resident has sensory impairment such as poor vision, hearing or speech, which influences incontinence.
- ☐ Resident has multiple sclerosis or some other disturbance along the neural pathway that interferes with their ability to sense the urge to void or control urine.
- ☐ Resident urinates on the floor instead of toilet.
- ☐ Resident urinates in inappropriate places or at inappropriate times.
- ☐ Resident has cognitive dysfunction that results in the inability to recognize the need to void.
- ☐ Resident is incontinent during the day more than at night.
- ☐ Resident empties large volumes of urine when incontinent.
- ☐ Resident suffers from dementia or delirium.
- ☐ Resident is frequently angry, depressed or becomes incontinent to gain attention or control.
- ☐ Resident is currently under sedation.
- ☐ Resident currently takes medications that could cause or aggravate incontinence.

Section IV Total _____

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TYPES OF INCONTINENCE

STRESS
Small amounts of urine leakage caused when pressure on the bladder is increased by sneezing, coughing, standing from a sitting position, etc.

OVERFLOW
Small amount of urine leakage when the bladder has reached its maximum capacity and has become distended from urine retention.

MIXED
Combination of stress and urge incontinence; many elderly (especially women) will experience symptoms of both urge and stress.

TRANSIENT
Temporary episodes of incontinence that are reversible once the cause is identified and treated (ex: infection, delirium, impaction, medication, etc.)

URGE
Moderate to large amounts of urine loss from a sudden, strong urge to urinate before the bladder is full; a.k.a. Overactive Bladder.

FUNCTIONAL
Incontinence due to secondary or external factors such as poor mobility (stroke), cognitive problems (confusion/dementia), medications, etc.

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INCONTINENCE ASSESSMENT SUMMARY

Name: _____ Room Number: _____

Date: _____ Completed By: _____

SECTION TOTALS FOR TYPE OF INCONTINENCE:

1. Record below your total checkmarks for each section:

Section I:	Stress Incontinence	_____
Section II:	Urge Incontinence	_____
Section III:	Overflow Incontinence	_____
Section IV:	Functional Incontinence	_____
	Mixed Incontinence *(Combination of urge and stress incontinence)*	_____
	Transient Incontinence *(Temporary or occasional incontinence that may be related to a variety of causes and is potentially related to an improvable or reversible cause)*	_____

2. Assessment/Evaluation results for _____ *(Resident's Name)* indicated the most appropriate incontinence care plan is:

_____

3. Recommend Absorbent product(s) and size:

_____

_____

_____

_____

Attends® ADVANTAGE™
Your Quality Management Tools for Best Practices in Continence Care

3-7 DAY VOIDING DIARY

Date Monitoring Began	Resident:	Room:
Date Monitoring Ends		

Meeting Pattern and Instructions

Toileting Location
__Commode: __Day __Night
__Urinal: __Day __Night
__Bedpan: __Day __Night
__Bathroom: __Day __Night

Ambulatory Ability
__Independent
__Supervise
__Assist __1 person __2 person
__Total dependence __1 person __2 person

Elimination devices in use
__External catheter
__Pads __Briefs
__Incontinence alarm
__Other:_____

Comments:_____

- Corresponding to the time it occurred, circle **BL** if resident was incontinent of Bladder, or **B** if incontinent of Bowel. Circle both **BL** and **B**, if resident was incontinent both.
- Each time resident voids or has a BM, place a check mark in the column corresponding to the time it occurred.
- If the BM is a result of a Suppository, mark **S** in the BM block. If the BM is a result of an Enema, mark **E** in the BM block

DATE																									
	Incontinent	Voided	BM	Incontinent	Voided	BM	Incontinent	Voided	BM	Incontinent	Voided	BM	Incontinent	Voided	BM	Incontinent	Voided	BM	Incontinent	Voided	BM	Incontinent	Voided	BM
12 Mid	BL / B			BL / B			BL / B			BL / B			BL / B			BL / B			BL / B			BL / B		
1 am	BL / B			BL / B			BL / B			BL / B			BL / B			BL / B			BL / B			BL / B		
2 am	BL / B			BL / B			BL / B			BL / B			BL / B			BL / B			BL / B			BL / B		
3 am	BL / B			BL / B			BL / B			BL / B			BL / B			BL / B			BL / B			BL / B		
4 am	BL / B			BL / B			BL / B			BL / B			BL / B			BL / B			BL / B			BL / B		
5 am	BL / B			BL / B			BL / B			BL / B			BL / B			BL / B			BL / B			BL / B		
6 am	BL / B			BL / B			BL / B			BL / B			BL / B			BL / B			BL / B			BL / B		
7 am	BL / B			BL / B			BL / B			BL / B			BL / B			BL / B			BL / B			BL / B		
8 am	BL / B			BL / B			BL / B			BL / B			BL / B			BL / B			BL / B			BL / B		
9 am	BL / B			BL / B			BL / B			BL / B			BL / B			BL / B			BL / B			BL / B		
10 am	BL / B			BL / B			BL / B			BL / B			BL / B			BL / B			BL / B			BL / B		
11 am	BL / B			BL / B			BL / B			BL / B			BL / B			BL / B			BL / B			BL / B		
12 noon	BL / B			BL / B			BL / B			BL / B			BL / B			BL / B			BL / B			BL / B		
1 pm	BL / B			BL / B			BL / B			BL / B			BL / B			BL / B			BL / B			BL / B		
2 pm	BL / B			BL / B			BL / B			BL / B			BL / B			BL / B			BL / B			BL / B		
3 pm	BL / B			BL / B			BL / B			BL / B			BL / B			BL / B			BL / B			BL / B		
4 pm	BL / B			BL / B			BL / B			BL / B			BL / B			BL / B			BL / B			BL / B		
5 pm	BL / B			BL / B			BL / B			BL / B			BL / B			BL / B			BL / B			BL / B		
6 pm	BL / B			BL / B			BL / B			BL / B			BL / B			BL / B			BL / B			BL / B		
7 pm	BL / B			BL / B			BL / B			BL / B			BL / B			BL / B			BL / B			BL / B		
8 pm	BL / B			BL / B			BL / B			BL / B			BL / B			BL / B			BL / B			BL / B		
9 pm	BL / B			BL / B			BL / B			BL / B			BL / B			BL / B			BL / B			BL / B		
10 pm	BL / B			BL / B			BL / B			BL / B			BL / B			BL / B			BL / B			BL / B		
11 pm	BL / B			BL / B			BL / B			BL / B			BL / B			BL / B			BL / B			BL / B		
NIGHTS																									
DAYS																									
EVENINGS																									

Alteration in Patterns of Elimination
Functional Incontinence Related to Decreased Physical or Cognative Ability

Attends® ADVANTAGE™
Your Quality Management Tools for Best Practices in Continence Care

Nursing Goal: Decrease or eliminate incontinence through teaching modalities and interventions.

Resident Name: **Room Number:**

DESCRIPTORS	OUTCOMES CHECK ALL THAT APPLY	INTERVENTIONS CHECK ALL THAT APPLY	REVIEW DATE / SIGNATURE
Impaired vision.	☐ Resident will maximize visual acuity.	☐ Have eyeglasses readily available ☐ Provide adequate lighting ☐ Provide toileting assistance as needed	Date: Comments:
Memory Deficits.	☐ Resident will identify voiding need and ask for assistance before actual voiding time.		Date: Comments:
Impaired mobility.		☐ Perform an environmental assessment of resident space. ☐ Resident may need bedside commode and a place within easy reach. ☐ Have urinals placed within easy reach. ☐ Provide less restrictive clothing to respond faster to urges to urinate. ☐ Have call lights and bed controls easily accessible.	Date: Comments:
Recent hospitalization		☐ Encourage resident to talk about their illness, ability and its impact. ☐ Encourage the resident to participate in the care plan process including developing and evaluating intervention.	Date: Comments:
Development of major illness	☐ Assist Cognitively-impaired residents with environment for safety.	☐ Provide support and understanding for the resident's feelings. ☐ Have Physical or Occupational Therapy evaluate strength and recommend assistive devices (i.e. toilet seating) when indicated. ☐ Have night lights available to facilitate nighttime toileting. ☐ hours as this is most successful with this type of incontinence. ☐ Ask resident if they are wet or dry (see if they are able to identify their condition). ☐ Prompt – regardless of continence state, prompt resident to use toilet facility. ☐ Praise – this is the most important part because residents who attempt to comply need consistent and genuine reinforcement. ☐ Provide protective Attends products to prevent falls and promote dignity. ☐ Reorient resident frequently. ☐ Provide safe environment (i.e. keep hallways and walkways clear, use wet floor signs etc.) ☐ Plan for bladder care for times when the resident will be outside the facility.	Date: Comments:

Alteration in Patterns of Elimination
Urge Incontinence Related to Detrusor Instability

Attends® ADVANTAGE™
Your Quality Management Tools for Best Practices in Continence Care

Nursing Goals: Teach and institute bladder retraining
Restore continence or reduce incontinent episodes

Resident Name: **Room Number:**

DESCRIPTORS	OUTCOMES (CHECK ALL THAT APPLY)	INTERVENTIONS (CHECK ALL THAT APPLY)	REVIEW DATE / SIGNATURE
Urine loss before resident is able to get to the bathroom.	☐ Maximize toileting accessibility. ☐ Restore urinary continence. ☐ Resident will be taught urge inhibition and bladder retraining	☐ Assess layout of facility and distance to bathroom. ☐ Help resident to and while in bathroom if needed.	Date: Comments:
"Key in the lock" syndrome.		☐ Assess voiding patterns of resident by using incontinence record for at least 3 days at the start of the care plan and again ___ weeks later	Date: Comments:
Large volume of urine loss.		☐ Determine if resident is aware of sensation of urge to void.	Date: Comments:
Urinary Frequency			Date: Comments:
Urine Odor			Date: Comments:
Nocturia Enuresis	☐ Eliminate or reduce consumption of caffeine, alcohol, aspartame.	☐ Assess dietary intake as bladder irritants will decrease continence	Date: Comments:
Poor Bladder function and capacity.	☐ Resident will maintain intake of at least 1500 cc/day. ☐ Resident will reduce or eliminate nighttime frequency. ☐ Resident will understand and adhere to scheduled voiding.	☐ Consult with dietician. ☐ Encourage resident to maintain fluids spaced throughout the day. ☐ Instruct resident to void on a predetermined time schedule (after bladder record is Time: _____	Date: Comments:
	☐ Implementation of Bladder Retraining by _____.	☐ Once resident is successful with scheduled voiding, then increase voiding intervals by 15 minutes weekly until every 34 hours voiding are reached.	Date: Comments:
	☐ Resident will retrain pelvic floor muscles by doing Kegel exercises.	☐ Teach Keigel exercises. Contract and relax pelvic muscles; hold for count of 5. Work up to 150 times per day. ☐ Place ball between knees and hold together; hold for count of 5; release. Repeat 10 times. ☐ Start and stop stream of urine repeatedly. Other Interventions to Note: ☐ Call light within easy reach. ☐ Leave mobility devices within easy reach (wheelchairs, crutches, walkers). ☐ Make urinals, bedpans and bedside commodes easily accessible.	Date: Comments:

Alteration in Patterns of Elimination
Stress Incontinence Related to Decreased Outlet Resistance

Attends® ADVANTAGE™
Your Quality Management Tools for Best Practices in Continence Care

Nursing Goal: Increase continent state during intra-abdominal pressure activities

Resident Name: **Room Number:**

DESCRIPTORS	OUTCOMES CHECK ALL THAT APPLY	INTERVENTIONS CHECK ALL THAT APPLY	REVIEW DATE / SIGNATURE
Loss of small amounts of urine with increases in intra-abdominal pressure such as coughing, sneezing sitting-to standing active exercise, and/or sudden movements	☐ Within ___ weeks (Date:_____) Will decrease number of incontinent episodes from _____ to _____ per 24 hours.	☐ Teach residents to do Kegel exercises. Contract and relax pelvic muscles, hold for a count of 5. Work up to150 times per day. Ball exercises daily. Place ball between knees; push knees together and hold for a count of 5. Repeat. ☐ Record incontinent episodes. ☐ Keep incontinence record of incontinent times and frequency. ☐ Incontinence may be eliminated or decreased	Date: Comments:
	☐ Resident will maintain desired roles and functions with positive view of	☐ Teach resident to contract muscles before intra-abdominal activity.	Date: Comments:
	☐ and functions with positive view of self.	☐ Minimize lack of self-esteem and physical discomfort. ☐ Encourage resident to talk about feelings related to incontinence. ☐ Provide explanation as to causes, management and prognosis of incontinence. ☐ Maintain toileting plan at least every 1-2 hours ☐ Offer verbal praise for all efforts and progress made. ☐ Provide pericare after each incontinent episode.	Date: Comments:
	☐ Resident will be taught to maintain continence by following these interventions.	☐ Refer resident to urologist after consultation with physician if appropriate. ☐ Biofeedback therapy can provide visual feedback of pelvic muscles to control sphincter muscles.	Date: Comments:

Attends® ADVANTAGE™
Your Quality Management Tools for Best Practices in Continence Care

Alteration in Patterns of Elimination
Bowel Incontinence Related to Nerve Impairment, Cognitive Deficit, Diarrhea or Weakness

Nursing Goal: To identify cause and become continent.
To manage and teach measures to control incontinence.

Resident Name: ***Room Number:***

Oozing fecal matter from rectum.	☐ Resident will have cause of incontinence identified and will become continent if possible	☐ Have appropriate qualified personnel perform a rectal exam. ☐ Assess rectal sphincter tone	Date: Comments:
Inability to control bowels.	☐ managed (if not correctable) by instituting a Bowel Regimen by _____. (Date) _____	☐ Record resident bowel movement pattern: _____ Time _____ Consistency of stool _____ Amount of stool _____ Color _____ Relativity to meals/activities	Date: Comments:
Fecal staining on protective pads or clothing.		☐ Consult with dietician for adding fiber and fluids ☐ Consult with physician for possible stool softener. ☐ Take resident to toilet at times of normal bowel movement. ☐ Perform perineal care thoroughly. ☐ Review medications as magnesium-based antacids and antibiotics can lead to diarrhea, narcotics can slow bowel motility, iron can change stool color, etc.	Date: Comments:

QM Guide - 6

ACUTE CARE

QM Guide - 6

Attends® ADVANTAGE™

Your Quality Management Tools for Best Practices in Continence Care

RECOMMENDED ACUTE CARE PRODUCT FORMULARY

Product Selection

Choosing the right product will ensure the correct level of absorbency, leakage control, skin care and comfort. Refer to the incontinence definitions below and the indicators which are located in the product description section to select the appropriate product.

Incontinence Level

LIGHT

For occasional leaking during certain events: laughing, sneezing, exercising, lifting heavy objects etc. For those who may experience a small amount of urine leakage when the bladder is full.

MODERATE

For frequent dribbling or occasional moderate flow of urine, requiring a steady need for containment. For those who experience moderate leakage when the bladder is full.

HEAVY

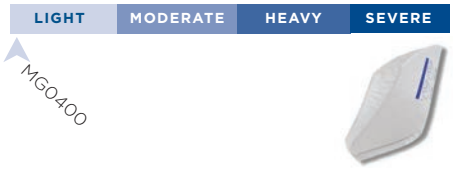
For a heavy flow of urine that requires constant containment and all-over protection. For those who sometimes experience a sudden and intense urge to urinate.

SEVERE

For severe urinary or fecal incontinence that requires constant containment and all-over protection. For continuous, heavy leaking of urine day and night, or frequent uncontrollable flow of large volumes of urine.

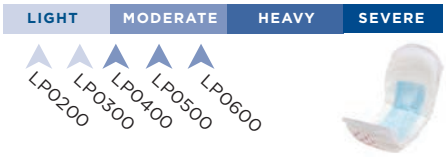
Male Guards

- Unique, anatomical form-fitting shape and thin design for comfort and fit
- Soft, cloth-like inner liner and outer covering for discretion and skin wellness
- Super absorbent polymer locks fluids in the core and helps prevent odor
- Hold-in-place adhesive patch
- Excellent option for post surgery



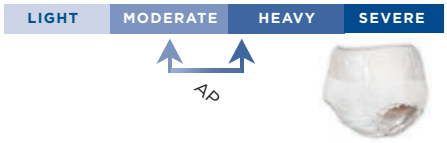
Bladder Control Pads

- Contoured shape for form-fitting comfort
- Soft, cloth-like inner liner AND outer covering for discretion and skin wellness
- Super absorbent polymer lock fluids in the core and helps prevent odor
- Individually wrapped for on-the-go convenience (except LP0600)
- Full-length, secure-fit adhesive peel strip



Underwear

- Cloth-like material for discreet wear
- Breathable, air-flow material for dry, healthy skin
- Stretchable comfort-fit belly and waistband elastics
- Acquisition layer and super absorbent polymer channel and lock fluids in the core and help prevent odor



Shaped Pads

- Leg gathers in contoured shape for leakage protection and form-fitting comfort
- Soft cloth like inner liner and outer covering for comfort discretion and skin wellness
- Triple-tier moisture locking system to promote skin health and manage odor
- Hold in place adhesive patch

Overnight Protective Underwear

- Super Plus Underwear have the same features as Extra but are more absorbent and feature ultimate defense leak-guard leg cuffs

DermaDry™ Briefs

- Air-comfort breathable side panels for healthy skin
- Soft, cloth-like inner AND outer covering for discretion and skin wellness
- Triple-tier moisture locking system to promote skin health and manage odor
- Soft and flexible Secure Tabs® fasten anywhere for precise fit

Overnight Breathable Briefs

- These briefs have the same features as above, but contain additional super absorbent polymer and cellulose fibers for extra absorbency

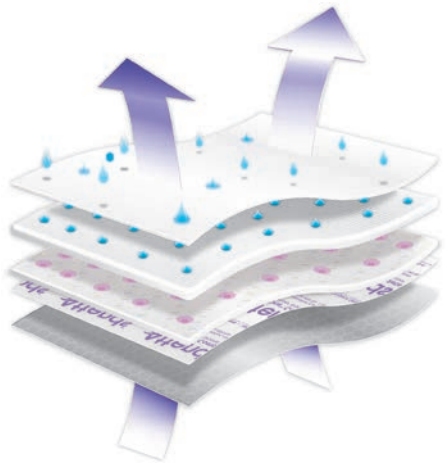
Attends® ADVANTAGE™

Your Quality Management Tools for Best Practices in Continence Care

UNDERPAD SELECTION

Our underpads come in four absorbency levels: Light, Moderate, Heavy and Ultra Max. Absorbency needs will vary depending on frequency and severity of a void. For example if a person is incontinent of small amounts of urine, a light underpad would be appropriate. Many of our underpads contain super-absorbent polymers which expand the options for usage in many situations.

Each underpad has a different combination of features allowing you to choose the perfect underpad for your needs. Standard Use underpads are perfect for standard, everyday use for protecting patients, mattresses and chairs from wetness. We also offer a wide variety of Specialty Underpads with unique features that help promote skin wellness and a more dignified environment for each resident. Several of the Specialty Underpad products are featured below:



Attends® All-In-One Underpads with Supersorb® Dryness Layer

Reduces the need for multiple underpads by combining the benefits of a breathable underpad, an extra strength underpad, and a super absorbency underpad. Breathable backsheet makes it an excellent choice for use on airflow therapy beds or for patients/residents who are at high risk for skin breakdown. Cloth-like softness and strength with the convenience and sensibility of a disposable. Contains super absorbent polymer.

Air Dri® Breathables® and Cairpad® Underpads

These underpads are designed specifically for airflow therapy beds. The cloth-like fabric backsheet reduces heat retention by allowing air to flow through the pad, keeping skin cool, dry and comfortable.

Attends® Positioning Underpads

These underpads feature an extra strong teal colored backsheet that provides added assistance in positioning residents, eliminating the need for linen turning sheets.

Attends® Tuckable Underpads

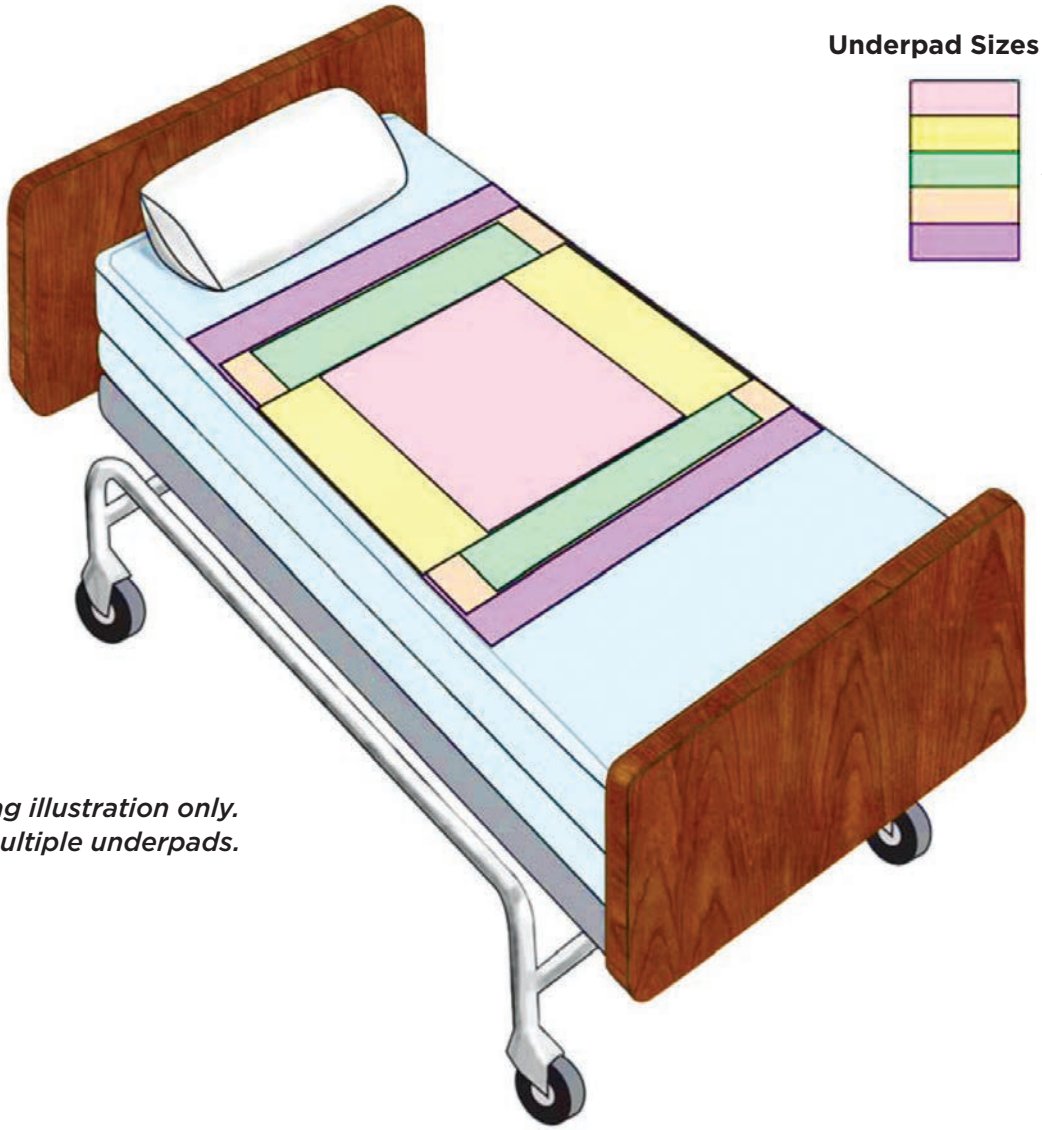
These underpads have long tuckable wings on each side that eliminate pad movement and bunching, improving patient comfort and increasing the life of the pad.

Attends® ADVANTAGE™
Your Quality Management Tools for Best Practices in Continence Care

UNDERPAD SELECTION

Underpads are used to protect surfaces from urine, feces and other drainage. Attends® offers several types of underpads in a wide variety of sizes and with a wide variety of features.

Most of our underpads come in sizes from 23” x 24” to 36” x 36”. The illustration below shows various sizes and the coverage provided for a standard hospital bed. Smaller underpads (17” X 24”) are useful for procedures or wheelchair use, but are too small for use on a bed. Larger underpad sizes are available in some of our specialty underpads.



Note:
Underpad sizing illustration only.
DO NOT use multiple underpads.

Attends® ADVANTAGE™

Your Quality Management Tools for Best Practices in Continence Care

UNDERPAD SELECTION ALGORITHM

INCONTINENT

YES

- **IN BED** → Severe Incontinence: Sheet, Draw Sheet, Attends® All-in-One™ Underpad with Supersorb® Dryness Layer ONE ONLY
- **Out of Bed with Assist** → Moderate to Heavy Incontinence: Attends® Adult DermaDry™ Complete Brief or Attends® DermaDry™ Advance Brief
- **Out of Bed Independent** → Light to Moderate Incontinence: Attends® Underwear

NO

- **SHEET, DRAW SHEET, NO Supersorb**
- **Is patient having heavy fluid loss with NO risk of skin breakdown?** Examples: L&D, post partum → YES → Select: Attends® Green Pad (Ultima LLRT)
- **Is patient having non-sterile procedure with light fluid loss?** Examples: Clean dressing change, suture removal, venipuncter → YES → Select: Attends® Blue Pad (UFS-230)

Guidelines For Using Attends® All-In-One™ Underpad with Supersorb® Dryness Layer

- **Attends All-In-One™ Underpad with Supersorb® Dryness Layer protects the user and the bed and reduces the need for multiple underpads.**
- **ONE UNDERPAD ONLY.**

Attends® ADVANTAGE™
Your Quality Management Tools for Best Practices in Continence Care

BEST PRACTICES ATTENDS® ALL-IN-ONE™ UNDERPAD WITH SUPERSORB® DRYNESS LAYER

Policy:

1. To provide a standardized process for the use of the Attends® All-in-One™ Underpad with Supersorb® Dryness Layer.
2. Attends® All-in-One™ Underpad with Supersorb® Dryness Layer is to be used on all incontinent patients who are at high risk for skin breakdown due to the exposure of skin to moisture and heat buildup. Moisture and heat can predispose the skin to injury and subsequent pressure ulcers.

Rationale:

Attends® All-in-One™ Underpad with Supersorb® Dryness Layer was developed to promote skin health. It is recommended for use on airflow therapy beds or for patients who are at high risk for skin breakdown due to incontinence.

- The pad's air-permeable layers allow air to flow through to reduce heat retention and promote healthy skin and reduce risk of pressure ulcers.
- The inner core of the pad will absorb fluid and lock it away from the skin.
- The odor reducing properties help promote patient dignity.
- Use of the Attends® All-in-One™ Underpad with Supersorb® Dryness Layer reduces the need for multiple underpads. One pad does it all and can be utilized on all types of bed surfaces.
- Attends® All-in-One™ Underpad with Supersorb® Dryness Layer offers protection for the bed against moisture.
- Although the extra strength backsheet is stronger than standard underpads and can be used to reposition the patient in bed.
- **IT IS NOT DESIGNED FOR PATIENT TRANSFER.**

Procedure:

1. It is recommended that the bed be made with a fitted sheet, a draw sheet and **ONE** Attends® All-in-One™ Underpad with Supersorb® Dryness Layer.
2. Unfold the underpad and place it on the bed as follows:
   - Centered under the patient's buttocks
   - Print side down
   - The long side of the underpad 36" placed across the width of the bed.
3. Change the underpad when it is soiled.
4. If using the pad to reposition the patient while in bed it is recommended that corners of the pad be rolled over 1-3 times to provide better leverage and strength.
5. Dispose of the underpad per facility protocol.
   - Use this procedure to in-service staff using Attends® All-in-One™ Underpad with Supersorb® Dryness Layer
   - Do not use this pad in conjunction with any other soaker pad, cloth pad, chux, disposable underpad, etc.

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Your Quality Management Tools for Best Practices in Continence Care

UNDERPAD APPLICATION

CORRECT

Use a single underpad of the correct type and size for the patient.

INCORRECT

Do NOT use multiple underpads or overlap underpads!

CLINICAL REPORT
Management and Prevention of Incontinence-Related Wounds

Hospital and long-term care facilities are under intense pressure to ensure positive patient outcomes. As a result of this, health care providers are increasing their efforts to manage, as well as prevent hospital-acquired pressure ulcers (HA-PUs).

Incontinent patients are at particular risk of developing rashes, ulcers, and skin irritations due to frequent exposure to moisture. In some cases, pressure ulcers can develop in only a few hours. Skin contact with urine and/or stool can cause the skin to soften, weakening its ability to act as a protective barrier. This can lead to Incontinence Associated Dermatitis (IAD), known as diaper rash, diaper dermatitis, or perineal dermatitis.

Symptoms

IAD may present as redness, inflammation, small bumps, blisters or burning pain in the perineal area. With continued, persistent moisture from urine and/or stool, symptoms can escalate and compromise patient skin wellness. Fecal incontinence, especially diarrhea, can pose an even greater risk than urinary incontinence. Liquid stool contains enzymes that trigger chemical reactions in the skin causing rapid breakdown.

Patients with specific conditions such as diabetes, obesity and immune disorders are at higher risk of developing skin infections. For example, in obese patients, moisture can become trapped in the folds of the skin causing growth of bacteria, fungus, and viruses and that result in skin breakdown.

Prevention

Fortunately, IAD skin wounds can be managed and prevented. Interventions include:

- Using a structured skin protocol
- Applying a skin protectant such as moisture-barrier cream
- Avoiding soap, water and washcloth
- Avoiding prolonged exposure to urine and feces
- Utilizing disposable briefs or underpads that contain or divert urine and stool away from the skin
- Changing briefs or underpads when wet or soiled
- Conducting frequent skin assessments
- Educating staff on IAD

Sources:
National Association for Continence
National Pressure Ulcer Advisory Panel
Wound, Ostomy, and Continence Nurses Society

Solution:
Attends All-in-One™ Underpads with Supersorb® Dryness Layer

Due to the changes in reimbursement and higher acuity in our aging population, long-term care facilities and hospitals are rapidly moving to higher quality, outcomes-based incontinence products designed to prevent pressure ulcers. **Attends All-in-One™ Underpads with Supersorb® Dryness Layer** have been clinically proven to dramatically reduce Stage I and II pressure ulcers, resulting in better patient outcomes and significant cost savings for health care providers.

Attends All-in-One™ Underpads feature a leak-proof air-permeable layer which allows air to flow through for comfort and dryness. Tests show **Attends All-in-One™ Underpads** stay more than four times drier than the competing brands. Their super absorbent polymers channel fluids away from skin, while their durable backsheet prevents moisture from passing through it and onto bedsheets. They can be used on all surfaces including low air loss mattresses.

Attends All-in-One™ Underpads outperform other brands in both tensile strength and durability, making them ideal for multiple applications, including severe incontinence, and positioning patients.

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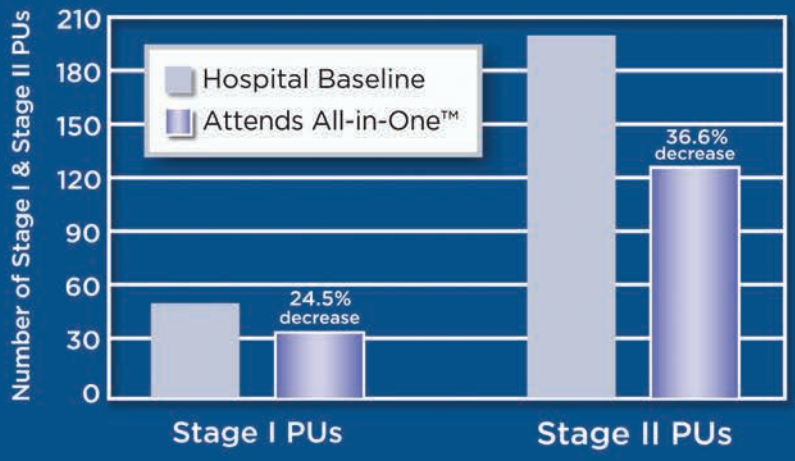
Attends All-in-One™ Underpads with Supersorb® Dryness Layer

Stage I & II Pressure Ulcer Reduction



Attends All-in-One™ Underpads with Supersorb® Dryness Layer have been proven to dramatically reduce Stage I & II pressure ulcers, resulting in better patient outcomes and significant cost savings for health care providers.

Air Permeability

Attends All-in-One™ Underpads with Supersorb® Dryness Layer feature a leak-proof air-permeable layer which allows air to flow through for added comfort and ultimate dryness.

*Clinical study available upon request.

Embossed pattern improves the channeling of wetness into core

Attends All-in-One™ Underpads provide an innovative and effective solution for patient incontinence, prolonged exposure to wetness, and resulting Incontinence Associated Dermatitis. **Attends All-in-One™** is clinically proven to reduce Stage I and II pressure ulcers resulting in **better outcomes** and **significant return on investment** for health care facilities and providers.

Attends All-in-One™ Ordering Information

Size	Catalog Number	Case Count	Inner Packaging
Attends All-in-One™			
23" x 36"	ASB - 2336	70	14 bags of 5
30" x 36"	ASB - 3036	60	12 bags of 5
Attends All-in-One™ Maximum Strength			
30" x 36"	ASBM - 3036	60	12 bags of 5

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QM Guide - 7

ATTENDS® AT HOME

A Reference For Discharge Planning

QM Guide - 7

Attends® ADVANTAGE™

Your Quality Management Tools for Best Practices in Continence Care

IT'S YOUR LIFE. LIVE IT WITH CONFIDENCE!

Incontinence facts

More than 28 million people in North America are affected by the inability to control urination or bowel movements. Incontinence is a symptom of a broad range of conditions and disorders. In addition to other factors, incontinence can be caused by degenerative changes associated with aging, such as the loss of estrogen for women or enlarged prostates for men. While most women don't experience any incontinence issues from pregnancy or childbirth, these may also be factors contributing to the development of incontinence.

Remain active

Incontinence doesn't have to mean slowing down. With the assistance of comfortable and discreet adult incontinence products, you can confidently live a more active, healthy lifestyle. Recommended by healthcare professionals, Attends® allows those with incontinence the ability to live their lives with more freedom.

An industry pioneer

Attends® has maintained a singular focus on providing quality incontinence products for more than 30 years. Our line of incontinence products meets all sizing and lifestyle needs — for women, men and youth. They help maintain drier, healthier skin while controlling odor.

Regardless of the style you choose, Attends® are always designed for comfort and secure protection. **Better Outcomes Start Here.**

Proper fit and product selection

Improper product selection can cause leakage and embarrassment. Attends® has one of the widest selections of sizes and styles to ensure proper fit. Please reference the guide at right to find the correct product for you. For further assistance with Attends® product selection and application, please visit www.Attends.com for helpful assessment, sizing and selection tools.

Diet, lifestyle and exercise.

Additional weight gain and one's diet can affect continence. Consider high-fiber foods and passing on alcohol and caffeine. Training the bladder by visiting a restroom on a regular basis may help. In addition, Kegel exercises can strengthen pelvic muscles and improve one's condition.

Talk with your doctor

Many of those affected by urinary incontinence may be able to improve their condition. Successful management of incontinence depends most of all on the right diagnosis. Successful management may include adult incontinence products and a range of other medical options. Talk to your doctor about the benefits and risks of treatment. Ask questions, express concerns, and get the appropriate course of care for your particular condition.

Tools to make life easier

To learn more about incontinence, perform a personalized assessment, find tools such as voiding diaries and product sizing guides as well as resources for locating continence associations, please visit www.Attends.com.

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Your Quality Management Tools for Best Practices in Continence Care

PRODUCT SELECTION GUIDE

Urinary Continence / Bowel Continence

Functional Status / Toilet Use	0 ALWAYS CONTINENT Continent of urine without any episodes of incontinence.	1 OCCASIONALLY INCONTINENT Incontinent less than 7 episodes. Any amount of urine sufficient to dampen undergarments, briefs or pad.	2 FREQUENTLY INCONTINENT Incontinent of urine during 7 or more episodes but had at least 1 continent void. Includes incontinence of any amount of urine.	3 ALWAYS INCONTINENT No continent voids.
 • Independent • Supervision • Limited Assistance	No Product Necessary	 INCONTINENCE LEVEL LIGHT MODERATE HEAVY SEVERE □ morning □ afternoon □ evening	 INCONTINENCE LEVEL LIGHT MODERATE HEAVY SEVERE □ morning □ afternoon □ evening	 INCONTINENCE LEVEL LIGHT MODERATE HEAVY SEVERE □ morning □ afternoon □ evening
 • Extensive Assistance • Weight Bearing Support	No Product Necessary	 INCONTINENCE LEVEL LIGHT MODERATE HEAVY SEVERE □ morning □ afternoon □ evening	 INCONTINENCE LEVEL LIGHT MODERATE HEAVY SEVERE □ morning □ afternoon □ evening	 INCONTINENCE LEVEL LIGHT MODERATE HEAVY SEVERE □ morning □ afternoon □ evening
 • Total Dependence • Non-Ambulatory • Full Assistance	No Product Necessary	 INCONTINENCE LEVEL LIGHT MODERATE HEAVY SEVERE □ morning □ afternoon □ evening	 INCONTINENCE LEVEL LIGHT MODERATE HEAVY SEVERE □ morning □ afternoon □ evening	 INCONTINENCE LEVEL LIGHT MODERATE HEAVY SEVERE □ morning □ afternoon □ evening

Attends® ADVANTAGE™

Your Quality Management Tools for Best Practices in Continence Care

RECOMMENDED AT HOME PRODUCT FORMULARY

Product Selection

Choosing the right product will ensure the correct level of absorbency, leakage control, skin care and comfort. Refer to the incontinence definitions below and the indicators which are located in the product description section to select the appropriate product.

Incontinence Level

LIGHT

For occasional leaking during certain events: laughing, sneezing, exercising, lifting heavy objects etc. For those who may experience a small amount of urine leakage when the bladder is full.

MODERATE

For frequent dribbling or occasional moderate flow of urine, requiring a steady need for containment. For those who experience moderate leakage when the bladder is full.

HEAVY

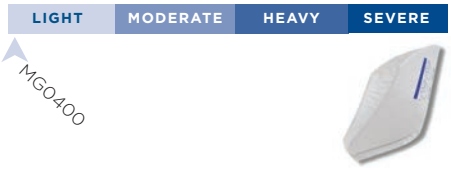
For a heavy flow of urine that requires constant containment and all-over protection. For those who sometimes experience a sudden and intense urge to urinate.

SEVERE

For severe urinary or fecal incontinence that requires constant containment and all-over protection. For continuous, heavy leaking of urine day and night, or frequent uncontrollable flow of large volumes of urine.

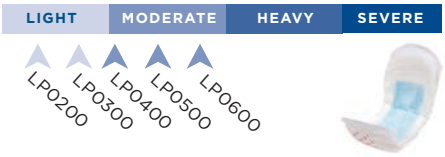
Male Guards

- Unique, anatomical form-fitting shape and thin design for comfort and fit
- Soft, cloth-like inner liner and outer covering for discretion and skin wellness
- Super absorbent polymer locks fluids in the core and helps prevent odor
- Hold-in-place adhesive patch
- Excellent option for post surgery



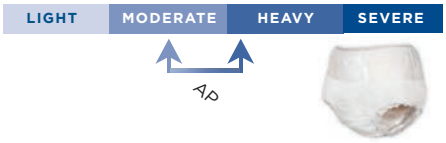
Bladder Control Pads

- Contoured shape for form-fitting comfort
- Soft, cloth-like inner liner AND outer covering for discretion and skin wellness
- Super absorbent polymer lock fluids in the core and helps prevent odor
- Individually wrapped for on-the-go convenience (except LP0600)
- Full-length, secure-fit adhesive peel strip



Underwear

- Cloth-like material for discreet wear
- Breathable, air-flow material for dry, healthy skin
- Stretchable comfort-fit belly and waistband elastics
- Acquisition layer and super absorbent polymer channel and lock fluids in the core and help prevent odor



Shaped Pads

- Leg gathers in contoured shape for leakage protection and form-fitting comfort
- Soft cloth like inner liner and outer covering for comfort discretion and skin wellness
- Triple-tier moisture locking system to promote skin health and manage odor
- Hold in place adhesive patch

Overnight Protective Underwear

- Super Plus Underwear have the same features as Extra but are more absorbent and feature ultimate defense leak-guard leg cuffs

DermaDry™ Briefs

- Air-comfort breathable side panels for healthy skin
- Soft, cloth-like inner AND outer covering for discretion and skin wellness
- Triple-tier moisture locking system to promote skin health and manage odor
- Soft and flexible Secure Tabs® fasten anywhere for precise fit

Overnight Breathable Briefs

- These briefs have the same features as above, but contain additional super absorbent polymer and cellulose fibers for extra absorbency

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