



Step 1: Identify Incontinence Type

Stress Incontinence

Involuntary loss of urine that occurs during physical activity, such as coughing, sneezing, laughing or exercise. Causes: Weakening of muscle in pelvic floor.

Overflow Incontinence

Leakage of small amounts of urine from a bladder that is always full. Occurs due to excessive urine in the bladder. Causes: Obstructed airflow, damage to Central Nervous System, prostate problems, back injuries.

Mixed Incontinence

Combination of stress and urge incontinence. Not only does the patient leak when they cough, laugh, or sneeze, but they also have the constant urge to urinate.

Transient Incontinence

Causes of transient incontinence are: Drugs (such as diuretics or antidepressants), urinary tract infection, acute confusion or delirium, restricted mobility, and severe constipation.

Urge Incontinence

Involves a strong, sudden need to urinate followed by a bladder contraction, resulting in involuntary loss of urine. Causes: Illness, or damage to Central Nervous System.

Reflex Incontinence

No voluntary control emptying the bladder and may not feel the urge to urinate. Causes: Damage to nerves, spinal cord or brain.

Step 2: Determine Absorption/Capacity Needs

Resident Status	Type of Incontinence					
	Stress	Overflow	Mixed	Transient	Urge	Reflex
Independent	Light	Light	Moderate	Super	Super to Maximum	Super to Maximum
Limited Need of Supervision	Light	Light	Moderate	Super	Super to Maximum	Super to Maximum
Extensive Need of Assistance	Light to Moderate	Moderate	Moderate to Super	Super to Maximum	Maximum	Maximum
Total Dependence Upon Staff	Light to Moderate	Moderate	Moderate to Super	Super to Maximum	Maximum	Maximum