

OASIS ITEM
<p>(M1610) Urinary Incontinence or Urinary Catheter Presence:</p> <p><input type="checkbox"/> 0 - No incontinence or catheter (includes anuria or ostomy for urinary drainage) [<i>Go to M1620</i>]</p> <p><input type="checkbox"/> 1 - Patient is incontinent</p> <p><input type="checkbox"/> 2 - Patient requires a urinary catheter (i.e., external, indwelling, intermittent, suprapubic) [<i>Go to M1620</i>]</p>
ITEM INTENT
Identifies presence of urinary incontinence or condition that requires urinary catheterization of any type, including intermittent or indwelling. The etiology (cause) of incontinence is not addressed in this item.
TIME POINTS ITEM(S) COMPLETED
<p>Start of care</p> <p>Resumption of care</p> <p>Follow-up</p> <p>Discharge from agency - not to inpatient facility</p>
RESPONSE—SPECIFIC INSTRUCTIONS
<ul style="list-style-type: none"> • Select Response 0 if the patient has anuria or an ostomy for urinary drainage (e.g., an ileal conduit), or if the patient has a urinary diversion that is pouched (ileal conduit, urostomy, ureterostomy, nephrostomy), with or without a stoma • Select Response 1 if the patient is incontinent AT ALL (i.e., “occasionally,” “only when I sneeze,” “sometimes I leak a little bit,” etc.). • Select Response 1 if the patient is incontinent or is dependent on a timed-voiding program. Timed voiding is defined as scheduled toileting assistance or prompted voiding to manage incontinence based on identified patterns. Time voiding is a compensatory strategy; it does not cure incontinence. • Select Response 2 if a catheter or tube is utilized for drainage (even if catheterizations are intermittent). • Select Response 2 if the patient requires the use of a urinary catheter for any reason (e.g., retention, post-surgery, incontinence). Select Response 2 and follow the skip pattern if the patient is <u>both</u> incontinent and requires a urinary catheter. • A leaking urinary drainage appliance is not incontinence. • Select Response 2 if a catheter was inserted during the comprehensive assessment. • A catheter solely utilized for irrigation of the bladder or installation with an antibiotic is not reported in this item. • If a catheter was discontinued during the comprehensive assessment or if a catheter is both inserted and discontinued during the comprehensive assessment, Response 0 or 1 would be appropriate, depending on whether or not the patient is continent. • Assessment strategies: Review the urinary elimination pattern as you take the health history. Does the patient admit having difficulty controlling the urine, or is he/she embarrassed about needing to wear a pad so as not to wet on clothing? Do you have orders to change a catheter? Is your stroke patient using an external catheter? Be alert for an odor of urine, which might indicate there is a problem with bladder sphincter control. If the patient receives aide services for bathing and/or dressing, ask for input from the aide (at follow-up assessment). This information can then be discussed with the patient. Urinary incontinence may result from multiple causes, including physiologic reasons, cognitive impairments, or mobility problems.

Guidance for this item updated 12/2012

DATA SOURCES / RESOURCES (cont'd for OASIS Item M1610)

- Patient/caregiver interview
- Observation
- Physical assessment
- Physician orders
- Review of health history
- Referral information