

<b>OASIS ITEM</b>
<p><b>(M1615) When does Urinary Incontinence occur?</b></p> <p> <input type="checkbox"/> 0 - Timed-voiding defers incontinence  <input type="checkbox"/> 1 - Occasional stress incontinence  <input type="checkbox"/> 2 - During the night only  <input type="checkbox"/> 3 - During the day only  <input type="checkbox"/> 4 - During the day and night         </p>
<b>ITEM INTENT</b>
Identifies when the urinary incontinence occurs.
<b>TIME POINTS ITEM(S) COMPLETED</b>
Start of care Resumption of care Discharge from agency - not to inpatient facility
<b>RESPONSE—SPECIFIC INSTRUCTIONS</b>
<ul style="list-style-type: none"> <li>• Select Response 0 if timed-voiding defers incontinence. Timed voiding determines the patient's pattern for voiding and schedules toileting to prevent episodes of leaking. The patient can self-schedule toileting or the caregiver can prompt or bring the patient to the toilet. Time voiding is a compensatory strategy; it does not cure incontinence. If timed voiding does not defer incontinence, do not select Response 0.</li> <li>• Select Response 1 – Occasional stress incontinence - when the patient is unable to prevent escape of relatively small amounts of urine when coughing, sneezing, laughing, lifting, moving from sitting to standing position, or other activities (stress), which increase abdominal pressure.</li> <li>• If urinary incontinence happens with regularity or in other circumstances than those described in the definition of stress incontinence, determine when the incontinence usually occurs and select Response 2, 3, or 4 as appropriate.</li> <li>• Select Response 2 – During the night only – when the patient's incontinence occurs while the patient is sleeping at night.</li> <li>• Select Response 3 – During the day only – when the patient's incontinence occurs while the patient is up/awake during the day. Includes incontinence during daytime naps.</li> <li>• Select Response 4 – During the day and night – when the patient is incontinent when sleeping at night and up/awake during the day.</li> </ul>
<b>DATA SOURCES / RESOURCES</b>
<ul style="list-style-type: none"> <li>• Patient/caregiver interview</li> <li>• Observation</li> <li>• Physical assessment</li> <li>• Review of health history</li> <li>• Referral information</li> </ul>