Continence Assessment Tool for Containment Products - NIGHT

Mobility

Ambulant	0	
Walk with Assistance	1	
Immobile	2	

Mental Status

Fully Alert	0	
Slightly Confused	1	
Disorientated	2	

Communication

No Problems	0	
Has difficulty Expressing Needs	1	
Non Communicating	2	

Manual Dexterity

Good	0	
Restricted	1	
Very Limited	2	

Hearing

No problems	0	
Poor Even With Aid	1	
Deaf	2	

Toileting

Self Caring	0	
Needs Assistance	1	
Fully Dependant	2	

Incontinent

Occasionally	0	
Usually Urinary/Toileting Program	1	
Faecal Only	8	
Double (faecal more than smearing)	8	

Frequency of Urination Day time

Less than 4 times	6	
4-7	4	
8-10	2	
More than 11 times	1	

Average Void of Urine

Less than 100mls	1	
100-200mls	2	
200-300mls	6	
300-400mls	8	
More than 400mls	10	

Total Score	

Residents Care Home:

Name:

Room No:

DOB: **CHI:**

GP:

Assessment Date:

Assessor:

Reassessment Date:

Comments:

Please ensure you measure WAIST size for correct fit.

ID Expert Comfort Super Fixation Pants	Waist Measurement
Small	**40-80cm**
Medium	**60-100cm**
Large	**80-120cm**
XL	**100-160cm**
XXL	**140-180cms**
XXXL	**180-195cm**