

Attends[®]

ADVANTAGE[™]

**Your Quality Management Tools for
Best Practices in Continence Care**



Attendas
HYGIENE PARTNERS

Attends®

ADVANTAGE™

Did you know... that the **success** of a continence care program depends upon the **commitment of the nursing staff**?

Attendas Hygiene Partners, maker of the Attends® brand, is committed to providing your clinical staff with the specific tools and products necessary to manage your program.

Attendas Hygiene Partners' **Attends® Advantage™** program is designed to help your facility achieve clinical, financial and operational goals. As always, Attendas Hygiene Partners offers its programs and services at no charge to any facility ordering our products.

Attendas Hygiene Partners champions **health, dignity and comfort**, because for us, *it's personal*. For individuals, 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 individuals and staff. If we work together as a team, we will accomplish these goals.

Attends® Advantage™ is your **quality management tool for best practices in continence care**. This complete continence management resource includes:

- Product Selection & Sizing Guides
- Staff Education
- Attends® Best Practices
- Promoting Skin Wellness
- Restorative Nursing
- Acute Care
- Attends® at Home -
A Reference for
Discharge Planning

For more information, please
call **1-800-428-8363** or contact your
Attendas Hygiene Partners account representative.

TABLE OF CONTENTS

QM Guide - 1 — Product Selection & Sizing Guides

Product Management Guide	3
Product Selection Guide	4
Product Selection Worksheet	5
Recommended Product Formulary	6
Product Selection Algorithm	7
Attends® Briefs Sizing Guides	8-11
Product Change Request Form	12

QM Guide - 2 — Staff Education

New Employee Orientation	13
Staff Sign-In Sheet	14
Staff Development Checklist	15
Product Sizing & Application Competency Checklist	16
In-Service Learning Objectives, Quiz and Answers	17-19
Try the “Would You Wear It Test?”	20

QM Guide - 3 — Attends® Best Practices

Attends® Best Practices Overview	21
Best Practices: Attends® Underwear	22
Best Practices: Attends® Bariatric XXL and XXXL Products	23
Best Practices for Improved Sleep Hygiene	24
Best Practices: Eliminate Double Padding	25
Best Practices: Brief & Stretch Brief Application	26-27
Best Practices: Pad Application	28
Best Practices: Change & Product Disposal	29
Best Practices: Washcloth Use and Disposal	30
Best Practices: Problem Solving	31
Best Practices: Quality Monitoring Program & Quality Monitoring Audit Tool	32-33

QM Guide - 4 — Promoting Skin Wellness

Important Do's and Don'ts for Proper Skin Health	34
Incontinence-Associated Dermatitis (IAD) & Incontinence-Associated Dermatitis Intervention Tool (IADIT)	35-36

QM Guide - 5 — Restorative Nursing

Restorative Nursing Overview	37
Bladder and Bowel Training: Sample Protocol	38
Bladder and Bowel Training: Program Levels	39-40
Assessment Tool Recommendations	41
Physical Assessment	42-43
Catheter Assessment	44
Incontinence Category Evaluation	45-46
Types of Incontinence	47
Incontinence Assessment Summary	48
3-7 Day Voiding Diary	49

QM Guide - 6 — Underpad Selection

Underpad Selection	50-51
Underpad Selection Algorithm	52
Underpad Application	53
Attends® Supersorb™ Premium Underpad Best Practices	54

QM Guide - 7 — Attends® at Home - A Reference for Discharge Planning

It's Your Life. Live it with Confidence	55-56
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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 individuals

1. On admission
2. In accordance with MDS schedule
3. Upon change in individual's 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.....just locate the individual's height and weight.
2. Using the Attends[®] Sizing Guide located on pages 8-11, find the individual's 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 individual and adjust accordingly (*remember, bigger is not better*).

Step 3

Complete Resident Workbook

To get started, all you need is the following:
















1. Sizing Guides
2. Resident Workbook (if applicable)
3. Resident census in room order, height and weight, and current product and size used. (if applicable)
4. Enter the above information on the assessment tab. The workbook does the rest. (if applicable)
5. On the target order tab enter the daily change rate recommended at your facility and enter the number of days between orders. (if applicable)

Step 4

Implement Attends[®] Best Practices for Product Management

1. In-Room distribution
2. Daytime Protocol
3. Nighttime protocol

PRODUCT SELECTION GUIDE

MDS Section H: Urinary Continence (H3) / Bowel Continence (H4)				
Functional Status / Toilet Use	0	1	2	3
	ALWAYS CONTINENT	OCCASIONALLY INCONTINENT	FREQUENTLY INCONTINENT	ALWAYS INCONTINENT
	Continent of urine without any episodes of incontinence in past 7 days.	Incontinent less than 7 episodes in past 7 days. Any amount of urine sufficient to dampen undergarments, briefs or pad.	Incontinent of urine during 7 or more episodes but at least 1 continent void. Includes any amount of urine.	No continent voids in past 7 days.
<div><div><div>• Independent</div><div>• Supervision</div><div>• Limited Assistance</div></div><div></div></div>	No Product Necessary	<div></div> <div><div>LIGHT<input checked="" type="checkbox"/></div><div>MODERATE<input type="checkbox"/></div><div>HEAVY<input type="checkbox"/></div><div>SEVERE<input type="checkbox"/></div><div><input type="checkbox"/> Day<input type="checkbox"/> Evening<input type="checkbox"/> Night</div></div>	<div></div> <div><div>LIGHT<input type="checkbox"/></div><div>MODERATE<input checked="" type="checkbox"/></div><div>HEAVY<input checked="" type="checkbox"/></div><div>SEVERE<input type="checkbox"/></div><div><input type="checkbox"/> Day<input type="checkbox"/> Evening<input type="checkbox"/> Night</div></div>	<div></div> <div><div>LIGHT<input type="checkbox"/></div><div>MODERATE<input type="checkbox"/></div><div>HEAVY<input checked="" type="checkbox"/></div><div>SEVERE<input checked="" type="checkbox"/></div><div><input type="checkbox"/> Day<input type="checkbox"/> Evening<input type="checkbox"/> Night</div></div>
<div><div><div>• Extensive Assistance</div><div>• Weight Bearing Support</div></div><div></div></div>	No Product Necessary	<div></div> <div><div>LIGHT<input type="checkbox"/></div><div>MODERATE<input checked="" type="checkbox"/></div><div>HEAVY<input type="checkbox"/></div><div>SEVERE<input type="checkbox"/></div><div><input type="checkbox"/> Day<input type="checkbox"/> Evening<input type="checkbox"/> Night</div></div>	<div></div> <div><div>LIGHT<input type="checkbox"/></div><div>MODERATE<input checked="" type="checkbox"/></div><div>HEAVY<input checked="" type="checkbox"/></div><div>SEVERE<input type="checkbox"/></div><div><input type="checkbox"/> Day<input type="checkbox"/> Evening<input type="checkbox"/> Night</div></div>	<div></div> <div><div>LIGHT<input type="checkbox"/></div><div>MODERATE<input type="checkbox"/></div><div>HEAVY<input checked="" type="checkbox"/></div><div>SEVERE<input checked="" type="checkbox"/></div><div><input type="checkbox"/> Day<input type="checkbox"/> Evening<input type="checkbox"/> Night</div></div>
<div><div><div>• Non-Ambulatory</div><div>• Full Assistance</div></div><div></div></div>	No Product Necessary	<div></div> <div><div>LIGHT<input type="checkbox"/></div><div>MODERATE<input type="checkbox"/></div><div>HEAVY<input checked="" type="checkbox"/></div><div>SEVERE<input checked="" type="checkbox"/></div><div><input type="checkbox"/> Day<input type="checkbox"/> Evening<input type="checkbox"/> Night</div></div>	<div></div> <div><div>LIGHT<input type="checkbox"/></div><div>MODERATE<input type="checkbox"/></div><div>HEAVY<input checked="" type="checkbox"/></div><div>SEVERE<input checked="" type="checkbox"/></div><div><input type="checkbox"/> Day<input type="checkbox"/> Evening<input type="checkbox"/> Night</div></div>	<div></div> <div><div>LIGHT<input type="checkbox"/></div><div>MODERATE<input type="checkbox"/></div><div>HEAVY<input checked="" type="checkbox"/></div><div>SEVERE<input checked="" type="checkbox"/></div><div><input type="checkbox"/> Day<input type="checkbox"/> Evening<input type="checkbox"/> Night</div></div>






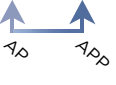








PRODUCT SELECTION WORKSHEET

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

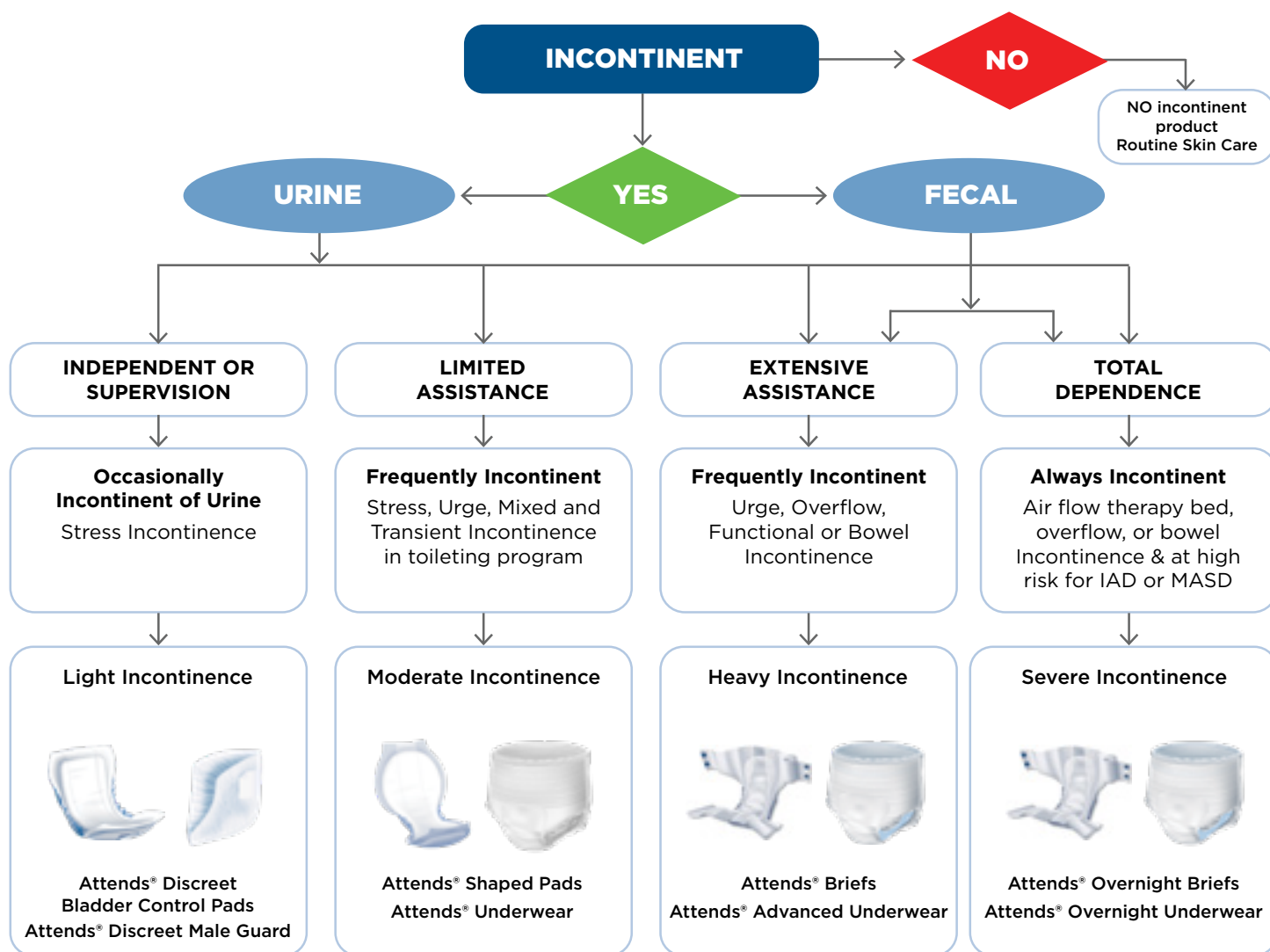
Please complete this section by writing the number that best describes the individual based on your assessment or MDS data. Using the assessment total score, select the appropriate product.

Identify type of incontinence with check mark <input type="checkbox"/> Urge <input type="checkbox"/> Stress <input type="checkbox"/> Overflow <input type="checkbox"/> Functional <input type="checkbox"/> Transient		Individual name: _____ Room number: _____	
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		<input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Night TOTAL SCORE: Day <input type="text"/> TOTAL SCORE: Evening <input type="text"/> TOTAL SCORE: Night <input type="text"/>	
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		Use Total Score to Determine Product Type Score Total 1-7: Light Incontinence Attends® Discreet Ultrathin Pad (ADPTHIN) Attends® Discreet Moderate Pad (ADPMOD) Attends® Discreet Maximum Pad (ADPMAX) Attends® Insert Pad (IPO400A)	
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		Score Total 8-12: Moderate Incontinence Attends® Discreet Maximum Long (ADPMAL) Attends® Discreet Ultimate (ADPULT) Attends® Shaped Pad Regular (SPDRA) Attends® Underwear (AP)	
Continence Level Fecal 0 = Continent; no fecal episodes 2 = Occasional fecal smears 4 = Occasional fecal episodes 6 = Fecal incontinence		Score Total 13-24: Heavy Incontinence Attends® Shaped Pad Plus (SPDPA) Attends® Care Poly Brief (BR) Attends® Shaped Pad Super (SPSA) Attends® Advanced Underwear (APP)	
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		Score Total 25-29: Severe Incontinence Attends® Extended Wear Pad (EXWPAD) Attends® Overnight Underwear (APPNT) Attends® Overnight Brief (DDEW) Attends® Premier Underwear (ALI-UW) Attends® Premier Brief (ALI-BR)	
Communication (Ability to Understand) 0 = Able to express needs; understands others 1 = Usually able to express needs & understands 2 = Limited to making concrete requests; understands direct communication 3 = Rarely/never able to express needs, rarely/never understands		PRODUCT SELECTION Day: _____ Evening: _____ Night: _____ Assessment Date: _____ Assessed By: _____ Height: _____ Weight: _____ **See the Attends® Briefs Sizing Guide to easily determine brief size by individual's height and	

RECOMMENDED PRODUCT FORMULARY

PRODUCT SELECTION	MALE GUARDS			
	LIGHT	MODERATE	HEAVY	SEVERE
	<ul style="list-style-type: none"> - Odor Shield - Premium Softness - Full Length Adhesive - Soft Leg Cuff - Contoured shape for comfortable fit - Individually Wrapped 			
				
				
INCONTINENCE LEVEL	BLADDER CONTROL PADS			
	LIGHT	MODERATE	HEAVY	SEVERE
	<ul style="list-style-type: none"> - Advanced DermaDry™ Technology - Triple leakage protection - Odor Shield for confidence and dignity - Adhesive back strip for secure and comfortable placement - Individually wrapped for discretion 			
				
				
LIGHT	UNDERWEAR			
	LIGHT	MODERATE	HEAVY	SEVERE
	<ul style="list-style-type: none"> - Breathable Zones - ConfidenceCuff™ Protection - Super Absorbent Core - Premium Softness - Odor Shield 			
				
				
MODERATE	SHAPED PADS			
	LIGHT	MODERATE	HEAVY	SEVERE
	<ul style="list-style-type: none"> - Absorbent contoured pads - Designed without fixed side panels to allow for maximum mobility and easy changing - Soft, breathable material for comfort - Odor Shield - Use as a pad and pant combo 			
				
				
HEAVY	BRIEFS			
	LIGHT	MODERATE	HEAVY	SEVERE
	<ul style="list-style-type: none"> - Dry-Lock® Technology - SmartCool™ Breathable Materials - ConfidenceCuff™ Protection - Premium Softness - Odor Control 			
				
				
SEVERE	OVERNIGHT UNDERWEAR			
	LIGHT	MODERATE	HEAVY	SEVERE
	<ul style="list-style-type: none"> - Dry-Lock® Containment Core - ConfidenceCuff™ Protection - Breathable Waistband - Overnight Protection - Premium Softness - Odor Control 			
				
				
	OVERNIGHT BRIEFS			
	LIGHT	MODERATE	HEAVY	SEVERE
	<ul style="list-style-type: none"> - Overnight Protection - Dry-Lock® Containment Core - SmartCool™ Breathable Materials - ConfidenceCuff™ Protection - Premium Softness - Odor Control 			
				
				

PRODUCT SELECTION ALGORITHM



GUIDELINES FOR UNDERWEAR

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

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

GUIDELINES FOR SHAPED PADS

- Very effective when used in conjunction with individual toileting programs.
- Similar to underwear; may be more acceptable to individual.
- Must be worn close to the body, inside underwear as part of a two piece system.

GUIDELINES FOR BRIEFS

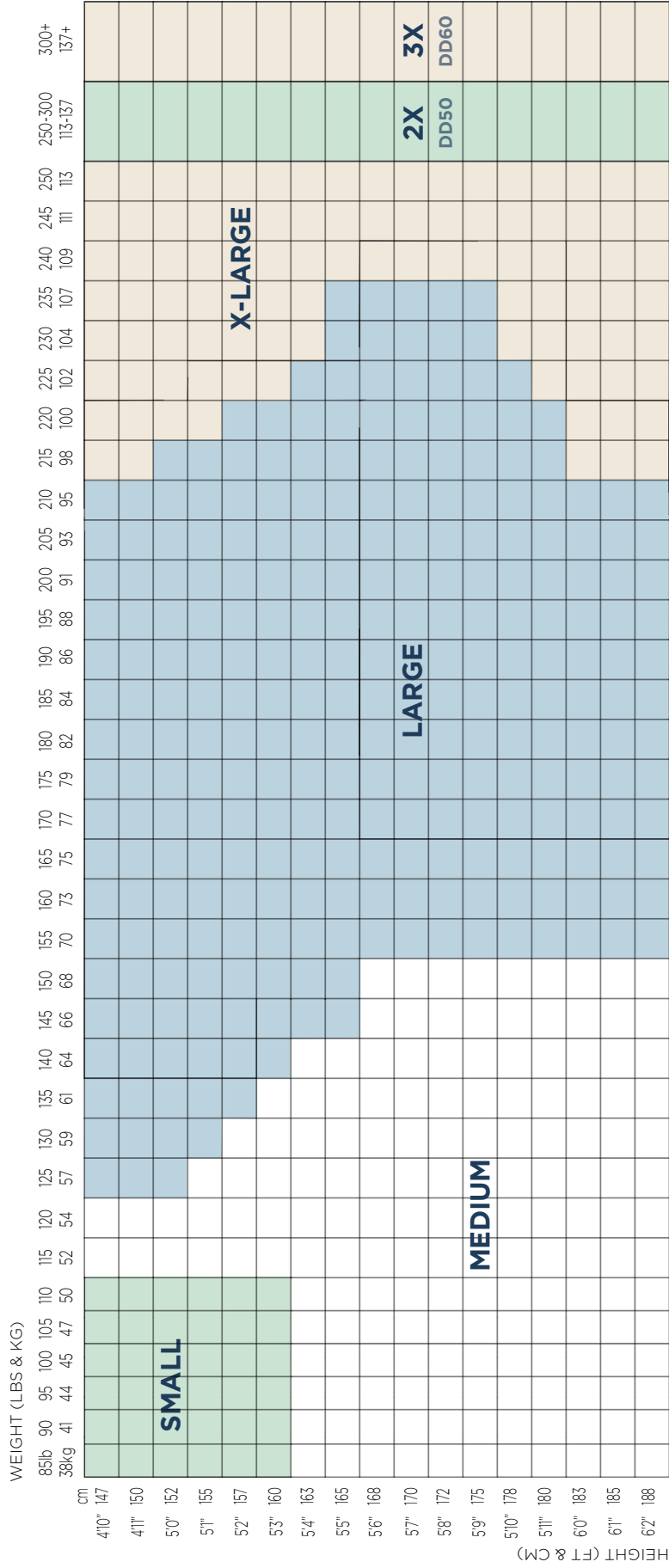
- When using Attends® briefs, refer to Attends® sizing guide for proper sizing.
- Bigger is not better. Better fit=Better containment.
- A proper fitting brief boosts individual confidence, dignity, skin health and leakage containment.
- Peri care should be completed with every product change.
- Brief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

GUIDELINES FOR UNDERPADS - 1 PAD ONLY

- Attends® Premium Underpads with Supersorb® Dryness Layer feature super absorbency that protects the individual and the bed and reduces the need for multiple underpads.
- For use on in-bed individuals, always incontinent and at high risk for skin breakdown, not wearing a brief.
- For use on all beds, including air flow therapy beds.

ATTENDS® BRIEFS SIZING GUIDE (BR, BRB, BRHC, BRBX15)

Choose the right brief quickly and easily! Find the user's height and weight below to see the recommended size. Sizing is not a perfect science; sizes provided below are recommendations only. If you have questions about sizing or Attends® products, please call Customer Care at **1.800.4.Attends (1.800.428.8363)**.

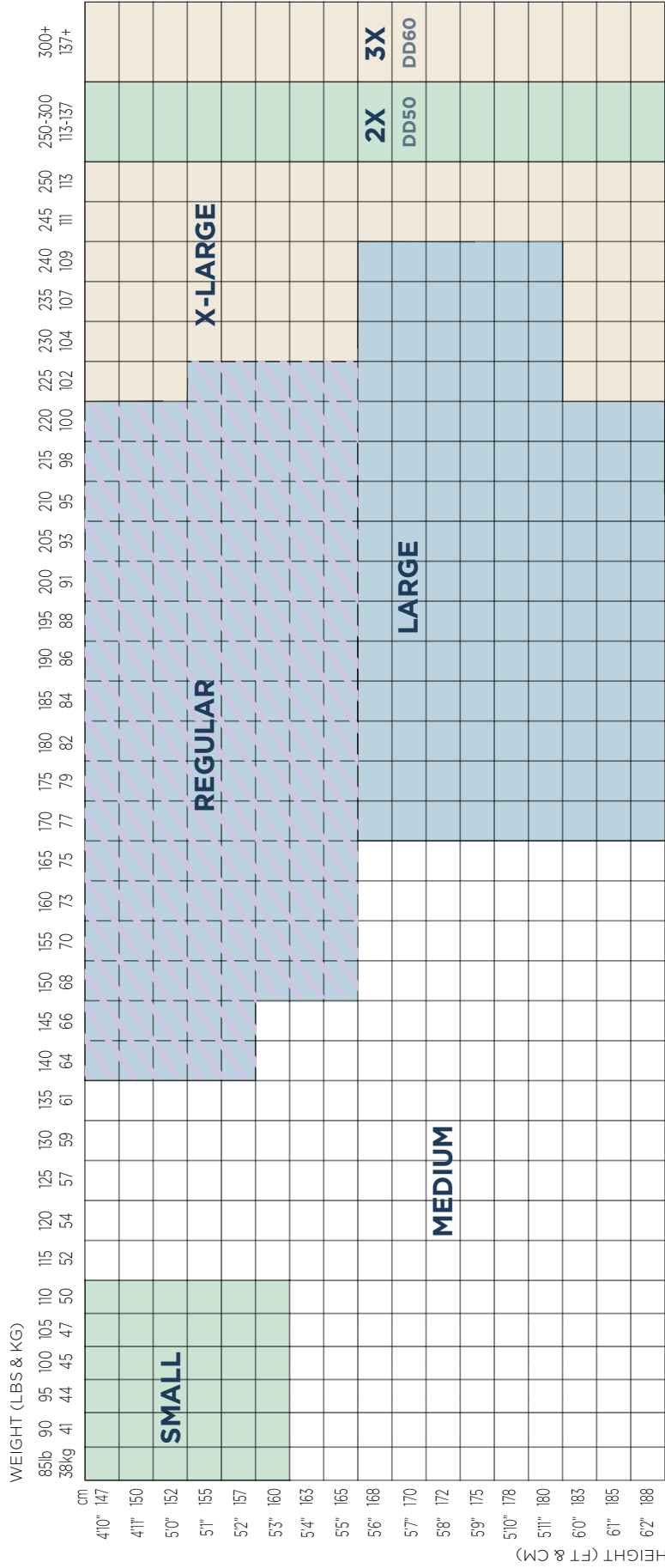


CHECKLIST

- 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?

ATTENDS® BRIEFS SIZING GUIDE (DDA, DDP & DD)

Choose the right brief quickly and easily! Find the user's height and weight below to see the recommended size. Sizing is not a perfect science; sizes provided below are recommendations only. If you have questions about sizing or Attends® products, please call Customer Care at **1.800.4.Attends (1.800.428.8363)**.



ONLY FOR DDA25

- 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?

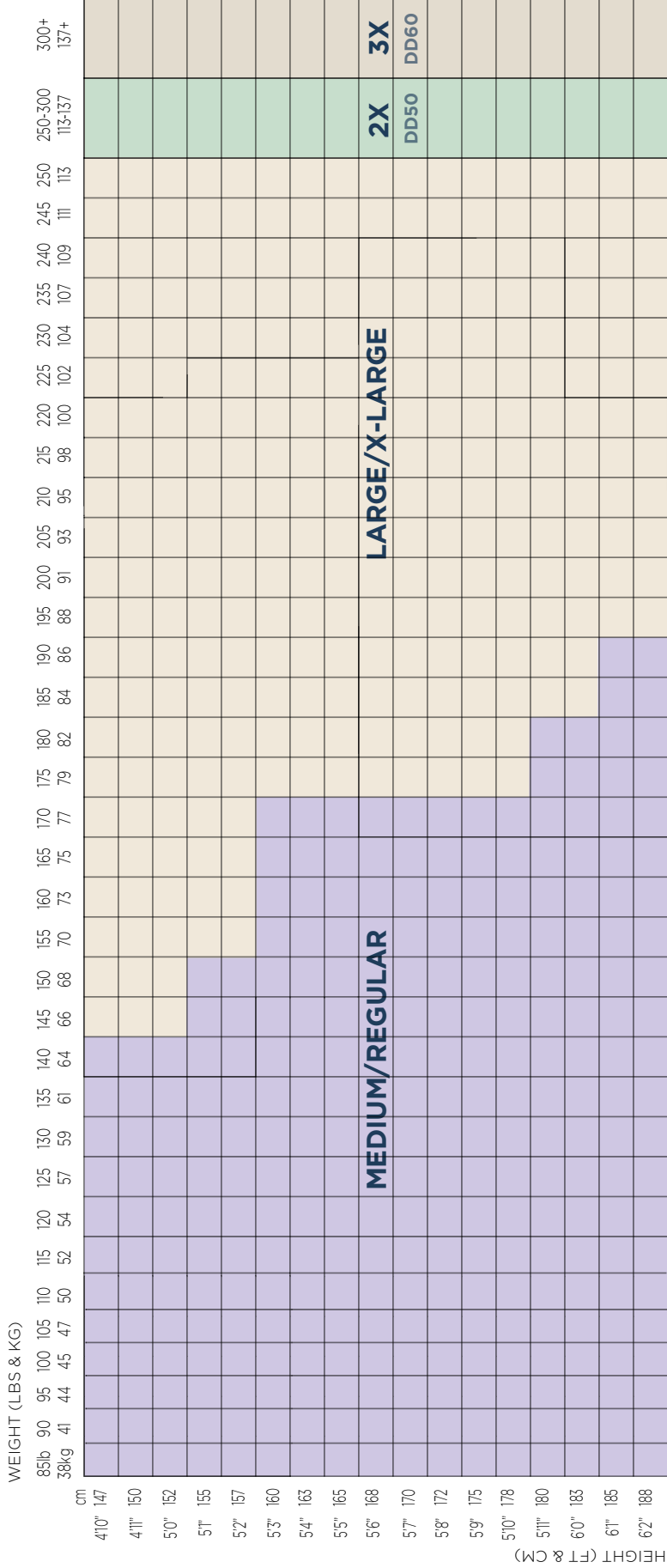
CHECKLIST

COLOR IN SIZING CHART FOR EACH SIZE CORRESPONDS TO COLOR OF BRIEF.



ATTENDS® STRETCH BRIEF SIZING GUIDE (DDS)

Choose the right brief quickly and easily! Find the user's height and weight below to see the recommended size. Sizing is not a perfect science; sizes provided below are recommendations only. If you have questions about sizing or Attends® products, please call Customer Care at **1.800.4.Attends (1.800.428.8363)**.



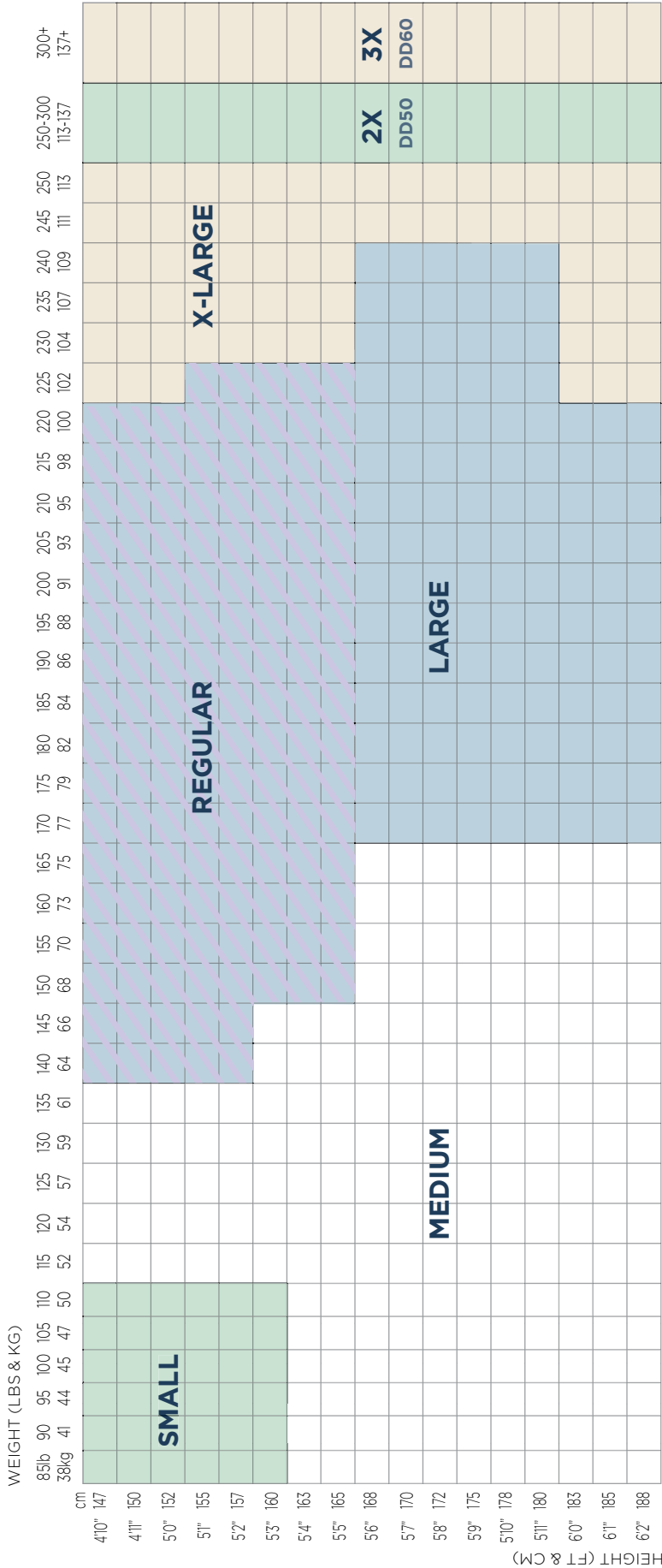
- ## CHECKLIST
- Determine the proper size using the Sizing Guide above.
 - Pull tape tabs on each side of the panel to open brief.
 - Have you washed your hands thoroughly and put on protective gloves?
 - Have you provided privacy for the resident?

COLOR IN SIZING CHART FOR EACH SIZE CORRESPONDS TO COLOR OF STRETCH BRIEF.



ATTENDS® OVERNIGHT (DDEW) & ADVANCED (DDC) BRIEFS SIZING GUIDE

Choose the right brief quickly and easily! Find the user's height and weight below to see the recommended size. Sizing is not a perfect science; sizes provided below are recommendations only. If you have questions about sizing or Attends® products, please call Customer Care at **1.800.4.Attends (1.800.428.8363)**.



ONLY FOR DDC25

- 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?

CHECKLIST

COLOR IN SIZING CHART FOR EACH SIZE CORRESPONDS TO COLOR OF BRIEF.



PRODUCT CHANGE REQUEST FORM

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

- Any product or size change requires a product change request form to be completed.
- Completed request needs to be signed by the person making the request and approved/returned to the Incontinence Manager so order can be adjusted.
- Ensure change is documented on all incontinence forms managed throughout the facility.

Individual's Name: _____ Room#: _____

Reason for change: _____

Product change requested: _____

Change requested by: _____ Date: _____

Approved by: _____ Date: _____

Care Plan updated: _____

Individual list updated: _____



NEW EMPLOYEE ORIENTATION

Staff Development Guidelines:

- Introduction of Attends[®] products can be incorporated into your new employee orientation process.
- This guideline can be used with existing employees to conduct an in-service as a “refresher” course.
- The time allotted should be approximately 30 minutes.

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 & FORMS:

- Product Selection Guide
- Sizing Guides
- Staff Sign In
- Competency Check List
- In Service Learning Objectives
- In Service Quiz

STAFF SIGN-IN SHEET

FACILITY: _____ DATE: _____

PRESENTER: _____ TIME: _____

	NAME	TITLE	FLOOR	SHIFT
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				

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 individual 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 to determine product and size.
- ☐ 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 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 individuals.
- ☐ Remind the staff that they should NOT borrow from other individuals, and let them know who they should contact if they DO NOT have the appropriate product or size.



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 appropriate assessment.		
2. Demonstrates how to navigate the Brief Sizing Guide to determine correct brief sizing.		
3. Identifies the correct color of brief from sizing guide.		
Brief Application		
The Caregiver:	Yes	No
1. Opens brief completely - unfolding side panels.		
2. Positions individual on side.		
3. When applying a brief, align the top edge of the brief to the beltline. This will help to center the brief front to back and side to side.		
4. Rolls individual 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 individual 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.		
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 individual's room.		

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

Employee: _____ Date: _____

Trainer: _____ Date: _____

IN-SERVICE LEARNING OBJECTIVES

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

1. Select the **appropriate incontinence product** based on continence assessment.
2. Determine **appropriate sizing** of brief and underwear.
3. Discuss and demonstrate **proper application** of product, including where to pull and position on brief side panels and where brief is reinforced.
4. List **benefits** of correct sizing to individual, staff, facility.
5. Understand and perform **perineal care** according to facility protocols.
6. Understand **change protocol** and the use of wetness indicator.
7. Define **proper disposal** of soiled incontinence products.



IN-SERVICE QUIZ

Choose the best answer to each:

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 individual has had a bowel movement
- d. Only if the brief is totally saturated

6. Proper sizing of disposable briefs:

- a. Promotes individual 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

IN-SERVICE QUIZ ANSWERS

Answers

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

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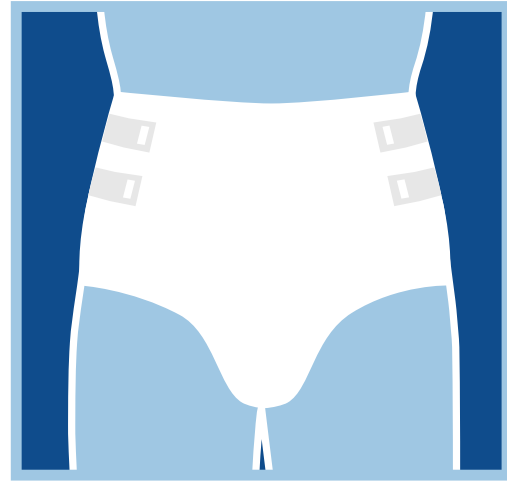
IDENTIFYING CORRECT FIT

Try the **“Would You Wear It?”** Test

Does it look and fit like a pair of underwear?



Underwear



Briefs

Does it fit correctly?



Is it too tight?



How does it fit around the legs?



Does it shift or bunch?



Is it too loose?



How much overlap is there on each side?

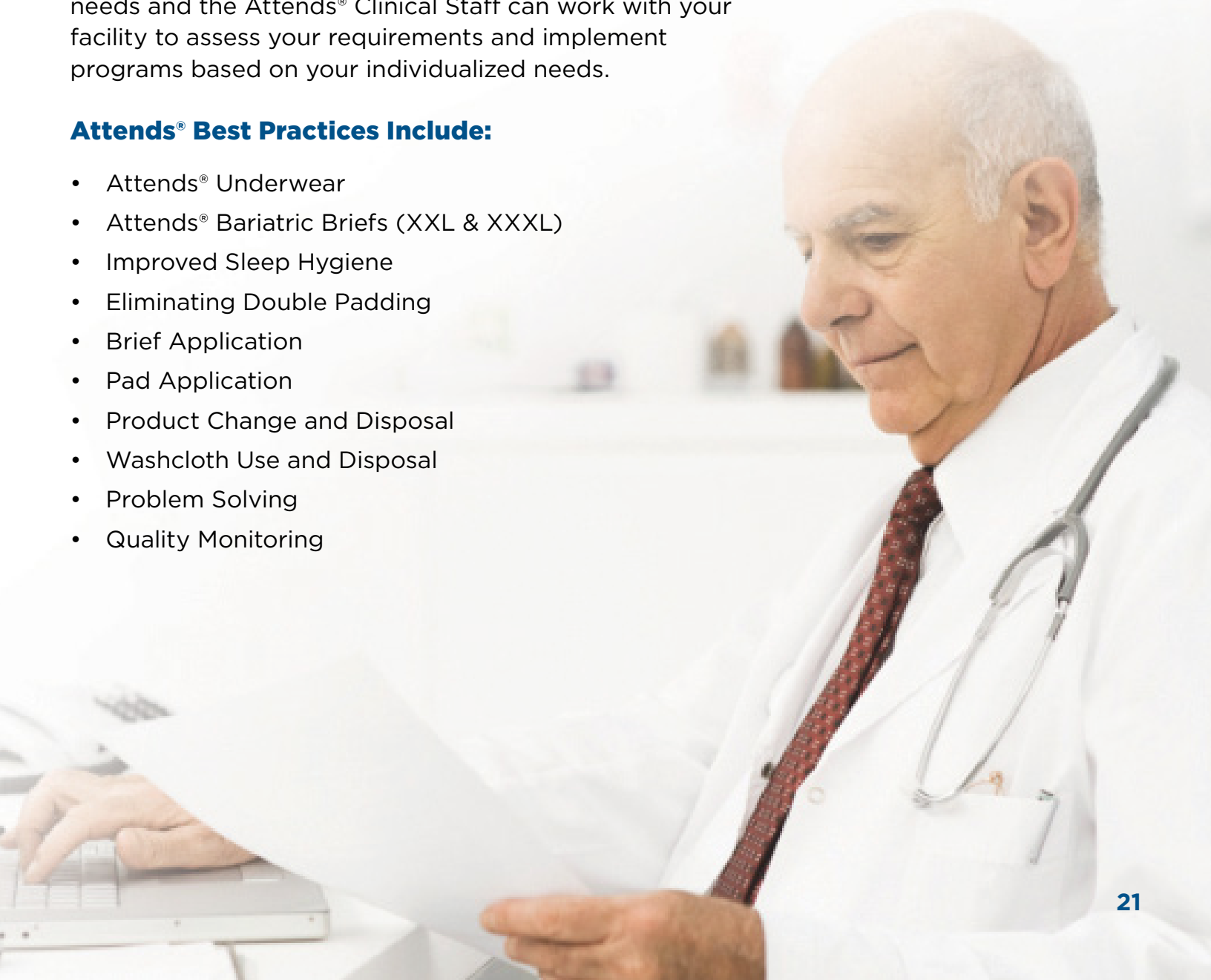
ATTENDS® BEST PRACTICES

Attends® is a pioneer in providing quality products with a singular focus on incontinence management for more than 40 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
- Attends® Bariatric Briefs (XXL & XXXL)
- Improved Sleep Hygiene
- Eliminating Double Padding
- Brief Application
- Pad Application
- Product Change and Disposal
- Washcloth Use and Disposal
- Problem Solving
- Quality Monitoring



BEST PRACTICES: ATTENDS® UNDERWEAR



Attends® Underwear

Attends® Underwear is designed for light to heavy incontinent individuals who can toilet independently. Worn under clothing like regular underwear, they provide an alternative to briefs for more active people.

The goal is to continue independence as long as possible.

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

Attends® Underwear is appropriate if:

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



PREMIUM SOFTNESS



COMFORTABLE FIT



**BREATHABLE
MATERIALS**



ODOR CONTROL

BEST PRACTICES: ATTENDS® BARIATRIC CARE



Attends® Bariatric Briefs & Underwear (XXL & XXXL)

Obesity is a growing medical concern in North America. Approximately 1/3 of adult Americans are obese, and numbers are growing. This weight can cause excessive bladder pressure, often resulting in incontinence for obese individuals. Skin wellness is also a concern, especially for individuals sedentary for extended periods. To address this issue, we provide Attends® Bariatric Products.

- Flexible, soft stretch panels for a secure, individualized, comfortable fit up to 100”.
- Innovative design provides for ultimate performance and fit while remaining both economically and environmentally sustainable.
- High performance, multi-layer core stays dry, maintains integrity through multiple voids.
- Breathable fabric with superior softness delivers comfort and skin wellness.
- Interior leg cuffs offer additional leakage barrier protection.

Attends® XXL Bariatric Product criteria:

- The typical weight of this Individual is greater than 250 lbs.
- Product should be placed in the designated individual’s room, not stored in a central closet.

Attends® XXXL Bariatric Product criteria:

- The typical weight of the Individual is greater than 300 lbs.
- Product should be placed in the designated individual’s room, not stored in a central closet.
- Approval of the product should be by Director of Nursing or appropriate facility designee.
- **If the Individual doesn’t fit in XXXL Brief or Underwear, Attends XL Bariatric Underpad may be used, which supports up to 400 lbs.**



PREMIUM SOFTNESS



COMFORTABLE FIT



CONFIDENCE CUFF™
PROTECTION



BREATHABLE
MATERIALS



ODOR CONTROL

BEST PRACTICES: SLEEP HYGIENE



Using Attends® Overnight Products for nighttime incontinence:

1. Reduces changes of heavily incontinent individuals
2. Reduces disturbances of individuals 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® Overnight Products should include:

- Development of an individualized plan of care for nighttime incontinence.
- Peri-care to be done with every brief change. If a bowel movement has occurred, please change the brief immediately.
- Individuals 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 individual's room.



BEST PRACTICES: ELIMINATING 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** - Assessing each individual so they are in the proper product based on their incontinence needs eliminates the need for "double padding." Using just one product at a time is sufficient for optimal protection.

As there is such a large selection of product types and absorbency levels, an assessment should always be completed for best outcomes.

- **REEVALUATE PRODUCT SELECTION AND INDIVIDUAL CONTINENCE STATUS** - There may have been a change in individual condition or level of incontinence 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, potentially causing pressure ulcers.



- **BRIEFS** - Only one brief should be used; never double brief. 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 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 an individual will request a bladder control pad inside of Protective Underwear because they do not have reusable underwear. Provide the individual with reusable underwear that meets their absorbency needs.
- **DISCUSS AND DOCUMENT** - Double padding is often done at the request of individual or family. A discussion with the individual/family should outline why the product was chosen and why double padding is detrimental to individual. If individual/family member is still insistent, document in care plan.
- **EDUCATE STAFF, INDIVIDUAL AND FAMILY** - Continuously educate on the benefits of individualized product selection and the potential risks of double padding.



CORRECT



INCORRECT



BEST PRACTICES: BRIEF APPLICATION

- 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 individual?

In-bed application



1. Fully open brief. Roll individual to one side. Position soft side of clean brief against skin. Align the top edge of the brief to the beltline. This will help to center the brief front to back and side to side.
2. Pull brief up between the individual's legs with pad snug against perineum. Smooth side panels across individual'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.

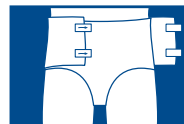


3. Fasten tape tabs. Adjust panels as necessary for a comfortable, secure fit.

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 the top edge aligns to the beltline. This will help to center the brief front to back and side to side. Pull up front of brief between individual's legs, with pad snug against perineum. Smooth side panels across individual'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 individual stand, making sure they are stable.
2. Place brief on the seat, so individual will sit in the center of brief, positioning the inner lining of the brief against skin.
3. Sit individual down, making sure to align the top edge of the brief to the beltline. This will help to center the brief front to back and side to side.
4. Proceed with Steps 2-3 (above) from the In-Bed Application.

BEST PRACTICES: STRETCH BRIEF APPLICATION

- Interior Leg cuffs provide **ConfidenceCuff™ Protection**. Always face the leg gathers toward the outside and ensure 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 individual?



In-bed application



1. Fully open brief. Roll individual to one side. Position soft side of clean brief against skin. Align the top edge of the brief to the beltline. This will help to center the brief front to back and side to side.



2. Pull brief up between the individual's legs with pad snug against perineum. Smooth side panels across individual'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.

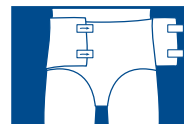
Standing application



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 the top edge aligns to the beltline. This will help to center the brief front to back and side to side. Pull up front of brief between individual's legs, with pad snug against perineum. Smooth side panels across individual'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

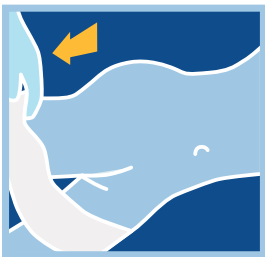
1. Help individual stand, making sure they are stable.
2. Place brief on the seat, so individual will sit in the center of brief, positioning the inner lining of the brief against skin.
3. Sit individual down, making sure to align the top edge of the brief to the beltline. This will help to center the brief front to back and side to side.
4. Proceed with Steps 2-3 (above) from the In-Bed Application.

BEST PRACTICES: PAD APPLICATION

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 individual?
- When finished make sure only the soft lining is in contact with the person's skin.
- Dispose of soiled product according to facility policy.

In-Bed Application



1. For in-bed individual, roll on their side. For standing individual help them Stand. Make sure they are stable. Pull current **PANT** down to mid-thigh.
2. Gently remove current soiled **PAD**. Pull the pad from **BEHIND** the person. Carefully fold the pad and dispose of the 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 individual'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.

Standing Application



Wheelchair - Sitting Individual:

1. Help the person 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. Position the soft side of the pad against the skin.
4. Sit individual down, making sure to align the top of the indicator to their coccyx.
5. Proceed with steps 5 and 6 from above.

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

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, person'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 a plastic garbage bag and remove from individual'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:

The change indicator can help a caregiver know how to position the brief correctly. When applying a brief, be sure to align the top edge of the brief to the beltline. This will help to center the brief front to back and side to side.



BEST PRACTICES: WASHCLOTH USE AND DISPOSAL

Attends® Washcloths are specifically formulated for the needs of incontinent individuals.

Incontinence-related conditions such as Pressure Ulcers (PU) and Incontinence Associated Dermatitis (IAD) require a treatment plan which addresses and prevents their specific skin-related symptoms. Attends® washcloths not only cleanse and soothe skin, but also help prevent future irritation.



Attends Washcloths provide convenient, one-step skin care, including:






- Premium soft material
- pH-balanced cleansing formula
- Fresh Touch Moisturizer™
- Free of parabens, latex and alcohol
- Available in scented and unscented

DISPOSAL OF WASHCLOTHS:

- Dispose after single use
- Do not flush



BEST PRACTICES: PROBLEM SOLVING

PROBLEM:	PROBABLE CAUSE(S):	SOLUTION(S):
 Blisters	<ul style="list-style-type: none"> • Backsheet turned under • Tape touching skin • Brief applied too tightly 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Leg gathers not fitted in leg creases 	<ul style="list-style-type: none"> • Position leg gathers in crease of groin; make sure leg gathers are turned out with backsheet away from skin
 Redness/irritation around perineum	<ul style="list-style-type: none"> • Lack of proper peri-care • Infrequent changes 	<ul style="list-style-type: none"> • Ensure proper peri-care is done with each change • Change brief in a timely manner per facility protocol or individual's care plan
 Redness on inner thighs	<ul style="list-style-type: none"> • Thick thighs tightly closed • Poor cleaning/wet brief • Brief is too large; baggy between thighs 	<ul style="list-style-type: none"> • Skin should be kept clean and dry • Check for correct size; leg gathers fitted in groin
 Wet linen or clothing	<ul style="list-style-type: none"> • Individual not wearing brief • Brief saturated • Loose fit • Improper size • Incorrect penis position 	<ul style="list-style-type: none"> • Evaluate individual's need for brief • Report to charge nurse • Check every 2 hours and change when wet per facility policy and protocol • 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.

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 Team 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 individuals 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 individuals 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.



[illegible]

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) are best for the individual 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 or underwear a "diaper". Please refer to the product as brief or underwear.
- DON'T:** Double-brief. Use only one incontinence product.



PROMOTING SKIN WELLNESS:

INCONTINENCE-ASSOCIATED DERMATITIS (IAD)

What is IAD?

- Painful skin condition secondary to urinary and fecal incontinence
- Irritation and inflammation of skin which develops from prolonged exposure to urine and/or feces
- The first type of Moisture Associated Skin Damage (MASD) is called Incontinence Associated Dermatitis (IAD)

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 perineum and scrotum skin 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 skin's normal flora
- Moisture on skin can make skin 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)

PRESSURE ULCERS (PU)

- Difficult to differentiate pressure ulcers
- Stage 1 PU typically presents over bony prominence and as localized redness or skin discoloration
- PU skin damage occurs from inside out

IAD

- IAD presents as diffuse redness and discoloration where urine comes in contact with the skin
- Skin damage from IAD presents over bony prominence and is localized on the skin surface.

Prevention through Skin Care

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

Moisture Management and Incontinence Products

- Breathable cloth-like briefs are less likely to trap moisture next to skin. Correct product sizing and application maximize the benefits of the breathable side panels
- Consider user's level of incontinence, gender, fit, and ease of use when selecting an incontinence product





IAD is manageable and preventable with education, skin care protocols followed, and use of Attends® disposable incontinence products.

Incontinence-Associated Dermatitis Intervention Tool (IADIT)

Skin Care for Incontinent Persons

The #1 priority is to address the cause of incontinence. Use this tool until incontinence is resolved.

1. Cleanse incontinence ASAP and apply barrier.
2. Document condition of skin at least once every shift in nurse's notes or per organization's policy for documenting skin breakdown.
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 in cases of IAD complicated by secondary infection.

	Definition	Intervention
HIGH-RISK	<p>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).</p> <p>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</p>	<ol style="list-style-type: none"> 1. Use a disposable barrier cloth containing cleanser, moisturizer, and protectant.^{2,3} 2. If barrier cloths not available, use acidic cleanser (6.5 or lower), not soap (soap is too alkaline); cleanse gently (soak for a minute or two – no scrubbing); and apply a protectant (ie: dimethicone, liquid skin barrier or petrolatum).
EARLY IAD 	<p>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, yellow, very dark red/purple) and palpation may be more useful.</p> <p>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.</p>	<ol style="list-style-type: none"> 3. If briefs or underpads are used, allow skin to be exposed to air for 30 minutes twice a day by positioning semi-prone. Use containment briefs only for sitting in chair or ambulating – not while in bed. 4. Manage the cause of incontinence: a) Determine why the person 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.⁴
MODERATE IAD 	<p>Affected skin is bright or angry red – in darker skin tones, it may appear white, yellow, or very dark red/purple.</p> <p>Skin usually appears shiny and moist with weeping or pinpoint areas of bleeding. Raised areas or small blisters may be noted.</p> <p>Small areas of skin loss (dime size) if any.</p> <p>This is painful whether or not the person can communicate the pain.</p>	<p>↑ Include treatments from box above plus:</p> <ol style="list-style-type: none"> 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, castor oil) but remember balsam of peru is pro-inflammatory. 9. Consult WOCN if available.
SEVERE IAD 	<p>Affected skin is red with areas of denudement (partial-thickness skin loss) and oozing/bleeding. In dark-skinned persons, the skin tones may be white, yellow, or very dark red/purple.</p> <p>Skin layers may be stripped off as the oozing protein is sticky and adheres to any dry surface.</p>	<p>↑ Include treatments from box above plus:</p> <ol style="list-style-type: none"> 10. Position the person semiprone for 30 minutes twice a day 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 	<p>This may occur in addition to any level of IAD skin injury.</p> <p>Usually spots are noted near edges of red areas (white, yellow, or very dark red/purple areas in dark-skinned patients) that may appear as pimples or just flat red (white or yellow) spots.</p> <p>Person may report itching which may be intense.</p>	<p>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). In order to avoid resistant fungus, use zinc oxide and exposure to air as the first intervention for fungal-appearing rashes. If this is not successful after a few days, or if the person is severely immunocompromised, then proceed with the following:</p> <ol style="list-style-type: none"> 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 breasts, under pannus, and in groin. 6. If no improvement, culture area for possible bacterial infection.

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

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 - 1st Teleconference
Restorative Nursing



RESTORATIVE NURSING BLADDER AND BOWEL TRAINING PROGRAM: SAMPLE PROTOCOL

A Guide to Individual Bladder & 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 a Urinary Toileting Program

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

Policy: Individualized programs will be provided to individuals 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 individuals 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 individuals 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 individuals on each unit should be in a retraining program at one time.
5. Encourage individual to drink at least 1500cc of fluids if not on a fluid restriction program.
6. Encourage the individual 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 individual as much privacy as possible.
8. Encourage individual to empty bladder completely at each void.
9. Individuals on a retraining program need to be continually encouraged to remain on the training program.

RESTORATIVE NURSING BLADDER AND BOWEL TRAINING PROGRAM: SAMPLE PROTOCOL

Program Levels

A BLADDER/BOWEL RETRAINING

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

1. Individual toileting pattern observed and documented on the Bladder & Bowel Diary for 3-7 days.
2. Hydration will be assessed by dietician, primary care staff and individual based on preferences and habits. Fluid plans per dietician recommendations based on the weight, size and medical condition of the individual.
3. A scheduled delayed voiding will be developed by nursing and the individual based on the diary patterns. The preferred delay time is 15-30 minutes after established voiding times.
4. Individual 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 individual will be included in one of the other programs to address his/her individualized needs and this will be care planned.

B PROMPTED VOIDING/BOWEL ELIMINATION: TOILETING PROGRAM

This level is recommended for the individual 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 toileting pattern observed and documented on the Bladder & Bowel Diary for 3-7 days.
2. Bowel incontinent individuals will be placed on toileting schedule as indicated by the Bladder & Bowel form.
3. Nursing will establish a planned schedule for taking the individual to the toilet or reminding him/her to go.
4. If the time frame established is not effective, schedule should be readjusted to meet the individual'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 to ensure 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 individual's need.

RESTORATIVE NURSING BLADDER AND BOWEL TRAINING PROGRAM: SAMPLE PROTOCOL (CONT.)

Ⓒ HABIT TRAINING/SCHEDULED VOIDING

Habit training is used to treat functional incontinence. It sets a schedule for urinating (voiding) that is determined by the individual'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 toileting pattern will be observed and documented on the Bladder and Bowel Diary for 3-7 days.
2. Individuals 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 individual to the toilet. If the time frame established is not effective, the schedule should be readjusted to meet the individual'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 individual's individualized need.

Ⓓ SCHEDULED INCONTINENCE CARE / CHECK AND CHANGE

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

1. The individual 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 individual's individualized need.

RESTORATIVE NURSING: ASSESSMENT TOOL RECOMMENDATIONS

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

► **Individual Physical Assessment (Bladder & Bowel Incontinence Assessment)**

Done on admission of incontinent individuals, and/or when there is a change in continence. This should be a permanent record on the chart.

► **Catheter Assessment**

This worksheet should be completed upon admission and contains best practices for a care plan with catheters.

► **Incontinence Category Evaluation**

This is a worksheet to document type of incontinence. This checklist should be completed on admission of incontinent individuals and/or when a individual becomes incontinent or has changes in their continence or status. This worksheet should be kept according to facility policy.

► **Types of Incontinence**

This summarizes the types of incontinence with definitions following the Evaluation

► **Incontinence Assessment Summary**

This is completed at the end of the incontinence evaluation to determine type of incontinence the individual 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 and 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 Voiding Diary**

The diary should be done for 3-7 days to establish the individual's voiding and elimination pattern on individuals that are incontinent. This worksheet should be kept according to facility policy.

RESTORATIVE NURSING: ASSESSMENT TOOLS

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 individual's physician.

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

- | | |
|--|--|
| <input type="checkbox"/> Pain or burning sensation while urinating | <input type="checkbox"/> Straining to void |
| <input type="checkbox"/> Difficulty beginning stream of Urine | <input type="checkbox"/> Difficulty stopping stream of urine |
| <input type="checkbox"/> Vaginal discharge | <input type="checkbox"/> Perineal discomfort/pain |
| <input type="checkbox"/> Scrotal discomfort/pain | <input type="checkbox"/> Testicular discomfort/pain |
| <input type="checkbox"/> Urinary Tract Infection | |

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

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Normal | <input type="checkbox"/> Dark |
| <input type="checkbox"/> Cloudy | <input type="checkbox"/> Bloody |
| <input type="checkbox"/> Strong smell | <input type="checkbox"/> Sediment or mucus in urine |

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

- | | | |
|--|---|---|
| <input type="checkbox"/> Diuretics | <input type="checkbox"/> Anticholinergics | <input type="checkbox"/> Sedatives/Muscle Relaxants |
| <input type="checkbox"/> Narcotic Analgesics | <input type="checkbox"/> Antipsychotics | <input type="checkbox"/> Calcium channel blockers |
| <input type="checkbox"/> Antidepressants | <input type="checkbox"/> Antihistamines | <input type="checkbox"/> Parkinson's Disease drugs |
| <input type="checkbox"/> Antispasmodics | <input type="checkbox"/> Laxatives | <input type="checkbox"/> Antacids |

4. Describe Individual'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 individual's current incontinence situation: (check one)

- ☐ Same
☐ Better
☐ Worsening

RESTORATIVE NURSING: ASSESSMENT TOOLS

PHYSICAL ASSESSMENT (CONTINUED)

6. Check and/or complete the following questions related to individual's bowel history:

- | | | |
|--|---|---|
| <input type="checkbox"/> Laxative Use | <input type="checkbox"/> Enema Use | <input type="checkbox"/> History of Impaction |
| <input type="checkbox"/> Hemorrhoids | <input type="checkbox"/> Fissures/Fistula | <input type="checkbox"/> Bleeding |
| <input type="checkbox"/> Irritations | <input type="checkbox"/> Pain | <input type="checkbox"/> Incontinent of Bowel |
| <input type="checkbox"/> Has the perception of need to defecate | | |
| <input type="checkbox"/> Uses food items to stimulate elimination. | | |

If so, what & when? _____

7. Consistency:

- | | | |
|--------------------------------------|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Soft/Formed | <input type="checkbox"/> Small/Dry | <input type="checkbox"/> Pasty |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Hard | <input type="checkbox"/> Other _____ |

8. Average 24-hour fluid intake: _____

9. Fluids preferred: _____

10. Diet plan: _____

RESTORATIVE NURSING: ASSESSMENT TOOLS

CATHETER ASSESSMENT

1. Does the individual 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 and the individual 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 individual 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 Stage IV pressure ulcer, terminal illness or severe impairments which make the positioning or clothing changes painful.

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

RESTORATIVE NURSING: ASSESSMENT TOOLS

INCONTINENCE CATEGORY EVALUATION

Name: _____ Room Number: _____

Date: _____ Completed By: _____

Directions for completing evaluation:

Check all the following statements that apply to this individual. Total your checkmarks at 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 individual 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

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

Section I Total _____

Section II: Urge Incontinence

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

Section II Total _____

RESTORATIVE NURSING: ASSESSMENT TOOLS

INCONTINENCE CATEGORY EVALUATION (CONTINUED)

Section III: Overflow Incontinence

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

Section III Total _____

Section IV: Functional Incontinence

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

Section IV Total _____

RESTORATIVE NURSING: ASSESSMENT TOOLS

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.

RESTORATIVE NURSING: ASSESSMENT TOOLS

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 _____ *(Individual's Name)*
indicated the most appropriate incontinence care plan is:

3. Recommend Absorbent product(s) and size:

RESTORATIVE NURSING: 3-7 DAY VOIDING DIARY

Date Monitoring Began	Individual:	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 ___Total dependence	Elimination devices in use ___External catheter ___Pads ___Briefs ___Incontinence alarm ___Other:
--	---	--

Comments:

- Corresponding to the time it occurred, circle **BL** if individual was incontinent of Bladder, or **B** if incontinent of Bowel. Circle both **BL** and **B**, if individual was incontinent of both.
- Each time individual 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
12 Mid	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			
2 am	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			
4 am	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			
6 am	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			
8 am	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			
10 am	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			
12 noon	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			
2 pm	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			
4 pm	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			
6 pm	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			
8 pm	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			
10 pm	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			
NIGHTS																														
DAYS																														
EVENINGS																														

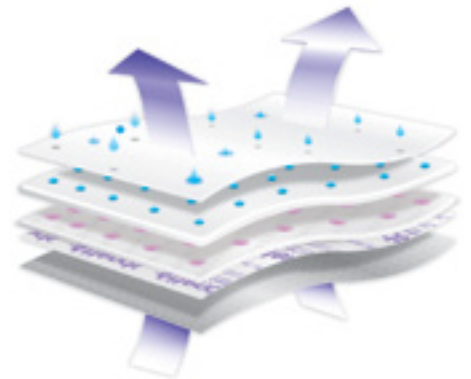
UNDERPAD SELECTION

Our underpads come in four absorbency levels: Light, Moderate, Heavy and Severe. 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 individuals, mattresses and chairs from wetness. We also offer a wide variety of Premium Underpads with unique features that help promote skin wellness and a more dignified environment for each individual. Several of the Specialty Underpad products are featured below:

Attends[®] Supersorb[™] Premium Underpads

Reduces the need for multiple underpads by combining the benefits of a breathable underpad, an extra strength underpad, and a super absorbent underpad. Breathable backsheet makes these premium underpads an excellent choice for use on airflow therapy beds or for individuals who are at high risk for skin breakdown. Cloth-like softness and strength with the convenience and sensibility of a disposable. Constructed with a Dry-Lock[®] Containment Core to keep skin protected and furniture protected.



Attends[®] Supersorb[™] XL Bariatric Underpad

The Attends[®] Bariatric Underpad offers repositioning capability up to 400 lbs. for those individuals whose weight can cause excessive pressure on the bladder. Dry-Lock[®] absorbent core and soft, cloth-like topsheet provide comfort against the skin. A strong, breathable backsheet keeps the underpad in place and the air-permeable design maximizes benefit of low-air-flow mattress therapy. Odor-control properties help maintain healthy environment.



Attends[®] Air-Dri[®] Breathable 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 backsheet that provides added assistance in positioning individuals, thus eliminating the need for linen turning sheets.



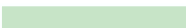





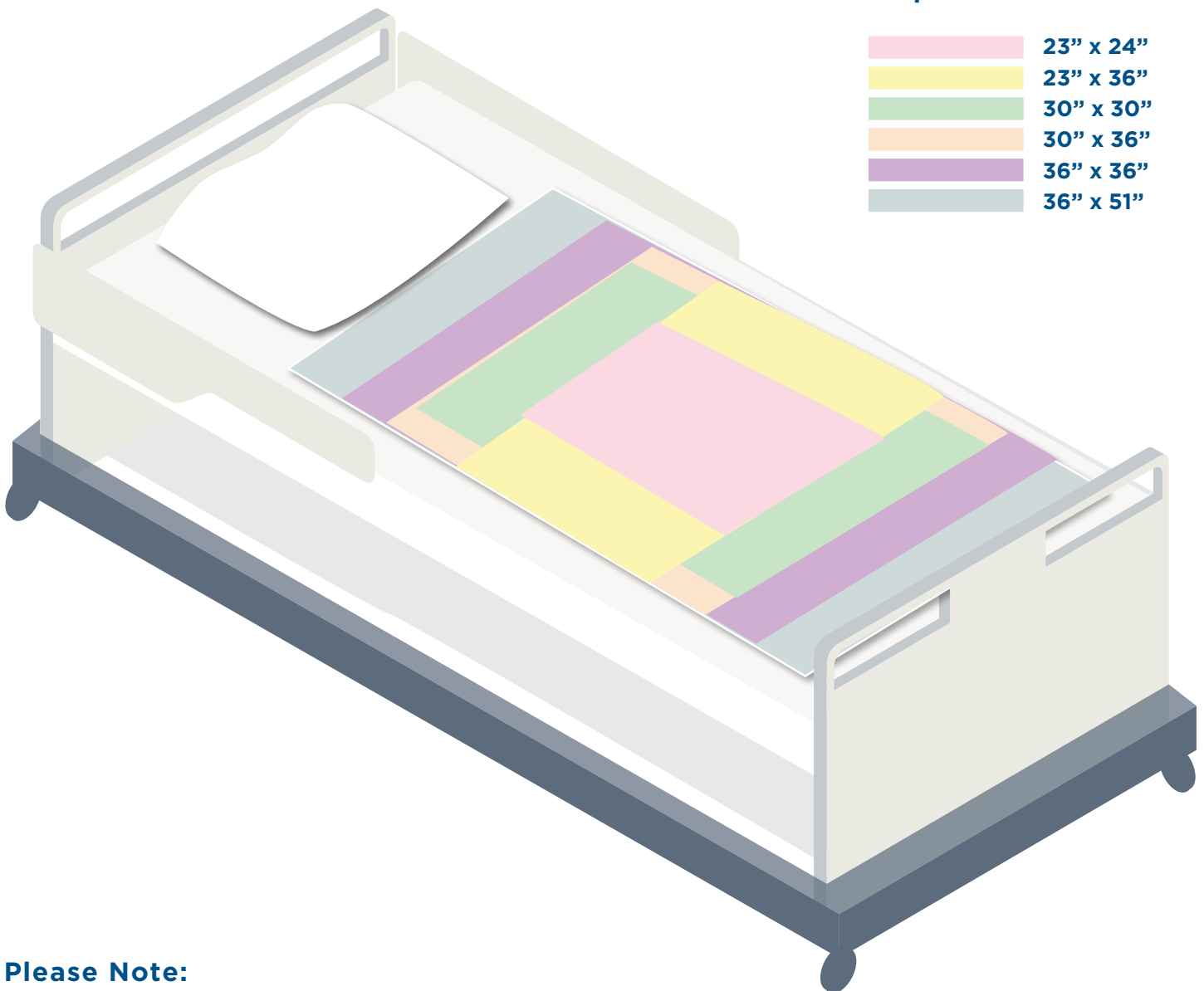
UNDERPAD SELECTION

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 bariatric sizes 36" x 51". 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 these are generally too small for use on a bed. Larger underpad sizes are available in some of our specialty underpads.

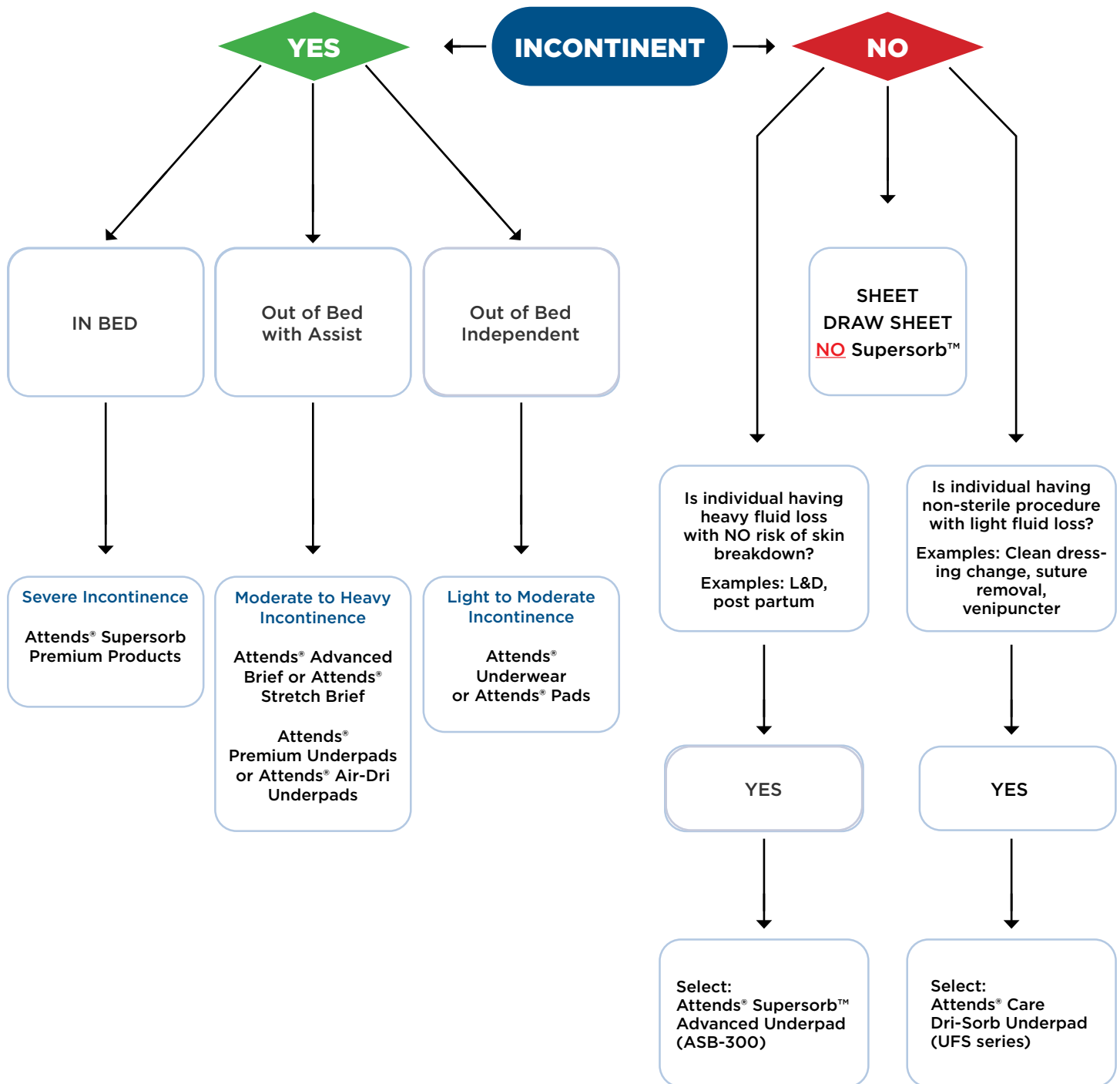
Underpad Sizes Available

	23" x 24"
	23" x 36"
	30" x 30"
	30" x 36"
	36" x 36"
	36" x 51"

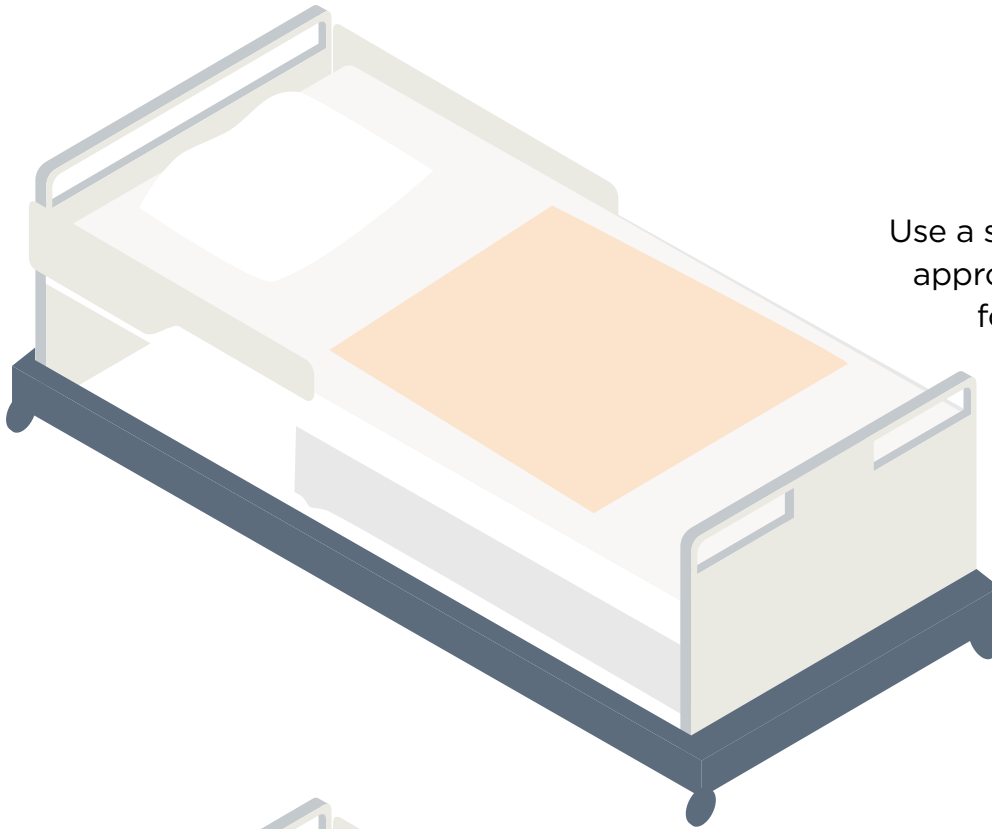


Please Note:
Underpad sizing for illustration only.
DO NOT use multiple underpads.

UNDERPAD SELECTION ALGORITHM

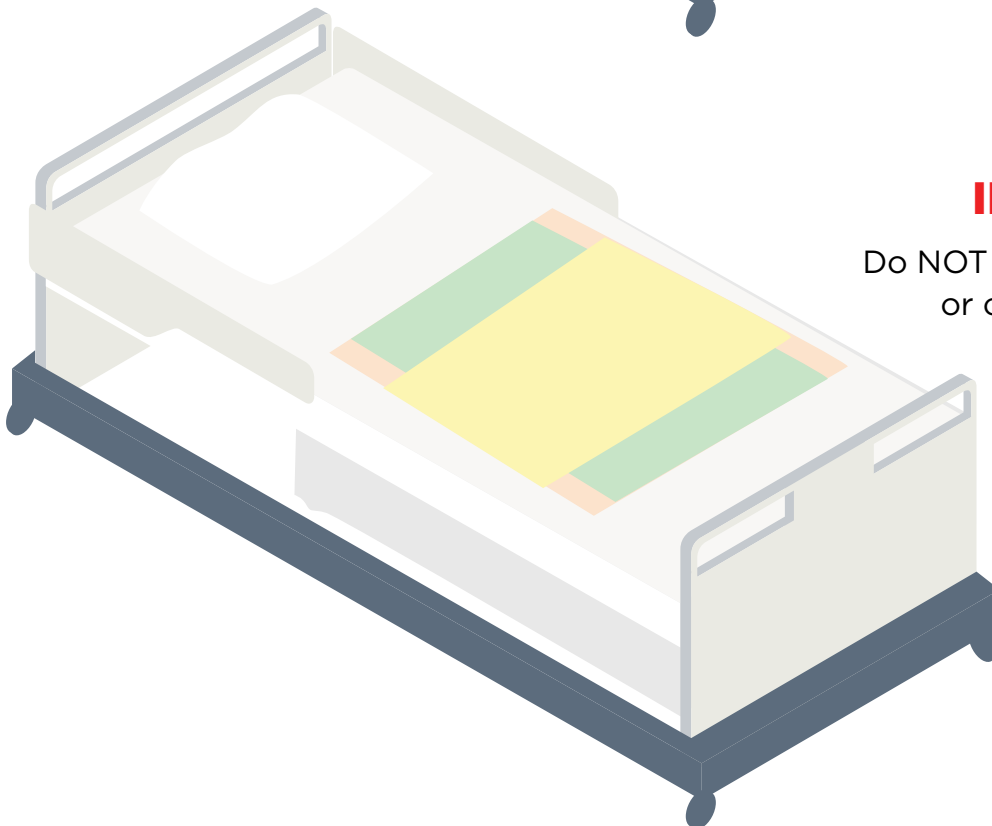


UNDERPAD APPLICATION



CORRECT

Use a single underpad of the appropriate type and size for the individual.



INCORRECT

Do NOT use multiple underpads or overlap underpads!

ATTENDS® SUPERSORB™ PREMIUM UNDERPAD BEST PRACTICES

Policy:

1. To provide a standardized process for the use of the Attends® Supersorb™ Premium Underpads.
2. Underpad is to be used on all incontinent individuals 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® Supersorb™ Premium Underpads were developed to promote skin health. It is recommended for use on airflow therapy beds or for individuals who are at high risk for skin breakdown due to incontinence.

- The pad's air-permeable layers allow air to flow through to help reduce heat retention, promote healthy skin and help reduce the 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 individual dignity.
- Use of the Attends® Supersorb™ Premium Underpads reduce the need for multiple underpads. One pad only can be utilized on all types of bed surfaces.
- Attends® Supersorb™ Premium Underpads offer protection for the bed against moisture.
- The extra strength backsheet is stronger than standard underpads and can be used to reposition the individual in bed. Weight support for repositioning varies based on Premium Underpad used. Highest weight that can be supported is 400 pounds.
- Not designed for individual transfer.

Procedure:

1. It is recommended that the bed be made with a fitted sheet, a draw sheet and **ONE** Attends® Supersorb™ Premium Underpad.
2. Unfold the underpad and place it on the bed as follows:
 - Centered under the individual's buttocks
 - Print side down
 - The long side of the underpad placed across the width of the bed.
3. Change the underpad when it is soiled.
4. If using the pad to reposition the individual 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® Supersorb™ Premium Underpads
6. Do not use this pad in conjunction with any other soaker pad, cloth pad, chux, disposable underpad, etc.



FEEL CONFIDENT, KNOWING YOU'RE PROTECTED.

Incontinence facts

Millions of 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 health-care 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 40 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.



FEEL CONFIDENT, KNOWING YOU'RE PROTECTED.

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. 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.





OUR MISSION

We champion health, dignity and comfort, every day, through what we make and how we work.

OUR VISION

Be the best at combining global scale and local intimacy to make absorbent hygiene effective, affordable and widely available.

OUR VALUES

Caring, Agile, Innovative, Unique, Personal and Genuine

MAKING IT PERSONAL

At Attindas, Personal Care is not just how we describe our business.

It's our mission.

It's personal.

It's a child, a loved one, it's often about those that can't help themselves.

Caring for them can only be personal.

So Personal Care isn't our category; it's our calling, our purpose.

We imagine the solutions that make caring for babies' skin and preserving dignity and independence easier, more affordable for everyone.

At Attindas, **we believe everyone deserves personal care.**



MAKING IT PERSONAL

MAKER OF THE BRANDS

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