




## Pad Selection Guide

All products are 2-piece (pad secured with garment) systems. The TEWV continence formulary is available via the Physical Health intranet page.

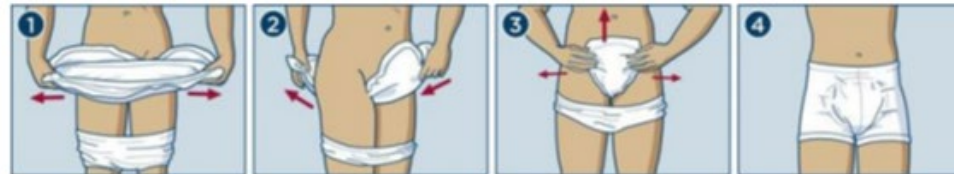
Light urinary incontinence only	Moderate/heavy urinary incontinence only OR double incontinence	Faecal incontinence only (e.g. people with a urinary catheter insitu)
<p>Attends Soft 4 pad</p>  <p>Secured by removing strip and sticking adhesive underside of pad to patient's own close-fitting underwear.</p>	<p>Attends Contours Regular 7 pad <b>OR</b> Attends Contours Regular 8 pad</p>  <p>Both secured with Attends Stretch Pants – colour coded by size as follows:  <b>Small – red</b>  <b>Medium – blue</b>  <b>Large – brown</b>  <b>Extra large – green</b>  <b>Extra extra large – orange</b></p>  <p>Attends Stretch Pants are single patient items but can be laundered up to 25 times.</p>	<p>Attends F6 pad</p>  <p>Secured with Attends Stretch Pants (see column to left).</p> <p>Note – <b>not to be used for any urinary incontinence</b> as product will not absorb fluid, is designed only to contain faecal incontinence. <b>Remember 'F for faeces.</b></p>
<p>Above pad numbering relates to absorbency – the higher the number the higher the absorbency. Please begin with lower absorbency and increase only if needed.</p>		



### Important considerations

- Staff must acknowledge the patient's personal preferences and wishes. Wherever possible these preferences need to be considered to promote collaborative decision making, privacy and dignity, and, to prevent iatrogenic harm.
- Patient consent **must** be gained prior to any assessment and/or implementation of care, **considering capacity assessments where appropriate.**
- Staff **must** support patients using incontinence pads to maintain good levels of personal hygiene and skin care. This is integral to preventing moisture associated skin damage from occurring. Further guidance can be accessed on the Tissue Viability intranet page.

### Fitting Guide – Patient Standing



### Fitting guide – Patient Laid Down



### Hints and tips

#### Fitting

- Place smaller end of the pad to the front and the larger end to the back.
- Fold pad lengthways and gently cup the pad.
- Position pad towards the front for male patients/patients with a penis or centrally for female patients/patients without a penis.

#### Changing

- Contours regular 7 and 8 pads have a wetness indicator on the exterior of the pad – when this has disappeared/smudged over half the length of the pad the pad must be changed as further absorbency will be limited.
- F6 (faecal only) pads require changing as soon as soiled.

#### Leakage

- Check placement of pad and that appropriate securing in place (i.e. close fitting underwear or Attends Stretch Pants depending on pad type).
- Only increase the absorbency of the pad when you have ruled out any issues with fitting.
- For ongoing leakage and fitting issues please seek further advice (see below contact details).

Title: Adult Incontinence Care Advice and Support Protocol

Produced by: Laura Cummings – Tissue Viability and Physical Health Nurse

Approved by: IPC/Physical Health Cell Call

Date approved: 16/11/2022

Date review due: 29/03/2025

Protocol number: CLIN-0060-v3.1

# Adult Incontinence Care Advice and Support Protocol

This protocol should be read alongside the Consent to Examination or Treatment Procedure



Tees, Esk and Wear Valleys  
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**First contact for all incontinence concerns or queries should be inpatient Medic on site/on call, inpatient Physical Healthcare Practitioners or Primary Care Team. If further advice is needed the following sources can be accessed.**

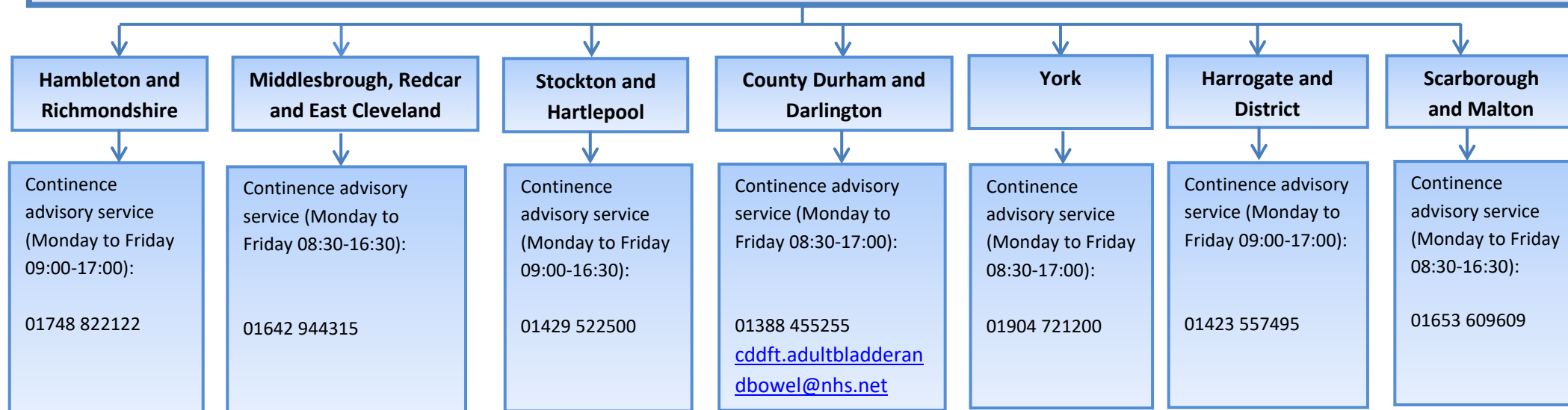
**Patients experiencing new incontinence that is not likely to resolve (e.g. acute urinary tract infection or acute digestive tract infection may cause incontinence that will resolve following treatment), or patients experiencing long term poorly controlled incontinence should be referred for further support via the following contacts.**

For inpatients contact locality team (below) based on ward location.

For discharge planning contact locality team (below) based on discharge destination.

To gain patient history upon admission contact locality team (below) based on patient home address.

For community support contact locality team (below) based on patient home address.



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### Equality Analysis Screening Form

Please note: [The Equality Analysis Policy and Equality Analysis Guidance can be found on the policy pages of the intranet](#)

Section 1	Scope
Name of service area/directorate/department	Nursing and Governance/Physical Healthcare
Title	Adult Incontinence Advice and Support Protocol
Type	Procedure/guidance*
Geographical area covered	Trustwide
Aims and objectives	To support staff who care for patients experiencing incontinence.
Start date of Equality Analysis Screening	09 March 2022
End date of Equality Analysis Screening	09 March 2022

Section 2	Impacts
Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?	Trust staff and patients
Will the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups?	<ul style="list-style-type: none"> <li>• <b>Race</b> (including Gypsy and Traveller) <b>NO</b></li> <li>• <b>Disability</b> (includes physical, learning, mental health, sensory and medical disabilities) <b>NO</b></li> <li>• <b>Sex</b> (Men, women and gender neutral etc.) <b>NO</b></li> <li>• <b>Gender reassignment</b> (Transgender and gender identity) <b>NO</b></li> <li>• <b>Sexual Orientation</b> (Lesbian, Gay, Bisexual, Heterosexual, Pansexual and Asexual etc.) <b>NO</b></li> <li>• <b>Age</b> (includes, young people, older people – people of all ages) <b>NO</b></li> <li>• <b>Religion or Belief</b> (includes faith groups, atheism and philosophical beliefs) <b>NO</b></li> </ul>

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	<ul style="list-style-type: none"> <li>• <b>Pregnancy and Maternity</b> (includes pregnancy, women who are breastfeeding and women on maternity leave) <b>NO</b></li> <li>• <b>Marriage and Civil Partnership</b> (includes opposite and same sex couples who are married or civil partners) <b>NO</b></li> <li>• <b>Veterans</b> (includes serving armed forces personnel, reservists, veterans and their families) <b>NO</b></li> </ul>
Describe any negative impacts	<ul style="list-style-type: none"> <li>• Sex', 'Race' and 'Religion or Belief' – The possible negative impact needs to be considered when considering the gender of the staff member who may support a person with their incontinence needs. This is acknowledged in the protocol which states patient preferences must be considered.</li> <li>• Gender reassignment – this protocol would be inclusive of people who have experienced gender reassignment surgery as pad options would still be suitable.</li> <li>• Article 8 Human Rights Act – Needs to be considered in relation to private life, privacy and dignity.</li> </ul>
Describe any positive impacts	<ul style="list-style-type: none"> <li>• The positive impacts of this policy are that patients who experience incontinence will receive safe, effective and appropriate care.</li> </ul>

Section 3	Research and involvement
What sources of information have you considered? (e.g. legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.)	Yes - All information from Attends as TEWV uses Attends products.
Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the protected groups?	Yes
If you answered Yes above, describe the engagement and involvement that has taken place	Yes – This protocol has been discussed with a representative who works for the company Attends (who's incontinence products we use within the Trust) and discussions were had around appropriateness of products for different genders.
If you answered No above, describe future plans that you may have to engage and involve people from different groups	n/a

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Section 4	Training needs
As part of this equality analysis have any training needs/service needs been identified?	No
Describe any training needs for Trust staff	Trust staff - e-learning needs updating Psychological professions have specific need re formulation
Describe any training needs for patients	No
Describe any training needs for contractors or other outside agencies	no

**Check the information you have provided and ensure additional evidence can be provided if asked**

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**Approval checklist**

To be completed by lead and attached to any document which guides practice when submitted to the appropriate committee/group for consideration and approval.

	Title of document being reviewed:	Yes/No/ Not applicable	Comments
<b>1.</b>	<b>Title</b>		
	Is the title clear and unambiguous?	Yes	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Yes	Protocol
<b>2.</b>	<b>Rationale</b>		
	Are reasons for development of the document stated?	Yes	To support staff who care for patients experiencing incontinence (as stated in equality analysis).
<b>3.</b>	<b>Development Process</b>		
	Are people involved in the development identified?	Yes	
	Has relevant expertise has been sought/used?	Yes	
	Is there evidence of consultation with stakeholders and users?	Yes	Attends representative (as stated in equality analysis).
	Have any related documents or documents that are impacted by this change been identified and updated?	N/A	
<b>4.</b>	<b>Content</b>		
	Is the objective of the document clear?	Yes	
	Is the target population clear and unambiguous?	Yes	
	Are the intended outcomes described?	Yes	
	Are the statements clear and unambiguous?	Yes	
<b>5.</b>	<b>Evidence Base</b>		

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	Title of document being reviewed:	Yes/No/ Not applicable	Comments
	Is the type of evidence to support the document identified explicitly?	Yes	All information from Attends as TEVV uses Attends products.
	Are key references cited?	N/A	
	Are supporting documents referenced?	N/A	
<b>6.</b>	<b>Training</b>		
	Have training needs been considered?	Yes	None identified.
	Are training needs included in the document?	N/A	
<b>7.</b>	<b>Implementation and monitoring</b>		
	Does the document identify how it will be implemented and monitored?	Yes	Clear advice on how staff should use contacts
<b>8.</b>	<b>Equality analysis</b>		
	Has an equality analysis been completed for the document?	Yes	
	Have Equality and Diversity reviewed and approved the equality analysis?	Yes	
<b>9.</b>	<b>Approval</b>		
	Does the document identify which committee/group will approve it?	Yes	IPC/Physical Health Cell Call
<b>10.</b>	<b>Publication</b>		
	Has the policy been reviewed for harm?	Yes	
	Does the document identify whether it is private or public?	Yes	Public
	If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	N/A	

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