

H0300. Urinary Continence

Enter Code

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Urinary continence - Select the one category that best describes the resident

0. **Always continent**
1. **Occasionally incontinent** (less than 7 episodes of incontinence)
2. **Frequently incontinent** (7 or more episodes of urinary incontinence, but at least one episode of continent voiding)
3. **Always incontinent** (no episodes of continent voiding)
9. **Not rated**, resident had a catheter (indwelling, condom), urinary ostomy, or no urine output for the entire 7 days

Item Rationale

Health-related Quality of Life

- Incontinence can
 - interfere with participation in activities,
 - be socially embarrassing and lead to increased feelings of dependency,
 - increase risk of long-term institutionalization,
 - increase risk of skin rashes and breakdown,
 - increase risk of repeated urinary tract infections, and
 - increase the risk of falls and injuries resulting from attempts to reach a toilet unassisted.

Planning for Care

- For many residents, incontinence can be resolved or minimized by
 - identifying and treating underlying potentially reversible causes, including medication side effects, urinary tract infection, constipation and fecal impaction, and immobility (especially among those with the new or recent onset of incontinence);
 - eliminating environmental physical barriers to accessing commodes, bedpans, and urinals; and
 - bladder retraining, prompted voiding, or scheduled toileting.
- For residents whose incontinence does not have a reversible cause and who do not respond to retraining, prompted voiding, or scheduled toileting, the interdisciplinary team should establish a plan to maintain skin dryness and minimize exposure to urine.

Steps for Assessment

1. Review the medical record for bladder or incontinence records or flow sheets, nursing assessments and progress notes, physician history, and physical examination.
2. Interview the resident if they are capable of reliably reporting their continence. Speak with family members or significant others if the resident is not able to report on continence.
3. Ask direct care staff who routinely work with the resident on all shifts about incontinence episodes.

DEFINITIONS

URINARY INCONTINENCE

The involuntary loss of urine.

CONTINENCE

Any void that occurs voluntarily, or as the result of prompted toileting, assisted toileting, or scheduled toileting.

H0300: Urinary Continence (cont.)

Coding Instructions

- **Code 0, always continent:** if throughout the 7-day look-back period the resident has been continent of urine, without any episodes of incontinence.
- **Code 1, occasionally incontinent:** if during the 7-day look-back period the resident was incontinent less than 7 episodes. This includes incontinence of any amount of urine sufficient to dampen undergarments, briefs, or pads during daytime or nighttime.
- **Code 2, frequently incontinent:** if during the 7-day look-back period, the resident was incontinent of urine during seven or more episodes but had at least one continent void. This includes incontinence of any amount of urine, daytime and nighttime.
- **Code 3, always incontinent:** if during the 7-day look-back period, the resident had no continent voids.
- **Code 9, not rated:** if during the 7-day look-back period the resident had an indwelling bladder catheter, condom catheter, ostomy, or no urine output (e.g., is on chronic dialysis with no urine output) for the entire 7 days.

Coding Tips and Special Populations

- If intermittent catheterization is used to drain the bladder, code continence level based on continence between catheterizations.

Examples

1. An 86-year-old resident has had longstanding stress-type incontinence for many years. When they have an upper respiratory infection and are coughing, they involuntarily lose urine. However, during the current 7-day look-back period, the resident has been free of respiratory symptoms and has not had an episode of incontinence.

Coding: H0300 would be **coded 0, always continent**.

Rationale: Even though the resident has known intermittent stress incontinence, they were continent during the current 7-day look-back period.

DEFINITION

STRESS INCONTINENCE

Episodes of a small amount of urine leakage only associated with physical movement or activity such as coughing, sneezing, laughing, lifting heavy objects, or exercise.

2. A resident with multi-infarct dementia is incontinent of urine on three occasions on day one of observation, continent of urine in response to toileting on days two and three, and has one urinary incontinence episode during each of the nights of days four, five, six, and seven of the look-back period.

Coding: H0300 would be **coded as 2, frequently incontinent**.

Rationale: The resident had seven documented episodes of urinary incontinence during the look-back period. The criterion for “frequent” incontinence has been set at seven or more episodes over the 7-day look-back period with at least one continent void.

H0300: Urinary Continence (cont.)

3. A resident with Parkinson's disease is severely immobile and cannot be transferred to a toilet. They are unable to use a urinal, and the incontinence is managed by the resident using adult briefs and bed pads that are regularly changed. They did not have a continent void during the 7-day look-back period.

Coding: H0300 would be **coded as 3, always incontinent.**

Rationale: The resident has no urinary continent episodes and cannot be toileted due to severe disability or discomfort. Incontinence is managed by a “check and change” protocol.

4. A resident had one continent urinary void during the 7-day look-back period, after the nursing assistant assisted them to the toilet and helped with clothing. All other voids were incontinent.

Coding: H0300 would be **coded as 2, frequently incontinent.**

Rationale: The resident had at least one continent void during the look-back period. The reason for the continence does not enter into the coding decision.