

# H0300: Urinary Continence

## H0300. Urinary Continence

Enter Code

☐

**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.

## DEFINITIONS

### URINARY INCONTINENCE

The involuntary loss of urine.

### CONTINENCE

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

## 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

Review the medical record for bladder or incontinence records or flow sheets, nursing  
assessments and progress notes, physician history, and physical examination.

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.

Ask direct care staff who routinely work with the resident on all shifts about incontinence  
episodes.

## 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

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*

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.)*

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.

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.