

## Managing Incontinence





In the spirit of reconciliation Premium Health acknowledges the Traditional Custodians of country throughout Australia and their connections to land, sea and community. We pay our respects to their elders past, present and emerging and extend that respect to all Aboriginal and Torres Strait Islander peoples today.

# OUR PROMISE

“

**Premium Quality,  
without compromise.  
It's the Premium Health  
promise.**



**Phillipa Wilson**

Founder & Managing Director of Premium Health

**Our Trainers are  
Experienced Nurses  
and Paramedics**

Passionate about sharing  
their experience

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**Premium Quality  
Programs**

We pride ourselves on the depth  
of our course content and the  
quality of our training materials

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**Innovative Techniques,  
Empowering Outcomes**

Methods remembered for years  
to come

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**Specialised Training,  
Contextualised to  
Your Workplace**

Relevant and customised to  
workplaces

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## Welcome to your course and Premium Health.

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The aim of this resource is to provide the essential knowledge and skills required in your training.

We select our Premium Health trainers and assessors carefully. All are either nurses or paramedics with appropriate training qualifications, technical expertise and experience.

# MANAGING INCONTINENCE

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# WHAT YOU NEED TO KNOW ABOUT YOUR COURSE

## Welcome

Welcome to your workshop and Premium Health. The aim of this resource is to provide the essential knowledge and skills you require to manage a person who is incontinent.

## Evaluation of the program

Your feedback is important to us as we use this as part of our continuous improvement cycle. Please undertake our evaluation which will be discussed with your trainer during the course.

## Premium Health's customer service

We offer you an on-going service in relation to your course and invite you to call our office on **1300 721 292** or email us on [customerservice@premiumhealth.com.au](mailto:customerservice@premiumhealth.com.au).

For more information about Premium Health and our health care, mental health and first aid courses, please access our website [www.premiumhealth.com.au](http://www.premiumhealth.com.au)

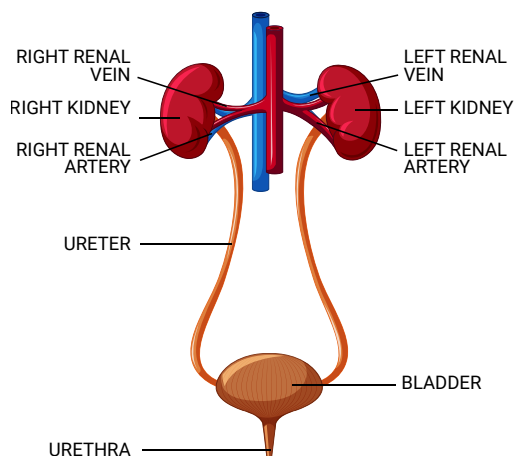
# INCONTINENCE

Incontinence is defined as any accidental or involuntary loss of urine from the bladder or faeces from the bowel.

Incontinence affects women, men, and children of all ages regardless of their physical ability. The severity of incontinence can range from small leakages to complete loss of bladder or bowel control and can significantly impact a person's quality of life.

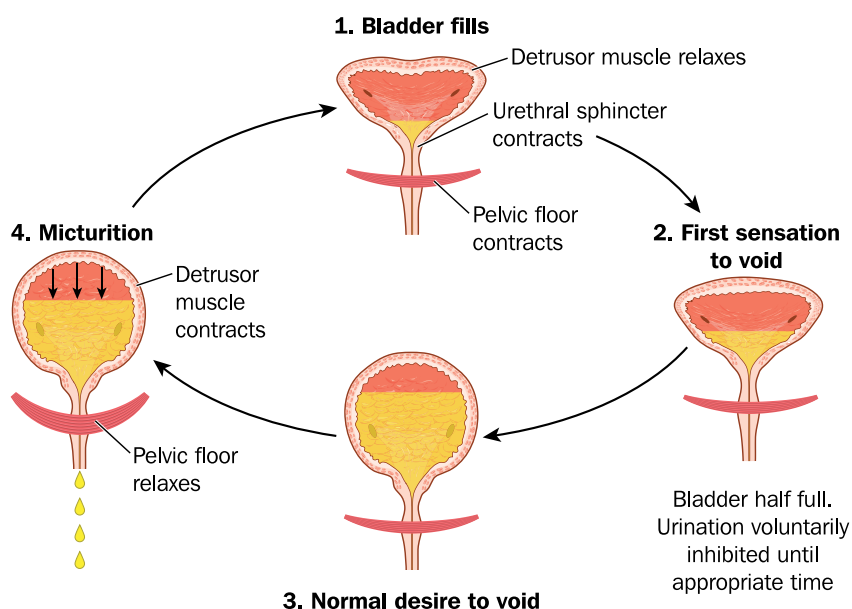
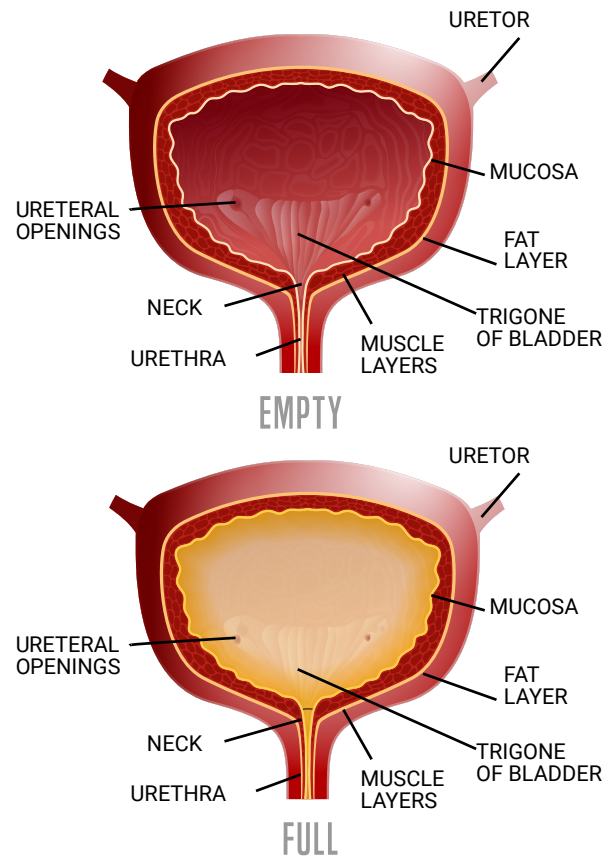
## RENAL SYSTEM

The renal system, sometimes called the urinary system or urinary tract, is made up of kidneys, ureters, bladder, and urethra. The renal systems overall function is to filter approximately 200 litres of fluid a day. The system, removes waste from the blood in the form of urine. It also helps regulate blood volume and pressure, and controls the level of chemicals and salts (electrolytes) in the body's cells and blood.



## BLADDER

The urinary bladder is a hollow, stretchy, muscular sac that lies in the pelvis, just above and behind the pubic bone. The bladder's main function is to store and release urine. When empty, the bladder is about the size and shape of a pear. It swells into a round shape when it is full.

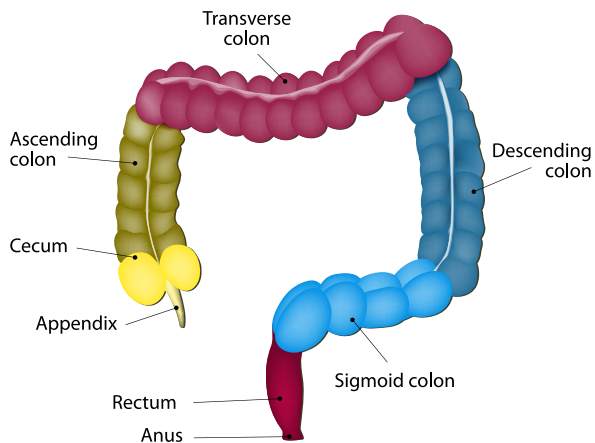


## BOWEL FUNCTION

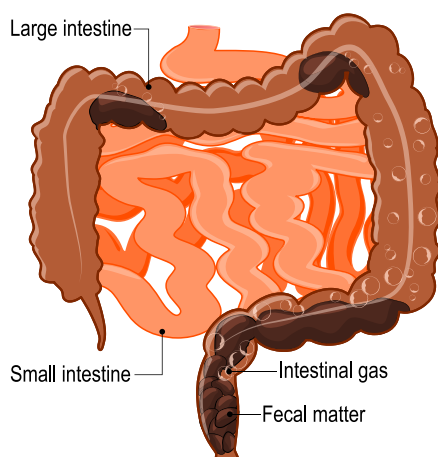
The bowel is part of our digestive system and digests the food we eat whilst absorbing nutrients and then expelling the waste that the body cannot use.

It takes between 24 to 72 hours for food to be pushed through the digestive system before the waste is expelled. Emptying the bowel is called defaecation.

## Anatomy of the large intestine



Defaecation involves the co-ordination of pelvic floor and abdominal muscles, colonic (bowel) activity, comfort, and positioning. Once the stool moves into the rectum, a nerve reflex is set up and the brain gets the signal that it is time to defaecate. The external sphincter is under voluntary control, we can mentally overcome this reflex and prevent defaecation if we want to. Delays can result in constipation and other bowel problems.



The bowel should evacuate easily, that is without straining. The stool should be soft and easy to pass. Normal bowel habits vary considerably from person to person. Anything from several times a day to several times a week can be quite normal. It is the consistency of the stools rather than the frequency that is more important.

## HEALTHY BOWELS

Healthy or 'regular' bowel function is the ability to pass soft yet well-formed faeces easily, anywhere from 1-3 times a day to 3 times a week. The bowel usually wants to empty approximately 30 minutes after a meal, however, can vary from person to person.

The Bristol Stool Chart is a clinical assessment tool designed to monitor bowel movements.

## Bristol stool chart

### Indicates constipation

#### TYPE 1

Separate hard lumps, like nuts



#### TYPE 2

Lumpy and sausage-like



### Indicates ideal stools that are easy to pass

#### TYPE 3

Sausage shape with cracks



#### TYPE 4

Like a smooth soft sausage or snake



### May indicate diarrhoea and urgency

#### TYPE 5

Soft blobs with clear-cut edges



#### TYPE 6

Mushy consistency with ragged edges



#### TYPE 7

Liquid consistency with no solid pieces





## INCONTINENCE

According to a report by the Continence Foundation of Australia, more than 1 in 4 Australians (38%) are affected by incontinence.

With over 6 million Australian's affected, incontinence cost the economy \$67 billion annually, with the estimated cost expected to be much higher today. It is estimated that up to 62% of people do not seek help for their incontinence, leading to social isolation and psychological impact. Despite the stigma of incontinence, there are many ways to treat and manage it, and in some cases, it can be cured.

## FACTS AND STATISTICS

### Urinary Incontinence

- one in three women who have had a baby have urinary incontinence
- it affects 16% of young women who haven't had children
- more than 80% of those with urinary incontinence are women. Half of these are women under 50 years of age

### Faecal Incontinence

- affects 6% of Australian men and 10% of Australian women
- 62% of those with faecal incontinence in the community are women
- 44% of women living in the community with faecal incontinence are under 50 years of age

### Older Australians

Faecal incontinence is one of the three major reasons (along with decreased mobility and dementia) for admittance to a residential aged care facility.

### Costs

The average usage and cost of commonly used incontinence products each week:

#### Liners

10.2 = \$3.30

#### Incontinence pads

13.3 = \$11.31

#### Incontinence pants/protective underwear

18.8 = \$32.66

This cost adds to \$1,698.32 over a year for someone using about 18 incontinence pants a week.

The Australian Government offer financial assistance in the form of the Continence Aids Payment Scheme (CAPS) which covers some of the cost of products that help a person manage incontinence. The National Continence Helpline can assist individuals in applying for this scheme (1800 330 066).



## TYPES OF INCONTINENCE

### Urinary incontinence

There are several types of urinary incontinence, explained below:

#### Stress incontinence

Small amounts of leaking urine during coughing, laughing, bending, lifting, squatting or exercise.

Causes include weakened pelvic floor muscles in women and prostate surgery in men. Diabetes and obesity can also be factors.

#### Urge incontinence

The involuntary passing of urine when the urge to pass urine is experienced, even when the bladder isn't full.

More common as people age, with stress and can be linked to diet, stroke, Parkinson's, and other issues that affect the brain's messaging to the bladder.

#### Overflow incontinence

The bladder does not completely empty so the extra urine constantly overflows.

Like a bowl of water will overflow when the tap is left running.

#### Functional incontinence

Occurs when a person knows they need to pass urine but cannot recognise, locate, or access a toilet, remove clothing, or recognise the need to go.

Often associate with a cognitive or physical condition, for example dementia, intellectual disability, and arthritis.

#### Bedwetting

The episodic urinary incontinence while asleep, normal in young children.

By the age of four most children have bladder control during daytime sleeps.

**Transient incontinence**

Caused by a condition or illness that is temporary and treatable.

Triggered by medications, adrenal insufficiency, minor brain injuries, restricted mobility and severe constipation which can push against the urinary tract.

**Structural incontinence**

Rare conditions where the renal system developed abnormally or is damaged.

Examples include ectopic ureter where the ureter isn't incorporated into the bladder and fistulas in women, connecting the bladder and vagina. This is caused by surgery, cancer treatment and prolonged labours.

**Urinary retention**

The inability to completely empty the bladder.

Can be acute requiring immediate attention as the bladder may stretch and tear.

Chronic - is a long-term condition.

Can be caused by an enlarged prostate, nerve dysfunction, bladder muscle weakness, infection, or some medications.

**Nocturia**

Frequent urination at night can affect a person's sleep and increase the risk of falls.

Can be caused by many common medical conditions such as heart disease, kidney disease, poorly controlled type 1 or type 2 diabetes or an overactive bladder.

**Faecal incontinence**

Faecal incontinence is also referred to as 'leakage' from the bowel due to poor bowel control. People may be unable to hold faeces well or need to rush to the toilet to evacuate their bowels. As many as 1 in 20 Australians have poor bowel control.

Causes include:

- Medication use such as antibiotics.
- Weak pelvic floor muscles.
- Bowel diseases such as Crohn's or Coeliac disease.
- Nerve disorders resulting from Parkinson's or Multiple Sclerosis.
- Dementia.
- Haemorrhoids.
- Constipation.
- Diarrhoea.



## Medicines that can cause or exacerbate urinary incontinence

Medicine	Potential effects on continence	Type of incontinence
<b>Anticholinergic agents</b> e.g. oxybutynin, solifenacin*, antihistamines, benztropine	Reduce bladder contractions, urinary retention, cognitive impairment, constipation	Retention of urine
<b>Cholinesterase inhibitors</b> e.g. donepezil	Increase bladder contractions	Urge
<b>Calcium channel blockers</b> e.g. verapamil, diltiazem	Reduce bladder contractions, constipation	Retention of urine
<b>ACE inhibitors</b>	Drug-induced cough	Stress
<b>Diuretics</b> e.g. frusemide, indapamide, hydrochlorothiazide	Increase urine volume	Urge, Retention of urine
<b>Antipsychotics</b> e.g. risperidone, haloperidol, olanzapine	Reduce bladder contractions, constipation, confusion	Retention of urine, Functional
<b>Benzodiazepines</b> e.g. diazepam, temazepam	Sedation	Functional
<b>Tricyclic antidepressants</b> e.g. dothiepin, amitriptyline	Reduce bladder contractions, sedation	Retention of urine, Functional
<b>SSRIs</b> e.g. sertraline	Increase bladder contractions, sedation	Urge, Functional
<b>Opioids</b> e.g. codeine, morphine	Reduce bladder contractions, constipation, confusion	Retention of urine, Functional
<b>Selective alpha blockers</b> e.g. prazosin, tamsulosin	Relax bladder outlet	Stress incontinence in women**
<b>Hormone replacement therapy***</b>	Ineffective urethral closure	Urge, Stress

\*Oxybutynin/darifenacin/solifenacin/propantheline/tolterodine may be appropriate to use in some people with urge incontinence but can cause urinary retention. \*\*Selective alpha blockers are used in men with bladder outlet obstruction. \*\*\*Applies to systemic hormone replacement therapy and not topical oestrogen treatment.

Data Source: [Veterans' Medicines Advice and Therapeutics Education Services - Therapeutic Brief 26 - The impact of commonly used medicines on urinary incontinence. Mar 2011.](#)

## CONTINENCE ASSESSMENT

A continence assessment will be conducted by a health care professional such as a doctor or a nurse to assess what sort of incontinence problem there is, then determine what management strategies will be required. A person may be asked to keep a bladder or bowel diary over three consecutive days to assist in the continence assessment.

The following incontinence screening tools are useful for support workers who are caring for new clients or existing clients who have a change to their continence status. The results of these tools should be referred to a health care professional who can prescribe the correct management.



## CONTINENCE SCREENING FORM EXAMPLE

## Contenance Screening Form

Document No: \_\_\_\_\_

To be completed within 48 hours of resident's admission or if there is a change in their continence status.

ID LABEL

If the resident is unable to answer these questions, please complete using your observations or by asking a family member or other staff member.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Bladder Health

- |  |  |
|--|--|
| 1. Does the resident go to the toilet more than 6 times in the day to pass urine?                  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Don't know |
| 2. Does the resident get up more than once during the night to pass urine?                         | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Don't know |
| 3. Does the resident leak urine?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Don't know |
| 4. Does the resident have any other bladder problems (ie. difficulties passing urine and/or pain)? | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Don't know |

### Bowel Health

- |   |  |
|---|--|
| 5. Has the resident lost control of or leaked bowel motions?                            | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Don't know |
| 6. Does the resident have any other bowel difficulties (ie. constipation or diarrhoea)? | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Don't know |

### Pad Usage

- |   |  |
|---|--|
| 7. Does the resident wear pads?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Don't know |
| 8. Does the resident have to change his/her underclothes or wear protection because of bladder or bowel leakage or soiling? | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Don't know |

**If you ticked YES or DON'T KNOW to any of these questions, please:**

- Complete Bladder Chart and Bowel Chart

## BLADDER CHART EXAMPLE

## Three Day Bladder Chart

Document No: \_\_\_\_\_

Please complete details for each time the resident passes urine.

Complete each day for 3 complete days (identify which day)

ID LABEL

Day \_\_\_\_\_ Date \_\_\_\_\_

Time		Drinks (amt, type)	Continent Yes/No (ie. In toilet)	Incontinent Yes/No Degree of wetness: Pad only. Pad & underwear. Pad, underwear & outer clothing.	No. of pad and/or clothing changes	Comments (assoc. circumstances, effect on daily activity)
(Example)	0800	Cup of tea	No	Yes- pad only	1 change of pad	unable to get to toilet
Waking to morning tea						
Morning tea to lunch						
Lunch to afternoon tea						
Afternoon tea to dinner						
Dinner to bed						
Overnight						

## WEEKLY BOWEL CHART EXAMPLE

## Seven Day Bowel Chart

Document No: \_\_\_\_\_

Please complete details for each time the resident has a bowel movement.

ID LABEL

Date	Shift	Time	Type of bowel movement (refer to Bristol Stool Form Scale)	Incontinent of stool Yes/No	Number of pad/clothing changes (identify pads or clothing or both)	Comments (associated circumstances/effects on daily activities/laxative use)
	am					
	pm					
	night					
	am					
	pm					
	night					
	am					
	pm					
	night					
	am					
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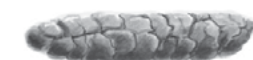
## The Bristol Stool Form Scale (Use this as a guide to the stool type)



**Type 1**  
Separate hard lumps like  
nuts (hard to pass)



**Type 2**  
Sausage-shaped but  
lumpy



**Type 3**  
Like a sausage but with  
cracks on its surface



**Type 4**  
Like a sausage or snake,  
smooth and soft



**Type 5**  
Soft blobs with clear-cut  
edges (passed quickly)



**Type 6**  
Fluffy pieces with ragged  
edges, a mushy stool



**Type 7**  
Watery, no solid pieces  
ENTIRELY LIQUID

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## PROVIDING DIGNIFIED CARE

When caring for an individual with incontinence, it is important to respect their privacy, culture, and dignity in every aspect of their care.

### Barriers to providing care

The main barriers to providing incontinence care can be emotional and cultural barriers, lack of trust or finance, and inability to communicate due to sensory deficits.

Always try and speak calmly and openly with clients about incontinence. Despite effective treatments and management of incontinence, accidents sometimes happen; remain relaxed in this situation so the other person feels comfortable. If in doubt, refer to the client's care plan and contact their healthcare professional for more advice.



### Some tips for providing dignified care:

#### Permission

Ask for the client's consent before providing care.

#### Privacy

Provide privacy for all procedures that a person would otherwise complete in private.

#### Respect

Accepting people's preferences, listening to clients, and responding in a positive and professional manner.

#### Safety

Ensuring the safety of both yourself and your client.

### Cultural humility

Not everyone can know everything about all cultures; cultural humility is about having a willingness to learn from clients about their cultural experiences and beliefs and adapting this to your approach in their care.

## CONTINENCE MANAGEMENT

The best treatment of incontinence will depend on the type diagnosed by a health care professional. They will be able to develop a plan based on health, diet, exercise level and mobility of the individual.

The following are general recommendations on healthy bladder and bowel function:



### Some tips for providing dignified care:

#### Maintain a healthy weight

Excess weight presses on the pelvic floor.

#### Drink at least 8 glasses of water a day (if this is okay with your doctor)

Concentrated urine irritates the bladder.

#### Decrease caffeine intake

Caffeine stimulates the bladder, increasing urinary frequency.

#### Don't strain

This can weaken pelvic floor muscles.

#### Take a walk

This gets your system moving.

## BLADDER TRAINING

The aim of bladder training is to gain better control of the bladder to reduce urge frequency, teach the bladder to only need to empty when full, and to increase the volume of urine passed. The pelvic floor muscles support the bladder and urethra, which means when they are strengthened, an individual can hold urine for longer and hold back the strong urge to pass urine.

A continence nurse or pelvic health psychotherapist will design a program based on an individual's needs.

Bladder training programs may take up to three months to work, with regularly weekly or fortnightly appointments necessary.

Keeping a bladder diary is very important so the specialist can track progress.



## INCONTINENCE PRODUCTS

A variety of incontinence aids are available for adults and with the assistance of a health professional, should be chosen based on the following:

- Type and severity of incontinence.
- Ability of the user.
- Care needs.
- Cost.
- Availability.
- Personal preference.

## TYPES OF INCONTINENCE PRODUCTS



### Pads and pants

- **Disposable pads** – these are widely available and are convenient, although can be expensive.
- **Reusable pads** – less expensive over time, although require washing and drying. Need replacing every 6-12 months.
- **All-in-one pads** – full-sized brief that wraps around the body. Unsuitable for those who cannot walk or stand.
- Suitable for urinary or faecal incontinence.



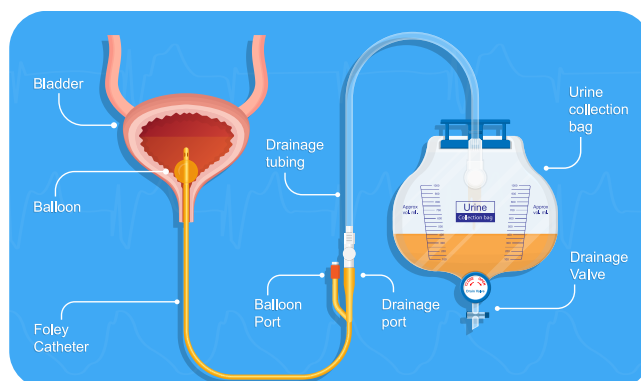
### Sheath (condom) drainage for men

- Device fits closely over penis and is connected to a drainage bag.
- Needs to be fitted correctly by a continence specialist.
- Need to be removed carefully daily and skin washed and dried before reapplying.
- Not suitable for those with cognitive dysfunction.



### Bed pads, bed sheets and chair pads

- Bed and chair pads can be used alone in wheelchairs or car seats or as a back up to pads and pants.
- Have a waterproof backing and come in disposable or reusable options.
- Fitted waterproof covers are available for mattresses and doonas.
- Absorbent bed sheets are reusable and designed to tuck under a mattress and draw urine away from the body. They are not designed for faecal incontinence.



### Catheters

- Suitable for men and women.
- A hollow tube inserted into the bladder, drains urine into a drainage bag.
- Only to be used if absolutely necessary and prescribed by a doctor or specialist.



## INCONTINENCE COMPLICATIONS

The complications associated with incontinence can include:

- higher risk of urinary tract infection (UTI)
- skin issues - incontinence-associated dermatitis (IAD)
- emotional distress

Incontinence-associated dermatitis (IAD) is a form of irritant contact dermatitis that develops from persistent contact with urine and faeces in people who are incontinent of urine or faeces or both (dual incontinence).



IAD initially appears as redness often with poorly defined edges. It can cause discomfort, pain, burning, itching, or tingling to the affected areas. Pain may be present even when the top layer of skin is intact. Partial skin loss can occur over time from the change in skin pH due to continued exposure of urine and faeces and this skin breakdown can lead to skin infections.

IAD can sometimes be difficult to distinguish from pressure injuries. Unlike pressure injuries, skin affected by IAD will blanch or lighten in colour. However, if left untreated IAD can become non blanching, therefore it is important to seek a medical review if unsure as misdiagnosed pressure injury can be very harmful to your clients.

Prevention strategies should be applied to all those at risk of developing IAD. These include:

- managing your client's incontinence
- regular pad changes, hygiene care and skin checks
- use of pH balance soap when providing hygiene
- use of barrier creams
- seek medical/nursing review if unsure

### Tips for carers

- Always wear disposable gloves when coming into contact with urine or faeces.
- Wash and gently pat dry the person's skin each time you change a pad.
- Moisturisers and barrier creams can protect the skin, but always check with a health professional before use.
- Monitor for signs of Incontinence Associated Dermatitis (IAD) and if the skin becomes red or sore, contact a health care professional immediately.
- Regularly toileting your client – but only if they are not undergoing bladder training as this is contraindicated. Going unnecessarily may increase incontinence. Always be guided by a health care professional.
- Toilet your client approximately half an hour after a main meal, as when their stomach is full it will trigger the bowel to empty.

Always ensure you work within your scope of practice and consult your supervisor and report any concerns you have, whilst always demonstrating respect for your client's privacy and dignity.

## NOTES

[illegible]

## REFERENCES

### Australian Government - Department of Health.

(2019). What is bladder and bowel health?

<https://www.health.gov.au/health-topics/bladder-and-bowel/about-bladder-and-bowel-health/what-is-bladder-and-bowel-health>

(2015). Identifying continence issues.

<https://www.health.vic.gov.au/patient-care/identifying-continence-issues>

### Australian Government – Department of Veterans' Affairs

(2011). Therapeutic Brief 26.

[https://www.veteransmates.net.au/VeteransMATES/documents/module\\_materials/M26\\_TherBrief.pdf](https://www.veteransmates.net.au/VeteransMATES/documents/module_materials/M26_TherBrief.pdf)

### Australian Government – Services Australia

(2021). Continence Aids Payment Scheme.

<https://www.servicesaustralia.gov.au/continence-aids-payment-scheme>

### Continence Foundation Australia

(2021). Bladder training.

<https://www.continence.org.au/about-continence/continence-health/bladder/bladder-training#:~:text=Bladder%20training%20programs%20may%20take,how%20much%20urine%20you%20pass>

(2021). Bristol Stool Chart.

<https://www.continence.org.au/bristol-stool-chart>

(2021). Continence assessment.

<https://www.continence.org.au/get-support/who-can-help/continence-assessment>

(2021). Continence products.

<https://www.continence.org.au/life-incontinence/management/continence-products>

(2021). National Continence Helpline.

[https://www.continence.org.au/get-support/who-can-help/national-continence-helpline#:~:text=The%20National%20Continence%20Helpline%20\(1800%2033%2000%2066\)%20is%20staffed,to%20people%20affected%20by%20incontinence](https://www.continence.org.au/get-support/who-can-help/national-continence-helpline#:~:text=The%20National%20Continence%20Helpline%20(1800%2033%2000%2066)%20is%20staffed,to%20people%20affected%20by%20incontinence)

(2021). Understanding incontinence.

<https://www.continence.org.au/about-continence/understanding-incontinence>

### Health Direct

(2021). Faecal incontinence.

<https://www.healthdirect.gov.au/faecal-incontinence>

Health direct (2021). Urinary system.

<https://www.healthdirect.gov.au/urinary-system>

Lekas, H. M., Pahl, K., & Fuller Lewis, C.

(2020). Rethinking Cultural Competence: Shifting to Cultural Humility. Health services insights, 13, 1178632920970580.

<https://doi.org/10.1177/1178632920970580>

### Health NSW

Incontinence Associated Dermatitis (IAD) Best Practice Principles

[https://www.ccc.health.nsw.gov.au/\\_data/assets/pdf\\_file/0015/424401/Incontinence-Associated-Dermatitis-IAD-Best-Practice-Principles.pdf](https://www.ccc.health.nsw.gov.au/_data/assets/pdf_file/0015/424401/Incontinence-Associated-Dermatitis-IAD-Best-Practice-Principles.pdf)

### Victorian Hospital Acquired Infection Surveillance System

Incontinence Associated Dermatitis with Suspected Infection - A Guideline for Assessment and Management

<https://www.vicniss.org.au/media/1924/1530-marita-ticchi-incontinence-associated-dermatitis-with-suspected-infection-a-guideline-for-assessment-and-management-m-ticchi.pdf>

### Wounds International

Ousey K, O'Connor L, Doughty D, Hill R, Woo K.

Incontinence-associated dermatitis Made Easy. London: Wounds International 2017; 8(2).

<https://www.woundsinternational.com>



Premium Health has a range of health care, first aid and mental health training programs conducted by our nurses, paramedics or mental health practitioners.



Call us to discuss our onsite face-to-face and live virtual classroom options, delivered anywhere in Australia.

## HEALTH CARE

- Assisting clients with medication
- Assisting clients with medication (part 2)
- Advanced medication - eye and ear drops, topical creams, oral liquids and patches
- Autism spectrum disorder
- Blood pressure – using a digital blood pressure machine
- Bowel management – elimination
- Coronavirus and infection control
- Dementia training for support workers
- Diabetes training for support workers
- Dysphagia for support workers
- End of life care
- Epilepsy training for support workers
- Epilepsy training and midazolam administration via intranasal and buccal routes
- Food safety awareness for support workers
- Infection control
- Managing behaviours with positive support
- Manual handling
- Nebuliser training for asthma
- Ostomy and stoma care for support workers
- Positive behaviour support
- Pressure injury – prevention and care for support workers
- Providing personal care with dignity and respect
- Shallow suctioning
- Tube feeding management
- Urinary catheter care
- Wound care awareness for support workers

## FIRST AID TRAINING

- Cardiopulmonary resuscitation (CPR)
- Provide first aid
- Asthma and anaphylaxis
- Advanced first aid

## MENTAL HEALTH

- Mental health first aid
- Leadership and resilience training
- Mental health awareness

And many others...

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