All Wales Continence/Toileting Risk Assessment Information Standards Specification

User Interface Name	Field Identifier	Definition	Data Display Format	Data Value Format (code or other value)	Value Sets	Business Rules	Additional Information/definitions/formats	Source
Continence / Toileting Risk Initial Assessment to be completed within 4 hours of admission. A review to be undertaken on each transfer to a Clinical Area / Ward. Continence status, needs and preferences must be discussed and confirmed at each nursing handover. If YES to any questions the patient is at high risk of becoming incontinent or may already be experiencing incontinence. If risk identified implement an individual Treatment / Toileting or Management Care Plan.								
Date of Assessment	Assessment_Date	This is the date the actual risk assessment (or review) was carried out with the patient	Short Date Format In all instances of clinical usage affecting patient treatment, including patient identification, NHS applications must display dates as short dates in the form DD-MMM-YYYY, where: DD is the two-digit day MMM is the correctly abbreviated month name YYYY is the four-digit year Exact times display both hours and minutes, but may optionally also display seconds. The required format is HH:mm:ss (this notation follows the .NET Framework Standard DateTime Format Strings specification).	8 digit numeric, CCYYMMDD 6 digit numeric: hh:mm:ss				
At this CURRENT time does your patient:								
Need help to get to the toilet	Toilet_Help	This is to indicate whether at this current time the patient needs help to get to the toilet	Radio Button (Yes No)	n1	1 Yes 2 No	If field id 'toilet_help' = 1 the patient is at High Risk of becoming incontinent or may already be experiencing incontinence. If risk identified implement an individual Treatment / Toileting or Management Care Plan.		
Have any cognitive problems	Cognitive_Problems	This is to indicate whether at this current time the patient has any cognitive problems	Radio Button (Yes No)	n1	1 Yes 2 No	If field id 'cognitive_problems' = 1 the patient is at High Risk of becoming incontinent or may already be experiencing incontinence. If risk identified implement an individual Treatment / Toileting or Management Care Plan.		
Have mobility problems	Mobility_Problems	This is to indicate whether at this current time the patient has mobility problems	Radio Button (Yes No)	n1	1 Yes 2 No	If field id 'mobility_problems' = 1 the patient is at High Risk of becoming incontinent or may already be experiencing incontinence. If risk identified implement an individual Treatment / Toileting or Management Care Plan.		
Need to rush to the toilet	Toilet_rush	This is to indicate whether at this current time the patient has a need to rush to the toilet	Radio Button (Yes No)	n1	1 Yes 2 No	If field id 'toilet_rush' = 1 the patient is at High Risk of becoming incontinent or may already be experiencing incontinence. If risk identified implement an individual Treatment / Toileting or Management Care Plan.		
Need to use the toilet frequently	Toilet_frequency	This is to indicate whether at this current time the patient has a need to use the toilet frequently	Radio Button (Yes No)	n1	1 Yes 2 No	If field id 'toilet_frequency' = 1 the patient is at High Risk of becoming incontinent or may already be experiencing incontinence. If risk identified implement an individual Treatment / Toileting or Management Care Plan.		
Leak urine	Urine_Leak	This is to indicate whether the patient leaks urine and how frequently	Radio Button (Multiple Options)	n1	1 No 2 Occasionally 3 Regularly	If field id 'urine_leak' = 2 or 3 the patient is at High Risk of becoming incontinent or may already be experiencing incontinence. If risk identified implement an individual Treatment / Toileting or Management Care Plan.		
Leak faeces	Faeces_Leak	This is to indicate whether the patient leaks faeces and how frequently	Radio Button (Multiple Options)	n1	1 No 2 Occasionally 3 Regularly	If field id 'faeces_leak' = 2 or 3 the patient is at High Risk of becoming incontinent or may already be experiencing incontinence. If risk identified implement an individual Treatment / Toileting or Management Care Plan.		
Have constipation	Constipation	This is to indicate whether at this current time the patient has constipation	Radio Button (Yes No)	n1	1 Yes 2 No	If field id 'constipation' = 1 the patient is at High Risk of becoming incontinent or may already be experiencing incontinence. If risk identified implement an individual Treatment / Toileting or Management Care Plan.		
Have diarrhoea	Diarrhoea	This is to inidcate whether at this current time the patient has diarrhoea	Radio Button (Yes No)	n1	1 Yes 2 No	If field id 'diarhhoea' = 1 the patient is at High Risk of becoming incontinent or may already be experiencing incontinence. If risk identified implement an individual Treatment / Toileting or Management Care Plan.		
Bristol stool type	Bristol_Stool_Type	This is to indicate the patients stool type as per the Bristol Stool Chart	Drop Down List		Type 1 Type 2 Type 3 Type 4 Type 5 Type 6 Type 7			
Have difficulty passing urine	Passing_Urine	This is to indicate whether at this current time the patient has difficulty passing urine	Radio Button (Yes No)	n1	1 Yes 2 No	If field id 'passing_urine' = 1 the patient is at High Risk of becoming incontinent or may already be experiencing incontinence. If risk identified implement an individual Treatment / Toileting or Management Care Plan.		
Have difficulty passing faeces	Passing_Faeces	This is to indicate whether at this current time the patient has difficulty passing faeces	Radio Button (Yes No)	n1	1 Yes 2 No	If field id 'passing_faeces' = 1 the patient is at High Risk of becoming incontinent or may already be experiencing incontinence. If risk identified implement an individual Treatment / Toileting or Management Care Plan.		
Normally wear a pad or use other devices	Continence_devices	This is to indicate whether at this current time the patient normally wears a pad or use other devices	Radio Button (Multiple Options)	n1	1 Yes 2 No	If field id 'continence_devices' = 1 the patient is at High Risk of becoming incontinent or may already be experiencing incontinence. If risk identified implement an individual Treatment / Toileting or Management Care Plan.		
Normally use a catheter	Catheter_Use	This is to indicate whether at this current time the patient normally uses a catheter	Radio Button (Multiple Options)	n1	1 No 2 Indwelling 3 Intermittent Self Catheterisation	If field id 'catheter_use' = 2 or 3 the patient is at High Risk of becoming incontinent or may already be experiencing incontinence. If risk identified implement an individual Treatment / Toileting or Management Care Plan.		

Normally use any equipment to help with toileting	Toileting_Equipment	This is to indicate whether at this current time the patient normally uses any equipment to help with toileting	Radio Button (Yes No)	n1	1 Yes 2 No	If field id 'toileting_equipment' = 1 the patient is at High Risk of becoming incontinent or may already be experiencing incontinence. If risk identified implement an individual Treatment / Toileting or Management Care Plan.		