

CARE HOME BLADDER AND BOWEL TRAINING PLAN

Training plan completed by:-

Care Home –

Care Home Manager –

Care Home continence Link Nurse –

Continence Nurse Specialist -

The identified training needs for this Care Home are:-

BLADDER ASSESSMENT

	Required for Registered Nurses	Required for Carers	Delivery of training most appropriate by-		
			In house. State by whom.	Continence service	Other service. Please identify
<i>urinalysis</i>					
<i>bladder diary, frequency/volume charts</i>					
<i>fluid input, types and amounts</i>					
<i>medications and their effects on continence</i>					
<i>cognitive impact on continence,</i>					
<i>the environment and its impact on continence</i>					
<i>treatment options for continence</i>					

<i>promotion management options for continence promotion</i>					
<i>Other – please identify</i>					

BOWEL ASSESSMENT

	Required for Registered Nurses	Required for Carers	Delivery of training most appropriate by-		
			In house. State by whom.	Continence service	Other service. Please identify
<i>bowel diary / chart</i>					
<i>fluid and diet</i>					
<i>medications and their effects on bowels</i>					
<i>cognitive impact on bowels</i>					
<i>the environment and its impact on bowels</i>					
<i>treatment options for bowel problems</i>					
<i>management options for bowel problems</i>					

Other – please identify					
--------------------------------	--	--	--	--	--

	Required for Registered Nurses State number	Delivery of training most appropriate by-		
		In house. State by whom.	Continence service	Other service. Please identify
digital rectal examinations (DRE)				
administering enemas / suppositories				
manual removal of faeces (MRF)				

CATHETERS

	Required for Registered Nurses State number	Delivery of training most appropriate by-		
		In house. State by whom.	Continence service	Other service. Please identify
supra-pubic recatheterisation				
female indwelling urethral catheterisation				

male indwelling urethral catheterisation				
intermittent urethral catheterisation				
Catheter maintenance solutions				

	Required for Registered Nurses	Required for Carers	Delivery of training most appropriate by-		
			In house. State by whom.	Continence service	Other service. Please identify
Catheter care					
Other – please identify					

CARE HOME BLADDER AND BOWEL - PLANNED TRAINING

Title of session			
Date		Time (start and finish)	
Training being delivered by			
Training relevant to			
Aim/s of the Session			
Objectives of the session			
Training impact review date			

Name of person booked onto above training (please print)	RN or Carer	Attendance signature (to be signed during training session)

This form should be used for each training session arranged, for your care home records and for display for staff information and staff booking reservation.