

Name _____

Issue 1:

Date: ____/____/____

RISK ASSESSMENT 8

Continence

Risk Assessment Objectives: Minimise the distress of In-continence

Tick box if relevant

- Continent Y [] N [] Needs Prompting Y [] N []
- In-Continence Urine Y [] N [] Faeces Y [] N []
- Self-Toileting Y [] N [] Assisted Toileting Y [] N []
- In-Continent Day Y [] N [] Night Y [] N []
- Retention Urine Y [] N [] Constipation Y [] N []
- Incontinence Aids Y [] N [] Pads [] Catheter [] Spenco []
-
- Regular Toileting Y [] N [] Prompting Y [] N []
- Toileting Prior to going to bed Y [] N []
- Regular Night Checks for In-Continence Y [] N []

PERSONAL STATEMENT

Name needs no assistance for continence. They receives help regarding their menstrual cycle from their mother

RISK ASSESSMENT THROUGH CONCERN LEVELS

IF THE SCORE IS BETWEEN 7-10 THERE MUST BE AN ESSENTIAL ACTION PLAN

Severity	Concern level	Tick Box for Concern level	Concern by colour
10	Safeguarding concerns	[]	
09	3rd Party Intervention concerns	[]	
08	Destabilising concerns	[]	
07	Escalating concerns	[]	
06	Concerning concerns	[]	
05	Moderate Concerns	[]	
04	Medium concerns	[]	
03	Minimal concerns	[]	
02	Trivial concerns	[]	
01	No concerns	[]	

ACTION PLAN

1. Name to continue to be self-managing
2. Mother to help with menstrual cycle as before
3. Advice and guidance by staff when appropriate

Signed _____

Date: ____/____/____

Review Monthly

Name _____

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SUPPORT PLAN 8

Continence

Outcome Name has nocturnal needs for continence and to be dry to prevent rashes and sores

ASSESSMENT

- Name has no continence problems at present
- Name can be very sensitive, see may have feminine needs to be resolved, needs re-assurance

SUPPORT NEEDED

- Name** is amenable to support, so we need to tread carefully with their
- Name** needs strong relationships with all staff, so we can help them
- Name** needs their staff team to prompt when things are needed to be done and offer support
- Name** need their staff team to be patient with, and offer reassurance when he chooses to talk to them about things which may be bothering them

SPECIFIC OUTCOMES/ ACTIONS TO ACHIEVE

- Name** needs you to make clear the reasons for actions to help them
- Help **Name** understand the reasons for our interventions

JOHN EATON TRAINING

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Review Monthly

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Review Monthly

www.jet-training.org.uk/info@jet-training.org.uk