Toileting schedules

Suitability for patients

- When the patient cannot reliably recognise the need to pass urine (or faeces) and act appropriately to reach a toilet.
- When the patient follows a daily routine for example getting up, meal times, etc.
- When the patient has been observed for a few days and a frequency/volume chart has been completed to give a picture of the patient's usual voiding habits and incontinence episodes.

Aims

- Anticipate the patient's need to void.
- Offer toileting opportunities at appropriate times when the patient is most likely to be able to void.
- Reduce episodes of incontinence.

Method

- Consider the frequency/volume chart and look for a pattern in the patient's voiding habits and when episodes of incontinence are occurring.
- Design an individual toileting schedule to meet the patient's needs (this may take some trial and error and readjustment of the timing).
- Consider behaviour, verbal and non verbal, which may indicate the patient's need to void, for example calling out or wandering.

Prompted voiding

- The patient may only need to be discretely reminded or "pointed in the right direction" to go to the toilet.
- Give positive reinforcement of appropriate behaviour.

Individualised toileting

- Each patient's toileting times are targeted according to the individual schedule identified above (which should be documented in the patient's care plan).
- Encourages the habit of voiding in the toilet.