# Bladder Record

Alberta Aids to Daily Living (AADL) Program

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## Why is it important to keep a record?

A bladder record gives important information to the health care team about incontinence, voiding and fluid intake patterns. This information is very important in planning and evaluating the client's treatment programs.

How do I keep my Bladder record?

**Time** The time an event happens must always be recorded on the appropriate time line.

**Amount/ type of drink** Each time fluid has been taken, write the amount (in cups or mls) and the type of fluid (e.g., coffee, juice, milk, water) in the second column.

**Urination** Each time urine is passed in the toilet, write the amount (in cups or mls) in the third column. If, for some reason, you are unable to measure the urine, please put a ✓mark at the time the urine was passed.

**Amount of urine** Each time there is leakage of urine, write in the fourth column if it was a small or a large amount.

**Activity** In the fifth column, write down the activity undertaken before the leakage of urine. Do this by picking a number from the list below the record marked "Behaviour Prior to Incontinence" that best describes the behaviour that you saw.

**Number of pads** Beside number of pads used for 24 hours, write the number of pads used. If no pads were used but other things were used (e.g., paper towels or wash cloths), write that number.

**Type of pads** After type of pads, write whether menstrual or incontinence pads were used and what weight (e.g., pantyliner or maxi pad) or write down anything else that was used to soak up the urine.

**FAMILY/CAREGIVER**
If possible, record the post-void residual.

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# Bladder Record

Patient Name: _____

Date: _____ Record Day: _____

| Time | Amount and type of drink | Urination in toilet (✓ or amount) | Incontinence episode Small | Large | Activity associated with leaking* |
|---|---|---|---|---|---|
| **6 - 7 AM** | | | | | |
| **7 - 8 AM** | | | | | |
| **8 - 9 AM** | | | | | |
| **9 - 10 AM** | | | | | |
| **10 - 11 AM** | | | | | |
| **11 - 12 PM** | | | | | |
| **12 - 1 PM** | | | | | |
| **1 - 2 PM** | | | | | |
| **2 - 3 PM** | | | | | |
| **3 - 4 PM** | | | | | |
| **4 - 5 PM** | | | | | |
| **5 - 6 PM** | | | | | |
| **6 - 7 PM** | | | | | |
| **7 - 8 PM** | | | | | |
| **8 - 9 PM** | | | | | |
| **9 - 10 PM** | | | | | |
| **10 - 11 PM** | | | | | |
| **11 – 12 AM** | | | | | |
| **12 – 1 AM** | | | | | |
| **1 – 2 AM** | | | | | |
| **2 – 3 AM** | | | | | |
| **3 – 4 AM** | | | | | |
| **4 – 5 AM** | | | | | |
| **5 – 6 AM** | | | | | |

***Activity prior to incontinence:**

1. Coughing or sneezing
2. Urgency
3. Pacing
4. Restless, fidgeting
5. Intense emotion
6. Repetitive verbalization
7. Agitation
8. Touching self/picking at clothing
9. Other (please specify)

Number of pads used per 24 hours: _____ **FAMILY/CAREGIVER:**

Types of pads: _____ Post-void residual if possible: _____

*This form has been adapted from material originating from Alberta Health Services in conjunction with the Canadian Nurse Continence Advisors Association.*

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