



Complete Summary

GUIDELINE TITLE

Promoting continence using prompted voiding.

BIBLIOGRAPHIC SOURCE(S)

Registered Nurses Association of Ontario (RNAO). Promoting continence using prompted voiding. Toronto (ON): Registered Nurses Association of Ontario (RNAO); 2005 Mar. 48 p. [42 references]

GUIDELINE STATUS

This is the current release of the guideline.

This guideline updates a previous version: Registered Nurses Association of Ontario (RNAO). Promoting continence using prompted voiding. Toronto (ON): Registered Nurses Association of Ontario (RNAO); 2002 Jan. 40 p.

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SCOPE

DISEASE/CONDITION(S)

Urinary incontinence

GUIDELINE CATEGORY

Evaluation
Management
Prevention

CLINICAL SPECIALTY

Family Practice
Geriatrics
Nursing
Obstetrics and Gynecology
Preventive Medicine
Urology

INTENDED USERS

Advanced Practice Nurses
Nurses

GUIDELINE OBJECTIVE(S)

To provide information on implementing a treatment program of prompted voiding for older adults with urinary incontinence. The goals of prompted voiding are to:

- Reduce the frequency and severity of urinary incontinence episodes
- Prevent the complications associated with urinary incontinence
- Improve quality of life

TARGET POPULATION

Older adults with urinary incontinence in all areas of clinical practice including acute care, community care, and long-term care

This guideline does not apply to those clients with medical conditions for whom a restricted fluid intake is prescribed.

INTERVENTIONS AND PRACTICES CONSIDERED

Evaluation

1. Assessment
 - History of incontinence
 - Frequency and pattern of incontinence
 - Cognitive awareness of voiding
 - Motivation to be continent
 - Fluid intake
 - Frequency, nature, and consistency of bowel movement
 - Medical/surgical history
 - Medications
 - Functional and cognitive ability
 - Attitudinal and environmental barriers to successful toileting
 - Presence of infection
 - Identification of client goals/motivation
2. Three-day voiding record

Prevention/Management

1. Addressing constipation/fecal impaction

2. Minimizing caffeinated and alcoholic beverages and ensuring adequate fluid intake
3. Initiating individualized prompted voiding schedule
4. Evaluation of individualized prompted voiding using 3-day voiding record

MAJOR OUTCOMES CONSIDERED

- Accuracy of diagnosis of urinary incontinence
- Success rate of prompted voiding interventions
- Frequency and severity of urinary incontinence episodes

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Hand-searches of Published Literature (Primary Sources)
Searches of Electronic Databases
Searches of Unpublished Data

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Original Guideline: January 2002

A search of the literature for systematic reviews, clinical practice guidelines, relevant articles, and Web sites was conducted. A further search for unpublished work, locally known and "in progress" guidelines, was undertaken by the panel members. The panel identified one published best practice guideline on prompted voiding for persons with urinary incontinence. The guideline was evaluated using the *Appraisal Instrument for Canadian Clinical Practice Guidelines*, an adapted tool from Cluzeau, Littlejohns, Grimshaw, Feder, & Moran (1997). The panel identified one guideline to adapt and modify.

Update: March 2005

The search strategy utilized during the revision of this guideline focused on two key areas. One was the identification of new guidelines published on the topic of continence since the original guideline was published in 2002, and the second was to identify systematic reviews and primary studies published in this area from 2001 to 2004.

A database search for existing evidence related to continence was conducted by a university health sciences library. An initial search of the Medline, Embase, and CINAHL databases for guidelines and studies published from 2001 to 2004 was conducted in August 2004.

One individual searched an established list of Web sites for content related to the topic area in July 2004. This list of sites, reviewed and updated in May 2004, was compiled based on existing knowledge of evidence-based practice Web sites, known guideline developers, and recommendations from the literature. Presence or absence of guidelines was noted for each site searched as well as date searched. The Web sites at times did not house a guideline but directed to

another Web site or source for guideline retrieval. Guidelines were either downloaded if full versions were available or were ordered by phone/e-mail.

A Web site search for existing practice guidelines on promoting continence using prompted voiding was conducted via the search engine "Google", using key search terms. One individual conducted this search, noting the results of the search, the Web sites reviewed, date, and a summary of the results. The search results were further reviewed by a second individual who identified guidelines and literature not previously retrieved.

Additionally, panel members were asked to review personal archives to identify guidelines not previously found through the above search strategy. Results of this strategy revealed no additional clinical practice guidelines.

The search strategy described above resulted in the retrieval of 140 abstracts on the topic of continence. These abstracts were then screened by a Research Assistant related to inclusion/exclusion criteria. A total of 31 abstracts were identified for article retrieval and quality appraisal. The quality appraisal was conducted by a Masters prepared nurse with expertise in critical appraisal. The tool used to conduct this work was one developed by the Effective Public Health Practice Project (EPHPP) for appraising quantitative studies.

In addition, one recently published clinical practice guideline was identified for review: "Evidence-based protocol: Prompted voiding for persons with urinary incontinence," *Series on Evidence-Based Practice for Older Adults*. Iowa City, IA: The University of Iowa Nursing College of Nursing Gerontological Interventions Research Center, Research Translation and Dissemination Core, (Salsbury Lyons & Pringle Specht, 2001).

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Weighting According to a Rating Scheme (Scheme Given)

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Ia Evidence obtained from meta-analysis or systematic review of randomized controlled trials

Ib Evidence obtained from at least one randomized controlled trial

IIa Evidence obtained from at least one well-designed controlled study without randomization

IIb Evidence obtained from at least one other type of well-designed quasi-experimental study, without randomization

III Evidence obtained from well-designed non-experimental descriptive studies, such as comparative studies, correlation studies, and case studies

IV Evidence obtained from expert committee reports or opinions and/or clinical experiences of respected authorities

METHODS USED TO ANALYZE THE EVIDENCE

Systematic Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus

DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

Original Guideline: January, 2002

In January 2000, a panel of nurses with expertise in practice and research related to prompted voiding and urinary incontinence and constipation was established by the Registered Nurses Association of Ontario (RNAO). Through a process of consensus, the guideline was developed.

Update: March, 2005

In September of 2004, a panel of nurses with expertise in continence care from a range of practice settings (including institutional, community, and academic sectors) was convened by the Registered Nurses Association of Ontario. This group was invited to participate as a review panel to revise the Promoting Continence Using Prompted Voiding guideline that was originally published in January 2002. This panel was comprised of members of the original development panel, as well as other recommended specialists.

The panel members were given the mandate to review the guideline, focusing on the currency of the recommendations and evidence, keeping to the original scope of the document.

Through a process of discussion and consensus, recommendations for revision to the guideline were identified.

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

Clinical Validation-Pilot Testing
External Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Original Guideline: January 2002

Various stakeholder groups including consumers, staff nurses, physicians, dietitians, and health care administrators reviewed the draft guideline. The guideline was further refined after a six month pilot implementation phase in selected practice settings, which were identified through a "request for proposal" process.

Update: March 2005

Not stated

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

The levels of evidence supporting the recommendations (Ia, Ib, IIa, IIb, III, IV) are defined at the end of the "Major Recommendations" field.

Practice Recommendations

Recommendation 1.0

Obtain a history of the client's incontinence.

(Level of Evidence = IV)

Recommendation 2.0

Gather information on:

- The amount, type, and time of daily fluid intake, paying particular attention to the intake amount of caffeine and alcohol
- The frequency, nature, and consistency of bowel movements
- Any relevant medical or surgical history which may be related to the incontinence problem, such as, but not limited to, diabetes, stroke, Parkinson's disease, heart failure, recurrent urinary tract infections, or previous bladder surgery

(Level of Evidence = IV)

Recommendation 3.0

Review the client's medications to identify those which may have an impact on the incontinence.

(Level of Evidence = IV)

Recommendation 4.0

Identify the client's functional and cognitive ability.

(Level of Evidence = III)

Recommendation 5.0

Identify attitudinal and environmental barriers to successful toileting. Barriers include:

- Proximity and availability of the nearest bathroom
- Accessibility of commode
- Satisfactory lighting
- Use of restraints
- Staff expectation that incontinence is an inevitable consequence of aging
- Staff belief that few interventions exist to promote continence

(Level of Evidence = III)

Recommendation 6.0

Check urine to determine if infection is present.

(Level of Evidence = IV)

Recommendation 7.0

Determine how the client perceives their urinary incontinence and if they will benefit from prompted voiding. Before initiating prompted voiding, identify the client's pattern of incontinence using a 3-day voiding record.

(Level of Evidence = III)

Recommendation 8.0

Ensure that constipation and fecal impaction are addressed.

(Level of Evidence = IV)

Recommendation 9.0

Ensure an adequate level of fluid intake (1,500 to 2,000 ml per day), and minimize the use of caffeinated and alcoholic beverages where possible.

(Level of Evidence = III)

Recommendation 10.0

Initiate an individualized prompted voiding schedule based on the client's toileting needs, and as determined by a 3-day voiding record.

(Level of Evidence = Ia)

Recommendation 11.0

Initiate a 3-day voiding record, a minimum of 3 weeks and a maximum of 8 weeks, after the prompted voiding schedule.

(Level of Evidence = IV)

Educational Recommendations

Recommendation 12.0

Implement an educational program on promoting continence using prompted voiding. The program should be structured, organized, and directed at all levels of health care providers, clients, family, and caregivers. The educational program should identify a nurse with an interest in an/or advanced preparation in continence care (e.g., nurse continence advisor, nurse clinician, or clinical nurse specialist) to be responsible for providing the educational program. The program should be updated on a regular basis to incorporate any new information.

The program should include information on:

- Myths related to incontinence and aging
- Definition of continence and incontinence
- Continence assessment
- Prompted voiding
- Individualized toileting
- The impact of cognitive impairment on ability to be continent and strategies to manage aggressive behaviours
- Relation of bowel hygiene care to healthy bladder functioning
- Use of a voiding record with individualized toileting

(Level of Evidence = IV)

Recommendation 13.0

Nurses should be knowledgeable about community resources for personal development, referral, and ongoing assistance.

(Level of Evidence = IV)

Organization & Policy Recommendations

Recommendation 14.0

Successful implementation of prompted voiding requires:

- Management support
- Opportunities for education and training
- Active involvement of key clinical staff
- Gradual implementation of the prompted voiding schedule
- Collection of baseline information about clients, resources, and existing knowledge
- Interpretation of this data and identification of problems
- Development of implementation strategy
- Monitoring of the program

(Level of Evidence = IV)

Recommendation 15.0

Organizations are encouraged to establish an interdisciplinary team approach to continence care.

(Level of Evidence = IV)

Recommendation 16.0

Nursing best practice guidelines can be effectively implemented only where there are adequate planning, resources, organizational and administrative support, as well as the appropriate facilitation of the change process by skilled facilitators. The implementation of the guideline must take into account local circumstances and should be disseminated through an active educational and training program. In this regard, Registered Nurses Association of Ontario (RNAO) (through a panel of nurses, researchers, and administrators) has developed the *Toolkit: Implementation of Clinical Practice Guidelines*, based on available evidence, theoretical perspectives, and consensus. The Toolkit is recommended for guiding the implementation of the Registered Nurses Association of Ontario Nursing Best Practice Guideline *Promoting Continence Using Prompted Voiding*.

(Level of Evidence = IV)

Definitions:

Levels of Evidence

Ia Evidence obtained from meta-analysis or systematic review of randomized controlled trials

Ib Evidence obtained from at least one randomized controlled trial

IIa Evidence obtained from at least one well-designed controlled study without randomization

IIb Evidence obtained from at least one other type of well-designed quasi-experimental study, without randomization

III Evidence obtained from well-designed non-experimental descriptive studies, such as comparative studies, correlation studies, and case studies

IV Evidence obtained from expert committee reports or opinions and/or clinical experiences of respected authorities

CLINICAL ALGORITHM(S)

An algorithm is provided in Appendix B of the original guideline document for promoting continence using prompted voiding.

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of supporting evidence is identified and graded for each recommendation (see "Major Recommendations").

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

- This guideline will assist nurses to implement a treatment program of prompted voiding for older adults with urinary incontinence.
- Guideline implementation will help promote urinary continence, reduce the frequency and severity of episodes of urinary incontinence, prevent complications associated with urinary incontinence, and improve quality of life.
- Nurses, other health care professionals, and administrators who are leading and facilitating practice changes will find this document valuable for the development of policies, procedures, protocols, educational programs, assessment and documentation tools, etc.
- "Prompted voiding" has been shown to decrease the number of incontinent episodes per day and increase the number of continent voids.

Individuals Likely to Benefit from Prompted Voiding

The following factors can relate to an individual's responsiveness to prompted voiding:

- Recognizing the need to void
- Higher number of self-initiated requests to toilet
- Ability to void successfully when given toileting assistance
- Ability to ambulate independently

- More cognitively intact
- Higher completion of assigned prompted voiding sessions by care provider

The best predictor of an individual's response to prompted voiding is his or her success during a trial of prompted voiding.

POTENTIAL HARMS

Not stated

QUALIFYING STATEMENTS

QUALIFYING STATEMENTS

- These best practice guidelines are related only to nursing practice and not intended to take into account fiscal efficiencies. These guidelines are not binding for nurses and their use should be flexible to accommodate client/family wishes and local circumstances. They neither constitute a liability nor discharge from liability. While every effort has been made to ensure the accuracy of the contents at the time of publication, neither the authors nor the Registered Nurses Association of Ontario (RNAO) give any guarantee as to the accuracy of the information contained in them nor accept any liability, with respect to loss, damage, injury or expense arising from any such errors or omission in the contents of this work. Any reference throughout the document to specific pharmaceutical products as examples does not imply endorsement of any of these products.
- This nursing best practice guideline is a comprehensive document providing resources necessary for the support of evidence-based nursing practice. The document needs to be reviewed and applied, based on the specific needs of the organization or practice setting/environment, as well as the needs and wishes of the client. Guidelines should not be applied in a "cookbook" fashion but used as a tool to assist in decision making for individualized client care, as well as ensuring that appropriate structures and supports are in place to provide the best possible care.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

Best practice guidelines can only be successfully implemented if there are: adequate planning, resources, organizational and administrative support, as well as appropriate facilitation. RNAO, through a panel of nurses, researchers, and administrators has developed the *Toolkit: Implementation of Clinical Practice Guidelines* based on available evidence, theoretical perspectives, and consensus. The *Toolkit* is recommended for guiding the implementation of any clinical practice guideline in a health care organization.

The *Toolkit* provides step-by-step directions to individuals and groups involved in planning, coordinating, and facilitating the guideline implementation. Specifically, the *Toolkit* addresses the following key steps in implementing a guideline:

1. Identifying a well-developed, evidence-based clinical practice guideline
2. Identification, assessment and engagement of stakeholders
3. Assessment of environmental readiness for guideline implementation
4. Identifying and planning evidence-based implementation strategies
5. Planning and implementing evaluation
6. Identifying and securing required resources for implementation

Implementing guidelines in practice that result in successful practice changes and positive clinical impact is a complex undertaking. The *Toolkit* is one key resource for managing this process.

For specific recommendations regarding implementation of this guideline, refer to the "Major Recommendations" field.

Evaluation and Monitoring

Organizations implementing the recommendations in this nursing best practice guideline are encouraged to consider how the implementation and its impact will be monitored and evaluated. A table found in the original guideline document, based on a framework outlined in the Registered Nurses Association of Ontario (RNAO) *Toolkit: Implementation of Clinical Practice Guidelines* (2002) illustrates some indicators for monitoring and evaluation.

Implementation Strategies

The RNAO and the guideline revision panel have compiled a list of implementation strategies to assist health care organizations or health care disciplines who are interested in implementing this guideline. A summary of these strategies can be found in the original guideline document.

IMPLEMENTATION TOOLS

Chart Documentation/Checklists/Forms
Clinical Algorithm
Foreign Language Translations
Patient Resources
Quick Reference Guides/Physician Guides
Tool Kits

For information about [availability](#), see the "Availability of Companion Documents" and "Patient Resources" fields below.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Living with Illness
Staying Healthy

IOM DOMAIN

Effectiveness
Patient-centeredness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

Registered Nurses Association of Ontario (RNAO). Promoting continence using prompted voiding. Toronto (ON): Registered Nurses Association of Ontario (RNAO); 2005 Mar. 48 p. [42 references]

ADAPTATION

The Registered Nurses Association of Ontario panel identified the following guidelines to adapt and modify for the current guideline:

Original Guideline: January 2002

Lyons, S. S. & Pringle Specht, J. K. P. (1999). Prompted voiding for persons with urinary incontinence evidence-based protocol. In M. G. Titler (Series Ed.), Series on Evidence-Based Practice for Older Adults. Iowa City, IA: The University of Iowa College of Nursing Gerontological Nursing Interventions Research Centre, Research Translation and Dissemination Core.

Update: March 2005

Salsbury Lyons, S. & Pringle Specht, J. K. (2001). Evidence-based protocol: Prompted voiding for persons with urinary incontinence. In M. G. Titler (Series Ed.), Series on Evidence-Based Practice for Older Adults. Iowa City, IA: The University of Iowa Nursing College of Nursing Gerontological Nursing Interventions Research Center, Research Translation and Dissemination Core.

DATE RELEASED

2002 Jan (revised 2005 Mar)

GUIDELINE DEVELOPER(S)

Registered Nurses Association of Ontario - Professional Association

SOURCE(S) OF FUNDING

Funding was provided by the Ontario Ministry of Health and Long Term Care.

GUIDELINE COMMITTEE

Not stated

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

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FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Declarations of interest and confidentiality were made by all members of the guideline revision panel. Further details are available from the Registered Nurses Association of Ontario.

GUIDELINE STATUS

This is the current release of the guideline.

This guideline updates a previous version: Registered Nurses Association of Ontario (RNAO). Promoting continence using prompted voiding. Toronto (ON): Registered Nurses Association of Ontario (RNAO); 2002 Jan. 40 p.

GUIDELINE AVAILABILITY

Electronic copies: Available in Portable Document Format (PDF) from the [Registered Nurses Association of Ontario \(RNAO\) Web site](#).

Print copies: Available from the Registered Nurses Association of Ontario (RNAO), Nursing Best Practice Guidelines Project, 158 Pearl Street, Toronto, Ontario M5H 1L3.

AVAILABILITY OF COMPANION DOCUMENTS

The following are available:

- Summary of recommendations. Promoting continence using prompted voiding. Toronto (ON): Registered Nurses Association of Ontario (RNAO); 2005 Mar. 3 p. Electronic copies: Available in Portable Document Format (PDF) from the [Registered Nurses Association of Ontario \(RNAO\) Web site](#).
- Toolkit: implementation of clinical practice guidelines. Toronto (ON): Registered Nurses Association of Ontario (RNAO); 2002 Jan. 91 p. Electronic copies: Available in Portable Document Format (PDF) from the [Registered Nurses Association of Ontario \(RNAO\) Web site](#).
- Appendix D: Voiding record. Promoting continence using prompted voiding. Toronto (ON): Registered Nurses Association of Ontario (RNAO); 2005 Mar. 3 p. Electronic copies: Available in Portable Document Format (PDF) from the [Registered Nurses Association of Ontario \(RNAO\) Web site](#).

Print copies: Available from the Registered Nurses Association of Ontario (RNAO), Nursing Best Practice Guidelines Project, 158 Pearl Street, Toronto, Ontario M5H 1L3.

PATIENT RESOURCES

The following is available:

- Health information fact sheet. Incontinence: breaking the silence. Toronto (ON): Registered Nurses Association of Ontario (RNAO); 2003 Jul. 2 p. Electronic copies: Available in Portable Document Format (PDF) from the [Registered Nurses Association of Ontario \(RNAO\) Web site](#). (Copies also available in French from the [RNAO Web site](#).)

Print copies: Available from the Registered Nurses Association of Ontario (RNAO), Nursing Best Practice Guidelines Project, 158 Pearl Street, Toronto, Ontario M5H 1L3.

Please note: This patient information is intended to provide health professionals with information to share with their patients to help them better understand their health and their diagnosed disorders. By providing access to this patient information, it is not the intention of NGC to provide specific medical advice for particular patients. Rather we urge patients and their representatives to review this material and then to consult with a licensed health professional for evaluation of treatment options suitable for them as well as for diagnosis and answers to their personal medical questions. This patient information has been derived and prepared from a guideline for health care professionals included on NGC by the authors or publishers of that original guideline. The patient information is not reviewed by NGC to establish whether or not it accurately reflects the original guideline's content.

NGC STATUS

This NGC summary was completed by ECRI on December 17, 2003. The information was verified by the guideline developer on January 16, 2004. This NGC summary was updated by ECRI on June 6, 2005. The updated information was verified by the guideline developer on June 21, 2005.

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