Incontinence, Toileting, and Skin Care: A National Practice Module

Managing incontinence and protecting skin in home care.

Why this module matters. Incontinence affects most long-term nursing home residents and many older adults at home. It is often treatable, and good care prevents painful skin damage and pressure injuries.

About this module

This module gives teams a shared, evidence-based approach to managing incontinence and protecting skin in home care. It draws on current federal rules and national guidance, and it ends with a checklist that agencies, clinicians, and families anywhere in the United States can adopt.

Item	Details
Who it is for	Family caregivers, home care aides, nurses, and supervisors
Format	7 units, case scenarios, a knowledge check, and a national checklist
Time	About 1.5 hours
How to use it	Caregivers use Units 3 to 7. Nurses and supervisors use all units.

Learning objectives

After completing this module, learners will be able to:

1. Explain why continence and skin care matter.
2. Describe types and causes of incontinence.
3. Support assessment and treatment.
4. Provide toileting with dignity.
5. Prevent moisture damage.
6. Prevent and recognize pressure injuries.
7. Care for catheters safely.

Scope. Aides and family caregivers observe, support, and report. Clinical assessments, medication changes, and treatment decisions belong to licensed clinicians. Follow your state scope-of-practice rules and agency policies.

Unit 1. Why continence and skin care matter

Incontinence is common in older adults and often hidden out of embarrassment. It is not a normal part of aging that must be accepted: many causes can be treated. Unmanaged, it leads to skin breakdown, falls from rushing to the bathroom, infections, isolation, and caregiver strain.

Measure	Figure	Source
Long-term nursing home residents not in full control of bladder or bowel	75.8%	CDC National Center for Health Statistics
Short-term nursing home residents	46.1%	CDC NCHS
Residential care residents with an incontinence episode in a week	39%	CDC NCHS
Women compared with men reporting urinary incontinence	About 1.2 times as likely	CDC NCHS

Rates among older adults living at home are lower but still high, and many never mention it to a clinician.

Unit 2. Types and causes

Type	What happens	Common causes
Stress	Leaks with coughing, sneezing, lifting	Weak pelvic floor muscles
Urge	Sudden strong need, cannot reach the toilet in time	Overactive bladder, infection, nerve conditions
Overflow	Dribbling; bladder does not empty	Enlarged prostate, blockage, nerve damage, some medicines
Functional	Bladder works, but the person cannot get to or use the toilet	Mobility limits, dementia, distance to the bathroom
Bowel	Leaking stool	Constipation with overflow, diarrhea, nerve or muscle problems

> **New or sudden change.** Sudden new incontinence can be a sign of infection, delirium, constipation, or a medicine effect. Report it the same day.

Unit 3. Assessment and treatment

A clinician should evaluate incontinence. Caregivers help by keeping a three-day bladder diary: times of urination, leaks, drinks, and what the person was doing.

Approach	Examples
Treat reversible causes	Infection, constipation, medicine changes, high blood sugar
Bladder training	Gradually lengthening time between bathroom trips
Prompted or scheduled toileting	Offering the toilet every 2 to 3 hours, especially with dementia
Pelvic floor exercises	Taught by a clinician or physical therapist
Fluid and food habits	Steady fluids during the day, less in the evening; limit caffeine and alcohol
Medicines or procedures	Prescribed by the clinician when appropriate
Environment	Clear path, night lights, raised toilet seat, bedside commode, easy clothing

Important. Do not limit fluids to prevent leaks. Dehydration raises the risk of infection, constipation, falls, and confusion.

Unit 4. Toileting with dignity

- Knock, ask permission, and close the door or curtain.
- Let the person do as much as they safely can.
- Use calm, matter-of-fact language. Avoid words like “diaper” if the person dislikes them.
- Respond to accidents without blame.
- Use safe transfer techniques and grab bars, not towel bars.

Unit 5. Skin care and moisture damage

Urine and stool damage the skin quickly. Incontinence-associated dermatitis causes redness, soreness, and broken skin, and makes pressure injuries more likely.

1. Change wet or soiled products promptly.
2. Clean gently with a pH-balanced cleanser, not harsh soap; pat dry.
3. Apply a barrier cream or ointment as directed.
4. Use well-fitting, breathable absorbent products.
5. Check skin daily, especially the buttocks, groin, and folds.
6. Report redness that does not fade, open areas, rash, or pain.

Unit 6. Preventing pressure injuries

Pressure injuries (bedsores) form when pressure cuts off blood flow, often over bony areas. The National Pressure Injury Advisory Panel describes these stages:

Stage	What it looks like
Stage 1	Intact skin with redness that does not fade when pressed
Stage 2	Shallow open area or blister
Stage 3	Full-thickness skin loss; fat may be visible
Stage 4	Deep wound with exposed muscle, tendon, or bone
Unstageable	Base covered by dead tissue, so depth cannot be seen
Deep tissue injury	Purple or maroon area, or a blood-filled blister

Prevention	How
Reposition	At least every 2 hours in bed, more often in a chair, or as the plan says
Support surfaces	Pressure-relieving mattress or cushion when advised
Heels and bony areas	Float heels with pillows; avoid dragging skin
Nutrition and fluids	Enough protein and fluids
Moisture control	Prompt care after incontinence
Daily skin checks	Report any Stage 1 sign early

Unit 7. Catheters and supplies

- Keep the drainage bag below the bladder and the tubing free of kinks.
- Clean hands before and after handling.
- Report fever, cloudy or foul urine, pain, or no urine flow.
- Ask whether Medicaid, Medicare, or other coverage pays for supplies; coverage varies.

Case scenarios

Case 1. Rushing at night

Mr. X gets up three times a night and nearly fell rushing to the bathroom.

- What could help?
- What should the clinician check?

Discussion: A bedside urinal or commode, night lights, and less fluid in the evening. The clinician checks the prostate, diuretic timing, blood sugar, and urinary infection.

Case 2. Red skin

A caregiver notices a red area on Mrs. Y's tailbone that does not fade when pressed.

- What stage is this?
- What should happen?

Discussion: Stage 1 pressure injury. Relieve pressure, reposition more often, keep skin clean and dry, and report to the nurse the same day.

Knowledge check

1. Is incontinence a normal part of aging? *(No; many causes can be treated)*
2. What does a bladder diary record? *(Times of urination, leaks, drinks, and activities)*
3. Should fluids be limited to prevent leaks? *(No; dehydration causes other problems)*
4. What does a Stage 1 pressure injury look like? *(Redness that does not fade when pressed)*
5. How often should a person in bed be repositioned? *(At least every 2 hours, or as the plan says)*

National Continence, Toileting, and Skin Care Checklist

This checklist turns national continence and pressure injury guidance into one tool for families, agencies, and clinicians. The “National basis” column shows where each item comes from. Adapt it to your state rules and policies.

Name or ID	Date	Completed by and role
Agency or organization	Reviewed by	Next review date

A. Assess

Action	National basis	Done	Notes
Incontinence reported to and evaluated by a clinician	Best practice	☐	
Three-day bladder diary completed	Best practice	☐	
Reversible causes checked (infection, constipation, medicines)	Best practice	☐	
Pressure injury risk assessed	NPIAP; Braden Scale	☐	

B. Daily care

Action	National basis	Done	Notes
Scheduled or prompted toileting in the plan	Best practice	☐	
Fluids encouraged during the day	Best practice	☐	
Skin cleaned, dried, and protected after each episode	Best practice	☐	
Daily skin check	NPIAP	☐	
Repositioning schedule followed	NPIAP	☐	

C. Report

Action	National basis	Done	Notes
Sudden new incontinence reported the same day	Best practice	☐	
Any non-fading redness or open area reported	NPIAP	☐	
Catheter problems reported	CDC	☐	

Completed by: signature	Printed name and title	Date
Reviewed by: signature	Printed name and title	Date

Sources and further reading

iAdvance Senior Care: CDC report on incontinence in long-term care (iadvanceseniorcare.com)

StatPearls: Urinary Incontinence (ncbi.nlm.nih.gov)

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