Toileting Tip Sheet

1. Learn any verbal or visual cues the resident may have for toileting, such as pacing, playing with pants or pulling them down, using certain words or phrases or pulling off bed covers when lying down.

2. Prompt the resident to use the toilet by using simple, step-wise instructions, such as “Now let’s stand up. Now let’s turn to the toilet,” etc.

3. Use visual cues, such as signs on the door (drawing of a toilet, “Mens’ Room”) or use a binder with photos or drawings of a toilet for residents who have trouble speaking and hearing.

4. Identify incontinence patterns by noting the times the resident is incontinent by charting on same for a week or two. This can help develop a toileting pattern for the resident to avoid incontinent episodes.

5. New onset incontinence should be promptly investigated for an infectious cause, such as a urinary tract infection.

6. Consider using pads if the incontinence itself causes a great deal of distress and a pattern is hard to determine.

7. Encourage fluids to avoid urinary tract infections.

8. Document any changes in bladder function if new medications are added.

9. Make sure the bathroom is readily accessible from the bed. Consider a nighttime commode if the distance to the toilet is hard for the resident to cover when they have to urinate or defecate.

10. Adequate lighting in the bathroom is essential.

11. Employ a raised toilet seat to assist the resident on and off the toilet. Also employ handrails if needed.

12. Remove any objects that could be mistaken as a toilet, especially for residents who try to urinate or defecate outside their bathroom.

13. Assist female residents by wiping from front to back, not the other way around, to avoid UTIs.

14. Employ same sex aides if a resident is embarrassed or threatened when toileting assistance is provided by a member of the opposite sex.

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