

eBrief™ Bladder Training Program Template

Resources:

[UCSF Health Bladder Training](#)

CMS, State Operations Manual, 2025 updated version, Appendix PP F690

What is a Bladder Retraining Program?

Bladder training is a way of learning to manage urinary incontinence. It helps you change your urination habits. It's generally used for stress incontinence or urge incontinence. Stress incontinence is when urine leaks because of sudden pressure on your lower stomach muscles. This could be when you cough, laugh, lift something, or exercise. Urge incontinence is when the need to urinate comes on so fast that you can't get to a toilet in time. Bladder training can also be used for a combination of the 2 types (called mixed incontinence). ([USCFHealth.org](#))

Bladder training can help by:

- Reducing frequency between bathroom trips
- Increasing the volume of urine your bladder can hold
- Improving your control over the urge to urinate

Steps to a successful Bladder Training Program:

1. Engage the care plan team in the program planning to including measurable and realistic goals
2. Develop a 3-day diary (See 3-day diary templates in eBrief community)
3. Personalize interventions in the plan
4. Receive approval from treating physician
5. Communicate the plan effectively and appropriately among caregivers
6. Monitor the plan and the interventions
7. Update the care plans as necessary no less than weekly and/or required by mandates at a minimum

8. Thoroughly assess the resident's incontinence and document findings

9. As noted by CMS in the State Operations Manual under F690, "It is important for the comprehensive assessment to identify the essential skills the resident must possess, such as the resident's ability to: comprehend and follow instructions; identify urinary urge; control the urge to void until reaching a toilet; and/or respond to prompts to void. Voiding records help detect urinary patterns or intervals between incontinence episodes and facilitate planning care to avoid or reduce the frequency of episodes."

More from CMS on Bladder Training Program Development:

1) Resident with skills to participate:

a. Depending upon the resident's successful ability to control the urge to void, the intervals between voiding may be increased progressively. Bladder training generally consists of education, scheduled voiding with systematic delay of voiding, and positive reinforcement. This program is difficult to implement in cognitively impaired residents and may not be successful in frail, elderly, or dependent residents. The resident who may be appropriate for a bladder rehabilitation (retraining) program is usually fairly independent in activities of daily living, has occasional incontinence, is aware of the need to urinate (void), may wear incontinence products for episodic urine leakage, and has a goal to maintain his/her highest level of continence and decrease urine leakage. Successful bladder retraining usually takes at least several weeks. Residents who are assessed with urge or mixed incontinence and are cognitively intact may be candidates for bladder retraining. This is not to be confused with habit training/scheduled voiding (see below)

2) Programs that are dependent on staff involvement and assistance, as opposed to resident function, include the following:

a. "Prompted Voiding" is a behavioral technique appropriate for use with dependent or more cognitively impaired residents. Prompted voiding has three components: regular monitoring with encouragement to report continence status; prompting to toilet on a scheduled basis; and praise and positive feedback when the resident is continent and attempts to toilet. These methods require training, motivation and continued effort by the resident and caregivers to ensure continued success. Prompted voiding focuses on teaching the resident, who is incontinent, to recognize bladder fullness or the need to void, to ask for help, or to respond when prompted to toilet. Residents who are assessed with urge or mixed incontinence and are cognitively impaired may be candidates for prompted voiding. As the resident's cognition changes, the facility should consider other factors, such as mobility, when

deciding to conduct a voiding trial to determine feasibility of an ongoing program to use the bathroom; and

b. "Habit Training/Scheduled Voiding" is a behavioral technique that calls for scheduled use of the bathroom at regular intervals on a planned basis to match the resident's voiding habits. Unlike bladder retraining, there is no systematic effort to encourage the resident to delay voiding and resist urges. This is not considered to be a bladder rehabilitation/retraining program. Habit training includes timed voiding with the interval based on the resident's usual voiding schedule or pattern. Scheduled voiding is timed voiding, usually every three to four hours while awake. Residents who cannot self-toilet may be candidates for habit training or scheduled voiding programs.