

DISAPPEAR

D elirium	Delirium may cause the stroke survivor to become confused and unable to find toileting facilities.
I ntake of fluid	Pay attention to: (a) types of fluid consumed, such as bladder irritants (artificial sweetener, caffeine, and alcohol); (b) amount consumed; and (c) timing of fluid consumption and its relationship to incontinent episodes.
S tool impaction	Stool impaction may put pressure on the bladder neck or urethra, which may result in urinary retention or overflow incontinence.
A trophic vaginitis/urethritis	Atrophic vaginitis and urethritis may cause urinary tract symptoms including painful urination, increased urgency to urinate, urine leakage, and urinary tract infections.
P sychological problems	Depression may decrease motivation to toilet, thus causing functional incontinence.
P harmaceutical contributors	Medications are a common transient cause of urinary incontinence. Click here for a full list of medications associated with urinary continence challenges.
E xcess urine output	Excess urine output may occur for a variety of reasons, including swelling of the lower extremities that causes fluid moves to the centre of the body when the stroke survivor shifts positions. This increases the frequency and the urgency with which the stroke survivor may have to urinate.
A bnormal lab values	Conduct lab diagnostics to identify transient causes requiring further medical attention, such as urinary tract infections, delirium, diabetes, and hypothyroidism.
R estricted mobility	Restricted mobility may prevent the stroke survivor from accessing toileting facilities.