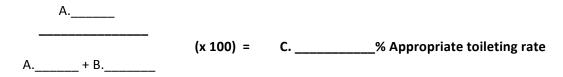
## **Toileting Trial Results**

Use this form to assess a resident's responsiveness to toileting assistance.

Over the	3-dav	∕ toile	ting	tria	ŀ
----------	-------	---------	------	------	---

A.	Total number of times the resident used the toilet successfully
	(#2 on the toileting trial form: urine, bowel, or urine & bowel)
B.	Total number of times that the resident was  found wet or soiled
C.	Appropriate toileting rate = A (successful toilets) ÷ (A [successful toilets] + B [times found wet or soiled]). Convert the answer to a percentage (%) by multiplying by 100:



**Example**: During the 3-day toileting trial, one resident successfully toilets a total of 8 times (#2 on the pocket card). On 4 checks over the three days, this resident was found wet (#1 on the pocket card). What is the resident's appropriate toileting rate?

Answer: 8 (successful toilets)  $\div$  8 (number of successful toilets) + 4 (number of times found wet) = 8  $\div$  12 = 66%.

Interpretation Guidelines: Research indicates the following:

- **76%-100%......Excellent ability to toilet** -- Continue toileting assistance or prompted voiding unless resident requests otherwise.
- **66%-75%......Good ability to toilet** Continue toileting assistance or prompted voiding unless resident requests otherwise.
- 50%-65% .......Fair ability to toilet Consult the resident's responses to the pre- and post-trial preference interviews. Does the resident express a clear preference for toileting assistance? If so, consider referring the resident to the physician for further evaluation, followed by another toileting trial. Also, as a general rule, any resident who attempts to toilet two times a day, even if unsuccessfully, should be considered motivated to stay dry. These residents should receive a follow-up evaluation and after that, another toileting trial.
- **0%-49%......Poor ability to toilet** -- See recommendations above. Be aware that about 10%-20% of residents will show no willingness to improve continence. In interviews, they express no desire to be either changed or toileted more frequently. In toileting trials, they show or verbalize that toileting assistance is unwanted. These residents should be placed on a check-and-change program. No research findings to date suggest that other treatments will be more successful.