

# Hospital Survey on Incontinence & Related Skin Injury

## Unit / Work Area

**Instructions:**

This survey is limited to inpatient care areas and excludes the following:  
 Labor & Delivery, Obstetrics, Nursery, Emergency Department & Operating Room.

*Note: Complete ONLY ONE form for each unit.*

**Date of Survey:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Unit:** \_\_\_\_\_

Please check the unit specialty that best describes the care provided.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Burn                 | <input type="checkbox"/> LTAC                  | <input type="checkbox"/> Psychiatric - Geriatric |
| <input type="checkbox"/> Cardiac Surgery      | <input type="checkbox"/> LTC                   | <input type="checkbox"/> Rehabilitation          |
| <input type="checkbox"/> CCU - General        | <input type="checkbox"/> Medical               | <input type="checkbox"/> Renal/Urology           |
| <input type="checkbox"/> CCU - Interventional | <input type="checkbox"/> Med/Surg              | <input type="checkbox"/> Respiratory/Pulmonary   |
| <input type="checkbox"/> ICU - Cardiovascular | <input type="checkbox"/> Neurology             | <input type="checkbox"/> SNF/Transitional Care   |
| <input type="checkbox"/> ICU - General        | <input type="checkbox"/> Oncology              | <input type="checkbox"/> Skilled Care (LTC)      |
| <input type="checkbox"/> ICU - Medical        | <input type="checkbox"/> Orthopedic            | <input type="checkbox"/> Stepdown/Transition     |
| <input type="checkbox"/> ICU - Neuro          | <input type="checkbox"/> Other                 | <input type="checkbox"/> Surgical                |
| <input type="checkbox"/> ICU - Neonatal       | <input type="checkbox"/> PACU                  | <input type="checkbox"/> Telemetry - General     |
| <input type="checkbox"/> ICU - Pediatric      | <input type="checkbox"/> Pediatrics            | <input type="checkbox"/> Telemetry - Medicine    |
| <input type="checkbox"/> ICU - Surgical       | <input type="checkbox"/> Psychiatric - General | <input type="checkbox"/> Telemetry - Surgical    |
|   |  | <input type="checkbox"/> Wound Care              |

**Patient Census of Unit at Time of Survey:** \_\_\_\_\_

### Incontinence Collection Products:

Check all that apply to a specific unit/work area.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Pad/Chux                   | <input type="checkbox"/> Diaper/Brief               | <input type="checkbox"/> Collection Device |
| <input type="checkbox"/> Reusable cloth             | <input type="checkbox"/> Reusable cloth             |  |
| <input type="checkbox"/> Disposable plastic-backed  | <input type="checkbox"/> Disposable plastic-backed  |  |
| <input type="checkbox"/> Disposable air flow-backed | <input type="checkbox"/> Disposable air flow-backed |  |

### Incontinence Cleanup & Skin Protection:

Check all product categories that are available in a specific unit/work area.

**Cleansing:**

- Soap/Water/Basin
- Peri-Wash (spray)
- Cleansing Foam
- Washcloth *(circle type)*
- reusable / disposable
- Premoistened Wipe
- (thin, not washcloth)*

**Barrier Protection (Tubes, Bottles or Sprays):**

*Must contain one of the "Active Ingredients" listed below*

- Petroleum
- Zinc Oxide
- Dimethicone
- Liquid Film Barrier
- Other \_\_\_\_\_

**Moisturizers:**

- Lotion
- Cream
- Ointment

**All-in-one products:**

*Must combine cleansing, moisturizing & barrier protection*

- Barrier cloth with skin protectant