

# Incontinence — Personal Action Plan

## I Can Take Charge

You are in charge of managing your incontinence. Intermountain Homecare & Hospice is committed to helping you. Below, you'll find tools to help you develop your own action plan and keep track of your progress at home. Ask your homecare provider to explain anything you don't understand.

## My Personal Plan

I would like to work on the following areas to manage my incontinence (start with one or two):

- Exercising pelvic muscles
- Managing urges and leaks
- Eating well and managing my diet
- Taking medications as my provider told me to
- Avoiding tobacco products



**Questions?**

If I have questions, I will contact my provider at:

\_\_\_\_\_

between the hours of \_\_\_\_\_ and \_\_\_\_\_.

<b>EXERCISING PELVIC MUSCLES</b> <i>(Choose what you want to try each week)</i>				
To exercise my pelvic muscles, I will:	Week 1	Week 2	Week 3	Week 4
Do Kegel (pelvic floor) exercises (10 repetitions, three times a day)				
Do other exercises I learned at physical therapy				
Other:				
Possible problems for meeting my goal are:				
Things that will help me meet my goal are:				

<b>MANAGING URGES AND LEAKS</b> <i>(Choose what you want to try each week)</i>				
To manage my urges and leaks, I will:	Week 1	Week 2	Week 3	Week 4
Empty my bladder on schedule (rather than waiting for the urge)				
Use Knack, Quick Flick, or Squeeze, Freeze, Breathe techniques				
Other:				
Possible problems for meeting my goal are:				
Things that will help me meet my goal are:				

## EATING WELL *(Choose what you want to try each week)*

**To manage my diet, I will:** Week 1    Week 2    Week 3    Week 4

Drink at least 6–8 cups of liquid a day — unless my provider says not to

### Eat foods that prevent constipation:

Dried beans and lentils

Whole grain breads and cereals

Fresh vegetables

Fresh fruits

### Avoid foods that irritate my bladder:

Avoid caffeine (commonly found in coffee, tea, cola, and chocolate)

Avoid alcohol

Avoid spicy foods, such as hot chilies and horseradish

Avoid acidic foods, such as oranges, pineapple, and tomatoes

Avoid carbonated drinks, such as soda and sparkling water

Possible problems for meeting my goal are:

Things that will help me meet my goal are:

## TAKING MEDICATION

**To manage conditions that make my incontinence worse, I will take:**

Medication: \_\_\_\_\_

I will take my medication every \_\_\_\_\_ hours.

To help me remember, I will \_\_\_\_\_.

I will watch for these side effects:

Medication: \_\_\_\_\_

I will take my medication every \_\_\_\_\_ hours.

To help me remember, I will \_\_\_\_\_.

I will watch for these side effects:

## AVOIDING TOBACCO *(Choose what you want to try each week)*

**To avoid using tobacco products, I will:** Week 1    Week 2    Week 3    Week 4

Pick an approach to help me quit smoking

Identify my support team

Set a quit date

Other:

Possible problems for meeting my goal are:

Things that will help me meet my goal are: