

TABLE 1. URINARY ASSESSMENT	
Area to be assessed	Rationale
History of presenting urinary continence symptoms	If continence difficulties pre-date the terminal illness, previous approaches to care and coping strategies need to be reconsidered. Sudden onset incontinence may indicate advancement of the underlying disease, urinary tract infection or constipation.
Underlying disease or condition	The underlying disease may be causing a neurological or mechanical/ obstructive bladder dysfunction; swelling, bleeding or inflammation in the abdominal cavity, near the spine or the cortex of the brain may cause urinary symptoms.
Bothersome rating of the urinary symptoms	Establishing how bothered a person is by their continence difficulties will influence treatment and management options.
Discomfort or pain in the bladder or urethral area	May indicate retention, urinary tract infection, abrasion/inflammation or it may be a symptom of advancing disease.
Constipation	Constipation, induced by analgesics, anorexia and immobility may exacerbate or directly lead to urinary continence difficulties.
Drug regimen	Certain drugs may exacerbate urinary difficulties and might be evaluated as unnecessary at the end of life.
Fluid and food intake	May explain the urinary symptom profile and will influence future management options.
Mobility/functional ability	Will inform management options.
Incontinence associated with cognitive decline	Informs management plan.
Urinary symptom profile: ● Frequency ● Nocturia ● Number of incontinent episodes ● Day/night time symptoms ● Urgency ● Straining/incomplete emptying ● Lack of sensation to void	<p>The profile can be simple and allow the practitioner to make an informed judgement as to the cause of the continence dysfunction.</p> <p>Management of the symptoms is aimed at alleviating pain and distress and promoting comfort and dignity.</p>
Investigation findings: ● Urinalysis ● Residual urine	Some symptoms may be attributed to treatable causes; the patient's discomfort can be reduced if these are detected and treated.