A bladder training program may include the following:

- **Education of the client and support people.**

- **Bladder training,** which requires that the client postpone voiding, resist or inhibit the sensation of urgency, and void according to a timetable rather than according to the urge to void. The goals are to gradually lengthen the intervals between urination to correct the client’s frequent urination, to stabilize the bladder, and to diminish urgency. This form of training may be used for clients who have bladder instability and urge incontinence. Delayed voiding provides larger voided volumes and longer intervals between voiding. Initially, voiding may be encouraged every 2 to 3 hours except during sleep and then every 4 to 6 hours. A vital component of bladder training is inhibiting the urge-to-void sensation. To do this, the nurse instructs the client to practice deep, slow breathing until the urge diminishes or disappears. This is performed every time the client has a premature urge to void.

- **Habit training,** also referred to as timed voiding or scheduled toileting, attempts to keep clients dry by having them void at regular intervals. With habit training, there is no attempt to motivate the client to delay voiding if the urge occurs. This approach can be effective in children who are experiencing urinary dysfunction. Biofeedback therapy in which the child is taught to relax the pelvic floor can also decrease incidents of wetting (Shei Dei Yang & Cheng Wang, 2005).

- **Prompted voiding** supplements habit training by encouraging the client to try to use the toilet (prompting) and reminding the client when to void.

**PELVIC MUSCLE EXERCISES.** Pelvic muscle exercises (PME), or Kegel exercises, help to strengthen pelvic floor muscles and can reduce or eliminate episodes of incontinence. The client can identify the perineal muscles by stopping urination midstream. Pelvic muscle exercises (PME) can be performed anytime, anywhere, sitting or standing—even on the way to the bathroom. The stretching-relaxing sequence of such a schedule tends to increase bladder muscle tone and promote more voluntary control. Encourage the client to inhibit the urge-to-void sensation when a premature urge to void is experienced. Instruct the client to practice slow, deep breathing until the urge diminishes or disappears.

**PRACTICE GUIDELINES  Bladder Training**

- **Avoid excessive consumption of citrus juices, carbonated beverages (especially those containing artificial sweeteners), alcohol, and drinks containing caffeine because these irritate the bladder, increasing the risk of incontinence.**

- **Schedule diuretics early in the morning.**

- **Explain to clients that adequate fluid intake is required to ensure adequate urine production that stimulates the micturition reflex.**

- **Apply protector pads to keep the bed linen dry and provide specially made waterproof underwear to contain the urine and decrease the client’s embarrassment.**

- **Assist the client with an exercise program to increase the general muscle tone and a pelvic muscle exercise program aimed at strengthening the pelvic floor muscles.**

- **Provide positive reinforcements to encourage continence.**

**MAINTAINING SKIN INTEGRITY.** Skin that is continually moist becomes macerated (softened). Urine that accumulates on the skin is converted to ammonia, which is very irritating to the skin. Because both skin irritation and macerations predis-