

Student name and date:

Instructor Signature/Date:

1. Define simple constipation and address its clinical management.
2. You are asked to see a male patient with marked and extensive incontinence associated dermatitis. On assessment you see marked erythema with wet and weepy dermatitis in the perianal and sacral skin. The patient has a recent history of acute CVA affecting the left side of his body complicated by pneumonia and a UTI, and is currently recovering in a long-term acute care facility. Swallow tests for this individual have demonstrated difficulty swallowing; a temporary gastrostomy tube is in place for feedings until oral feedings can safely resume. Diarrhea episodes began a week ago involving 5-6 episodes of liquid stool daily. A Foley catheter is in place with leakage of urine around the catheter.
  - a. What will your focused assessment consist of?
  - b. How will you approach the issue of urinary incontinence on a long-term basis?
  - c. What initial and ongoing urodynamic testing can be used to track the progress of regular and consistent bladder emptying with minimal breakthrough leakage?
  - d. How will you approach the issue of fecal incontinence for this person? Will you need to use containment devices? If so, what kind?
  - e. What skin care measures will be needed to correct this problem?
3. A female patient reports she has had progressively worsening urine leakage for the last three years. She is a type II diabetic and has three grown children. The pattern of incontinence includes symptoms of stress and urgency. Given her medical history and symptoms, what type of medical management might be helpful to her? What behavioral strategies can you recommend that may reduce the incontinence episodes? Any additional recommendations?
4. What strategies will you use to teach a group of nurses' aides to improve the use of condom catheters?
5. A 76 year old woman presents with a history of chronic constipation with fecal impaction and leakage of liquid stool. On assessment she denies any sensation of rectal fullness; her anal wink is intact, and her sphincter tone is normal with good voluntary contractility. She eats mostly starches, dairy products, and meats. She does not eat fruits and vegetables because they bother her stomach. She has used OTC laxatives to induce

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bowel movements with increasing frequency over the last few years. She reports current use of laxatives as being once a week and frequency of bowel movements as one or twice a week “with straining.” The leakage began just this week, and she is very upset about it. She says she will “do whatever you recommend” to get her bowels working right again.

a. What are your recommendations?

6. The following prompts relate to quality improvement projects and CAUTI:

a.) Describe the components of a quality improvement project.

b.) Identify and describe how you would design a QI project using CAUTI as the subject.

7. Mr. J.L. had an indwelling catheter placed for urinary retention secondary to an enlarged prostate. He is started on Finasteride (Proscar), 5 mgm once a day to decrease the size of his prostate. Mr. J. L. visits the urologist for a 2 month follow-up for removal of his indwelling catheter and a voiding trial.

a. What is meant by a voiding trial?

The PVR is 425 cc, and the urologist orders clean intermittent catheterization rather than indwelling catheter use. The Finasteride is continued.

a. State the goal of intermittent self-catheterization.

b. Describe education points to include for an individual performing self-catheterization.

c. Identify at least three complications that can occur with intermittent self-catheterization.

d. Describe the action of Finasteride (Proscar) and any side effect Mr. J. L. should be made aware of.

9. Mr. P.V., 26 years old, has a neurogenic bladder secondary to an accident 3 years ago. He has been managed with an indwelling catheter (ISC was not workable for him secondary to ureteric reflux), is wheelchair bound and sexually active. He is finding intercourse uncomfortable secondary to the indwelling catheter and has discussed insertion of a suprapubic catheter with the urologist. Suprapubic tube (SP) insertion is scheduled for next week.

a. What teaching points will Mr. V. need to know preoperatively?

b. Discuss care of the suprapubic tube post-operatively including cleansing, dressing, securing of the catheter, changing of catheter, and etc.

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