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1. Define simple constipation and address its clinical management.

Simple constipation is a condition where you may have fewer than 3 bowel movements a week. The stools may be hard or dry and may be difficult to pass. Clinical management of constipation would be drinking more water, eating high fiber foods, and exercise. You can also use over the counter stool softeners or laxatives.

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? Incontinence of bowel and bladder decreased mobility and nutrition.
- b. How will you approach the issue of urinary incontinence on a long-term basis? Bladder diary and attempt bladder training due to possible nerve damage caused by stroke. Bladder training would be having a strict schedule for voiding and trying to resist urge in between times. Educate on pelvic floor exercises. Maybe consider medication. If these strategies are unsuccessful intermittent catheterization with a condom catheter to keep skin dry and clean.
- c. What initial and ongoing urodynamic testing can be used to track the progress of regular and consistent bladder emptying with minimal breakthrough leakage? Video urodynamic testing would be the best initial test. Ongoing urodynamic testing could be the postvoid residual measurement using a straight cath.

- d. How will you approach the issue of fecal incontinence for this person? Fecal containment device, c-diff testing, and nutritional consult for feedings.

Will you need to use containment devices? Yes, a containment device would be beneficial to heal up the dermatitis by preventing feces from coming intact with peri anal and sacral skin. If so, what kind? Flexi-Seal Fecal Management System.

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e. What skin care measures will be needed to correct this problem? By using a PH balanced skin cleanser, moisturizer, and skin protectant and keep the peri anal skin dry and clean from urine and feces. Examples of PH balance cleanser would be Aloe Vesta Perineal foaming cleanser, example of a moisturizer would be ConvaTec Aloe Vesta Skin conditioner, and example of protectant would be Calmoseptine

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?

Better control of her DM can reduce osmotic diuresis and will improve incontinence. Pharmacologic treatment with Antimuscarinics an Mirabegron. Another medical management could include Neuromodulation (nerve stimulation). Management could include Surgical procedures such as sling procedures for stress incontinence.

What behavioral strategies can you recommend that may reduce the incontinence episodes? Caffeine reduction, consistent fluid intake no more than 2L daily, lose weight, avoid spicy foods, controlling constipation along with smoking cessation.

Another strategy to control urgency incontinence is bladder retraining with goal of urinating every 2 to 3 hours. This could be accomplished by keeping a bladder diary and then having a timed voiding schedule along with learning some urgency suppression techniques.

Another strategy would be pelvic floor exercises

Any additional recommendations? Other considerations besides controlling the urgency would be to always know where the toilet and planning an easy route to it. Example would be always sit at the end of the table or row. Wear easy clothing that you can take off easily.

4. What strategies will you use to teach a group of nurses' aides to improve the use of condom catheters? I would go over the instructions of proper application and have the aides return demonstration. Some strategies for an effective male condom catheter would be prior to applying condom catheter make sure the penis does not having adhesive or barrier cream on the skin by washing with soap and water. Making sure you dry the area completely. The second strategy would be to trim away long pubic hairs. The last thing to remember is to is to apply liquid barrier film and let dry completely before applying the catheter.

Then apply condom but leave a gap at the end of the sheath between the glans penis and drainage tube to avoid trauma or injury but not too much to allow twisting or kinking. After application snip off any reinforced ring or unrolled section at the base of the penis to avoid risk of constriction.

Strategies for easy removal is to take your time and by gently rolling the condom catheter while soaking the penis in warm soapy water.

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An effective catheter is one that stays secure for an acceptable period of time, one is comfortable, does not leak, one that can be put on and taken off easily without causing trauma. (Wilde, 2016, p 221)

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 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? Lifestyle changes that I would recommend would be to increase her fiber intake, increase her fluid intake along with her physical activity. I would recommend eliminating her current OTC laxative. I would recommend a daily fiber supplement such as Psyllium along with a daily stool stimulant/softener such as Senna-S.

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

a.) Describe the components of a quality improvement project. Quality improvement fosters and sustains a culture of change and safety, developing a clear understanding of the problem by involving key stakeholders and testing and providing continuous monitoring of testing and reporting the data to support the change. The five components would be the problem, the goal, the aim, the measures, and the analytics.

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

I would identify a problem or away to improve CAUTI's by first have the staff where I work or where I was doing the QI project at fill out an assessment on when it is clinically indicated to use indwelling catheters. Then I would be able to identify the gaps in proper catheter use.

An indwelling urinary catheter, which is an invasive device, increases the likelihood of an infection. By measuring the utilization of use of the indwelling catheter, the staff can see by reducing the use of catheters that are not clinically indicated is impacting infection rates.

After identifying the improper indications indwelling catheter use. I would provide data on evidence base practice to get the company on board to make changes to close the gaps and improve CAUTI outcomes. Then I would then include the staff and develop a team which should include an administrator, team leader and data coordinator. The administrator would focus on the plan intervention and make policies and procedures, they would make sure the staff has the education and resources to understand when it is

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clinically necessary for an indwelling catheter and when to use other interventions. The team leader would promote CAUTI reduction making sure to keep staff engaged and meeting with staff and sharing progress toward their goals. Data coordinator will collect and interpret the data.

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? It is to assess patients ability to empty their bladder successfully following the removal of the catheter. The foley is removed, the bladder fills with urine and the patient is monitored for voiding over 6-8 hours.

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. Intermittent catheterization is an effective way to empty your bladder due to leaving urine in your bladder can lead to a distended bladder or a urinary tract infection.

b. Describe education points to include for an individual performing self-catheterization. Hand hygiene to prevent infection. They should try to urinate before self-catheterization. Wash the genital area before inserting catheter. While inserting the catheter avoid touching the area of the catheter that will enter the urethra. Insert gently and if you meet resistance notify MD immediately do not force.

c. Identify at least three complications that can occur with intermittent self-catheterization. Urinary tract infection, urethral bleeding, urethritis, trauma and urinary strictures.

d. Describe the action of Finasteride (Proscar) and any side effect Mr. J. L. should be made aware of. Finasteride is used to shrink an enlarged prostate which helps decrease the urge to urinate and allow a better flow when you do urinate and lessen the feeling in men that they did not completely empty. Side effects may increase hair growth and may decrease sex drive.

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.

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a. What teaching points will Mr. V. need to know preoperatively? The stoma site will need monitoring for skin irritation and urine leakage. Note any swelling, bleeding, irritation, or smelly odor. Do not use creams, lotion, and powders near site. Do not pull-on tube. Drink plenty of fluids.

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

Do not attempt to change the suprapubic catheter due to hole closes quickly. Suprapubic catheter will need changed 6 to 8 weeks. This will be done at the urologist office.

Cleanse around site with soap and water, gently pat dry, place split 4 x4 around catheter. Tape in place daily. Then apply clean dry gauze around site if there is discharge from site daily.

References

Wilde, M.H, & Fader, M (2016). Appropriate use of containment devices and absorbent Products. D.B, Doughty, & K.N, Moore (Eds.), In *Wound, Ostomy and Continence Nurses Society™ Core Curriculum Continence Management*. (pp. 221). Wolters Kluwer.