Student name and date: Nnechi Chidueme

Instructor Signature/Date:10/27/21

1. Define simple constipation and address its clinical management.
Constipation is difficulty defecating, it is characterized by absence of stool for more than three days, hard to dry stool, feeling of incomplete emptying, pain or straining while defecating and abdominal distention.

Clinical management of constipation include lifestyle modification such as eating fresh fruits and vegetables, physical activities, increase intake of foods high in fiber, drinking at least 8-10 glasses of water daily, avoid caffeine and carbonated drinks, use of laxatives and enemas

This defines constipation in general

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?

Addressing the etiology of the diarrhea and foley catheter leak, comprehensive skin assessment to locate all the skin issues

Consider the holistic assessment in your focused assessment (history) as well as any physical assessment you would perform on this patient.

This patient has history of stroke with left sided weakness and complications of UTI and PNA. I will review his Braden scale scores to the trend, his pressure injury may be attributed to prolonged inactivity laying in bed not turned frequently, I will ascertain if there are pressure injury prevention interventions in place such as off-loading surfaces, waffle boot, low air loss mattress, I will assess nutrition as this patient has swallowing problem, immunosuppressed hence needs protein to fight infection, I will order labs to assess his nutrition status and initiate dietician referral to make recommendations for alternative formula as the current one might be the cause of the diarrhea and protein supplements to augment his current nutrition. Stool for C. diff related to antibiotic administration. I will assess the foley catheter to see if the balloon is deflated, check for tube kinks, assess for penile pain, bladder spasm that might be causing

foley catheter leaks. Irrigate the catheter to rule out blockage, check to see if stat lock in place. Foley change will be the last resort.

b. How will you approach the issue of urinary incontinence on a long-term basis?
Assess the indication for foley catheter use, if urinary retention is rule out then discontinue foley catheter, use external male catheter. Place patient on scheduled toilet training, assessment the cause of urinary incontinence, barriers to continence, may recommend pelvic floor training .
✓

c. What initial and ongoing urodynamic testing can be used to track the progress of regular and consistent bladder emptying with minimal break-through leakage? Abdominal leak point pressure
Post Void residual, Voiding diary

d. How will you approach the issue of fecal incontinence for this person?
Will you need to use containment devices? If so, what kind? Yes, I will use internal fecal containment device such as flexiseal to divert stool as pt. is having 5-6 liquid stools daily , have sacral and denuded skin .I will assess for fecal impaction, stool for c.diff., check history rectal or anal surgery, hemorrhoids rectal bleed before initiating fexiseal– *excoriation indicates scratching. Denuded skin is present here. This is a common misuse of this term.*
Check for Cdiff, check for impaction prior to initiating invasive interventions

d. What skin care measures will be needed to correct this problem?
Treat IAD by cleansing sacral and perineal skin with no rinse foam cleanser, pat dry and apply calmoseptine cream with each episode of incontinence. I will alternate skin care with applying mineral oil to wipe off the previously applied skin protectant *Consider mineral oil for removal.*

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?
The medical management that might be helpful are having an interview with patients to determine coexisting conditions and treat it. Conservative management such as lifestyle modification which will include weight loss, reduce caffeine intake, drink water and non-carbonated fluids but space out, bladder training by contracting the bladder muscle during urinary urgency, using distraction method, keeping a bladder diary to record voiding times and fluid intake. Kegel exercises set of ten three to five times a day. Contain urine during incontinence episodes. If conservative episodes did not work then will commence with pharmacologic treatment such as antimuscarinics such as Detrol, Enable, Toviaz,

Trospium, Vesicare. Beta adrenergic agonists such as Mirabegron, Topical estrogen for atrophic vaginitis if applicable
Use containment garment such under pads , disposable briefs to
✓
4. What strategies will you use to teach a group of nurses' aides to improve the use of condom catheters?
Inspect the glans penis and penile shaft making sure that skin is intact with no redness, warmth or swelling.
Choose the right size of condom based on manufacturers' specification
Perform skin care on the perineal area by washing with water and soap, pat dry.
Apply skin protectant barrier (skin prep)
Then apply the Condon, attach drainage, and secure with tube holder.
Monitor penile skin every shift and PRN for redness or skin tear.
If denuded skin is noted around the penial shaft or perineal area discontinue condom catheter us and notify the WOC nurse
Instruct nurses that expected wear is 1-2 days, then change , reassess integrity before application.
Do not use on spina bifida patients or Patients that are allergic to latex.

Consider a skills checklist, when to notify the nurse, how to handle special situations such as pubic hair, retracted penis, etc
For retracted penis use non sheath glans adherent device or glans penis pouch.
Shave pubic hair if found around site of condom application

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?
This patient will need a mineral oil enema to evacuate the impacted stool that is blocking the rectum
Review medications being taken that may be contributing to constipation, increase water intake from 1.5 Lt– 2Lt, avoid caffeine and carbonated drinks, use stool softeners and laxative as emergency use only. increase daily fiber intake to 25-38 grams per day, lose weight, increase physical activities, avoid alcohol intake.

This patient has a hallmark sign of something needing intervention…

6. Describe the components of a quality improvement project using CAUTI as the subject with the goal to decrease an institution's CAUTI rate.

The components of CAUTI quality improvement project will include the CAUTI Prevention Bundle:
A – adherence to infection control principles, standard supplies, procedures, and processes.
Hand hygiene to prevent home hospital acquired infections, aseptic catheter insertion, foley maintenance care and education by nursing staff.
Foley catheters use surveillance and feedback.
B- Bladder ultrasound use protocol to prevent unnecessary catheter use.
C – catheter alternatives:
Intermittent catheterization for patient with post void residual
External condom catheters for male and female patients
Absorbent pads, products for patients with urinary incontinence.
D- only use foley catheter when medically necessary, know appropriate indications.
E- initiate early catheter removal using reminders (flags)on EMR and or nurse initiated foley removal protocol

Consider how would you identify the need for and implement this QI project? You have identified a component of the process. In other words, how did you know there was a need for the implementation of a QI project? Once a need was identified, then what? (CAUTI as the subject was provided to help operationalize your QI process)

Increasing trends of UTI were noted among hospital patients with indwelling catheters for more than 4 days, survey of patients with foley indicated that there were no definitive nursing standard of care for foley patients hence nurse care was not uniform hospital wide. Hence there was a need for quality improvement project that help in decreasing CAUTI rate throughout the hospital. CAUTI was initiated as a tool that decrease the CAUTI rate

7. Mr. J.L. had an indwelling catheter placed for urinary retention secondary to an enlarged prostate. He is started on Finasteride (Proscar), 5 mg 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 first voiding after urethral catheter removal, this process will assess if the patient can freely void on his own without urinary retention.

✓

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.
The goal of intermittent catheter is to drain post void residual urine keep the bladder volume below 400 – 500 ml.

✓ Keep bladder volume below 450-500ccs

b. Describe education points to include for an individual performing self-catheterization.
Teaching will include intermittent catheterization of 4-6 times daily, frequency will depend on patient's history and volumes of urine drained... keep bladder diary of volume of fluids consumed and voided volumes, post void catheter amount, this will help to determine intermittent catherization frequency. Signs and symptoms of UTI. Which supplies will be approved or reimbursed by the insurance company. Such as single use catheter. How dispose used catheter.

What is the procedure for this patient to perform this action?
When should an MD be alerted? Post void residual, Inform the MD if PVR is greater than 800 ml.

c. Identify at least three complications that can occur with intermittent self-catheterization.
Ureteral stricture, UTI, trauma
✓

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

Finasteride will reduce his prostrate volume, improve lower urinary tract symptoms, increase peak urine flow, decrease the risk of acute urinary retention.

Side effects will include impotence, hypotension, depression anxiety, it will increase the risk of prostate cancer.

What are the actions of this medication? How does It work? You describe the desired outcomes above.
It stops the conversion of 5 alpha reductase which is enzyme that convert testosterone to DHT , DHT aids in the growth of prostrate , hence stopping DHT conversion will decrease serum level of DHT thereby shrinking the size of the prostrate.

9. Mr. P.V., 26 years old, has a neurogenic bladder secondary to an accident 3 years ago. 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?
Suprapubic catheter is a painful procedure even with local anesthesia. You may be sedated.
Your doctor will use ultrasound probe to locate your bladder, an incision will be made at pubic area where a cannula will be used to insert an indwelling catheter into your bladder then stitch up , it will then be connected to a drainage bag.

After surgery procedure/expectations? Look for abdominal discomfort, fever.
Redness or soreness around surgical site.

b. Discuss care of the suprapubic tube post-operatively including cleansing, dressing, securing of the catheter, changing of catheter, and etc.
Monitor Stoma site for irritation and urine leakage. *Then what? If urine leakage: :check for catheter holes kinks or blockage by mucous blood clots or encrustation, then irrigate ,if unresolved then change catheter.*

Change catheter every 30 days.
If catheter is discontinued, apply gauze dressing to stoma site.
Stoma closure can occur in 1-2 days. *(what should be done if tube comes out?) Call the PCP immediately or proceed to the nearest ER*
If urine leakage occurs , keep site clean and dry, clean with warm water and mild soap.
Monitor skin surrounding insertion site for redness and leaks, report to WOC nurse
Do not use creams. Powder or sprays around surgical site
Cover insertion site with 4x4 split drain sponge gauze *(Is there a point in time when a dressing is not needed?* until the surgical site heals *Eliminating a step could be helpful and an obtainable goal for the patient)*
Secure catheter tube with tube stabilizer or tape at the lower abdominal quadrant to prevent accidental dislodgement *(Where?)* Keep drainage bag below bladder
Signs and symptoms of UTI *(what should the patient specifically look for?)* flank pain ,fever and chills and notify MD
Consider when to alert the MD as well.

Hi Nnechi,
See my comments throughout this assignment. They are meant to be constructive, however the highlighted topics above do need some revision/elaboration. Rather than re-submitting this entire assignment, feel free to re-submit <u>just the highlighted sections/prompts</u> in a separate document or below. Take into account what the question is asking in regards to you being the WOC professional for the patients throughout these case studies.

Do let me know if you have any further questions.
-Mike