Student name and date:
Tatiane Abud Pimentel 06/02/2024

Instructor Signature/Date: Patricia A. Slachta 2/13/24
Your page numbers did not come out correctly…there is p 1 & then everything else is 2… I used the Cleveland Clinic model. Even when I dowloaded again to check it was the same in my end. I confess that I did not check the pages numbers lol I just answered the question without looking headings and footnote - I am sorry about that.

1. Define constipation and address its clinical management.

Constipation is an abnormal condition marked by irregularities in the frequency of bowel movements or challenges in defecating. It can be characterized by dry, firm stool and infrequent stooling that may be accompanied by abdominal strain, bloating, and discomfort. Insufficient fluid consumption, a diet low in fiber, insufficient physical activity, specific medications, or preexisting medical conditions like irritable bowel syndrome (IBS) or hypothyroidism can all contribute to constipation. Medical evaluation and treatment can surpass lifestyle modifications, including a high-fiber diet, increased intake of water, and incorporating exercises. For individuals with chronic constipation due to dysfunction of the pelvic floor muscles, biofeedback therapy may be recommended to retrain these muscles and improve bowel function, as well as stool softening medications or even surgery (Kamp & Heitkemper, 2022). ✓

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?

To begin with, it is essential to evaluate the patient's medical history, travel history, current medications, and the possibility of diarrhea associated with tube feeding. If that's

so, it is vital to consider implementing modifications such as including soluble fiber in the patient's daily tube feeding regimen, if feasible. Additionally, it is necessary to assess the etiology of the dermatitis, which indicates that it is associated with fecal incontinence. The patient currently has a catheter in place, suggesting that urine is unlikely to be the source of the irritation; even in the presence of slight leakage, it would not be enough to cause perianal and sacral skin irritation. If this is indeed the case, a thorough evaluation of the catheter placement is imperative to address the issue of catheter leakage. Moreover, an assessment of the individual's cognitive and functional abilities is necessary to have a deeper understanding of the impact of cognitive loss and patient impairment on self-care. It is also important to assess the existing methods used to handle fecal incontinence, including the use of moisturizers and medications. Upon the conclusion of this assessment, a comprehensive understanding of the patient's requirements will be attained, enabling the formulation of a tailored management plan to address his specific demands.

b. How will you approach the issue of urinary incontinence on a long-term basis?

Managing urinary incontinence on a long-term basis involves a multifaceted approach that addresses the underlying causes, promotes bladder health, and improves quality of life. First, WOC nurses should focus on behavioral interventions. These interventions surpass scheduled toileting and prompted toileting; this should occur at least every 2 hours. Also, strengthening the pelvic floor muscles through exercises known as Kegels can help improve bladder control and reduce episodes of urinary incontinence. Dietary changes such as a reduction in caffeine intake and swallowing issues should be addressed, and the tube feeds should be discontinued if possible. Another long-term management option is medication, for instance, antimuscarinics. These medications block acetylcholine from binding to the muscarinic receptor in the detrusor smooth muscle. The goal of this therapy is that the bladder can store urine at low intravesical pressures and remains free from incontinent episodes between voiding times (Wooldridge, 2022). If the patient failed behavioral modification and pharmacological therapy, the next step would be an assessment for suprapubic cath placement due to this patient's history of CVA with left-sided impairment. Intermittent self-catheterization would be an issue. The principal advantages of SPC are reduced urethal irritation, lower UTI in long-term use, and the ability to provide a trial of voiding without the use of a catheter (Sheldon & Santos, 2022). What about condom caths? In addition to being utilized for short-term management, condom catheters may also be used for long-term management in patients with intermittent or short-term urine incontinence, as well as in those who would rather

not have an indwelling catheter. To do this, it is required to evaluate the device's suitability for the patient. It is important to highlight that Codom caths are used on male patients who are able to maintain adequate cleanliness and who have intact skin integrity and penile anatomy. Ultimately, the individual requirements, preferences, and clinical conditions of the patient will determine whether to use a suprapubic catheter or a condom catheter.

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?

Post-void residual (PVR) measurement might be helpful in the context of scheduling toileting, especially for those who have urine incontinence or bladder dysfunction. It is a simple test that uses a bladder scanner or intermittent catheterization to measure the volume of urine that remains in the bladder after urination. This test will help determine the appropriate intervals for scheduled voiding based on the amount of urine remaining in the bladder after urination. Additionally, by observing the PVR, we can assess the effectiveness of scheduled toileting interventions over time and see if there are any changes in PVR measurements. If this is the case, modifications in PVR may indicate improvements in bladder function or the need for adjustments to the toileting schedule or treatment plan (Nelles, 2022).

d. How will you approach the issue of fecal incontinence for this person? Will you need to use containment devices? If so, what kind?

First, it is necessary to carry out an assessment to establish the nature and cause of the incontinence. If medication, tube-feeding, or diet-related changes to the plan are required, it is also important to consider an external fecal management system for this patient. This system contains the feces, protects the skin, and promotes cleanliness. For instance, collection bags are adhesive pouches that stick to the perianal region to collect fecal output. They are usually disposable 1. do you know of a non-disposable fecal pouch? When I was studying for Flexi-seal journal I read the statement “there are non-disposable fecal pouches available on the market for individuals who require long-term management of fecal incontinence or who have a colostomy or ileostomy. One example of a non-disposable fecal pouch is the ConvaTec Esteem™ + Flex Convex One-Piece Drainable

Ostomy Pouch. The ConvaTec Esteem™ + Flex Convex pouch is designed for individuals with colostomies or ileostomies who need a reliable and reusable solution for fecal collection. But I just realize that it is an old pdf. I did not find any currently non disposable pouch.

and available in varying forms and sizes 2. what brands are you thinking about here? Hollister fecal collector #982x / FLEXISEAL- CONVATEC various formats

to suit a range of users and situations. For this patient with a left-side impairment, the caregiver can take on this role. Well, people cannot apply their own fecal pouch regardless of how dexterous they are… LOL it is true lol

e. What skin care measures will be needed to correct this problem?

According to the description, there are no signs of a fungal rash as a secondary skin issue. The severely denuded skin needs to be moisturized and protected. For that, the Triad hydrophilic wound dressing would be my recommended choice. This paste provides three layers of protection. The zinc-oxide-based hydrophilic property will help to absorb and retain moisture from the wound bed, creating optimal wound healing outcomes. The silicone property helps to minimize trauma during dressing changes and provides gentle protection to the wound surface and support to the wound bed. Finally, Triad facilitates autolytic debridement to help manage necrotic and non-vaible tissue (Coloplast, n.d.). ✓

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?

Usually, stress incontinence is a result of the weakening of the pelvic floor muscles. Urinary incontinence management entails an in-depth plan adapted to the unique requirements and underlying reasons of the affected person. To begin with, an evaluation of bladder function and ruling out underlying disorders are necessary. For this, a complete medical history, physical examination, and diagnostic testing, such as urine analysis, bladder diary, or urodynamic investigations, might need to be conducted. Changes in the patient's diet, such as reducing overhydration and removing bladder irritants like alcohol, caffeine, artificial sweeteners, and spicy or acidic meals, can lessen urinary symptoms. Urinary leak episodes may be minimized and bladder control improved by maintaining a healthy weight to ease strain on the bladder and pelvic floor

muscles and by strengthening those muscles with Kegel exercises. Even if there is no sense of urgency, the patient may establish a regular toileting plan to empty the bladder at predetermined times throughout the day. If these behavioral modifications are ineffective, the patient can use medications such as anticholinergics that may be recommended to treat symptoms and enhance bladder function. In extreme situations, surgical treatments to support the bladder and urethra or repair underlying anatomical defects may be explored. These procedures include sling installation, bladder neck suspension, and prosthetic urinary sphincter implantation (Engberg, 2022). ✓

4. You are teaching a group of CNAs how to apply an external (condom) catheter. What should be included in this education? How will you evaluate their understanding of what has been taught?

The WOC nurse should train the nursing staff that prior to the application of the condom catheter, the glans, penis, and penile shaft should be assessed for integrity. The educator should also teach how to determine the appropriate catheter size and how to fit the device based on the inspection. Next, staffing should be taught that the penile skin should be cleansed and dried prior to application. A liquid barrier may be applied before applying the condom catheter, according to the manufacturer's recommendations. The tip of the catheter should be applied all the way to the base of the shaft using bilateral tabs. No additional adhesive is required for adherence and should be avoided. Additional information to include in education is to avoid use in patients with latex hypersensitivity or allergy. It is important to highlight that a condom catheter should only be used on intact skin. For men with retracted penises or shorter shaft lengths, other devices should be considered. Following the education component, the educator can ask open-ended questions and place hands-on practice with nurses, which should demonstrate the technique to ensure the skill is understood. Lastly, the WOC nurse should discuss reportable findings with the group, such as swelling in the penis, color changes, urine leakage, and pain. All these findings require further action and should be immediately reported (Kent & Holderbaum, 2022). ✓

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.
What are your recommendations?

Based on the written assessment, the patient is most likely to experience fecal impaction. The first recommendation would be to break down the fecal mass and make the bowel ? stool passable. For that, it is necessary to place the patient on her left side, apply gloves and lubricant to the finger of insertion, insert the finger into the rectum until the WOC nurse feels the hard mass of stool, and gently remove the fecal matter. If necessary, the nurse should repeat the process a couple times until there is no more stool palpable and a loose, watery stool is assessed. After that, the patient should start on a bowel regimen, and a dietitian should be consulted. The patient has low fiber and is high in simple carbohydrates (Kamp & Heitkemper, 2022). ✓

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

a) Describe the components of a quality improvement project.

The components of a quality improvement (QI) project include a methodical approach that starts with recognizing a problem; this should be supported by data analysis and supporting evidence. It is imperative to describe the QI project's purpose and goals in detail, along with the expected results and adjustments to be made. Next, a multidisciplinary team should be placed together to compose and review the evidence-based project's scope, which includes the targeted demographic, the interventions and modifications to be made, and the techniques to be utilized for assessment of the project. After enough evidence that the project can be safely implemented, it is time to implement it in such a way that all adjustments are applied uniformly and methodically across the healthcare environment. After the new QI project is implemented, it is time to determine if the policy is workable by gathering pertinent information to measure initial performance, track advancement, and analyze the results of interventions. This review should take into consideration the predetermined goals and objectives, then evaluate if the initiative has improved the quality of care to the required level and whether any more revisions are necessary to the project (Newman, 2022). ✓

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

It is first important to characterize the CAUTI-related concern. Why is this intervention necessary? Is it connected to catheter misuse? The nurse may examine the data that is already available, such as infection rates, and do a root cause analysis to identify relevant variables in order to provide an answer to this question. After that, it is time to specify the goals and objectives of the QI project after identifying areas that want improvement. For instance, the goal can be to cut the number of CAUTI cases by a certain percentage within a given amount of time. Once a multidisciplinary team has been assembled, specify the project's parameters, such as the patient group to be served and the primary focus areas, such as catheter insertion techniques, catheter upkeep, or infection control procedures. Next, a strategy for involving personnel in the execution of these interventions must be developed, along with a timeframe and list of resources required. The interventions must then be applied methodically across the healthcare facility to guarantee consistency and protocol observance. Regularly analyze data to track improvements, trends or patterns, and evaluate the effect of treatments on the incidence of CAUTI and associated consequences (Newman, 2022). ✓

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. Explain the purpose of a voiding trial and how you will conduct it.

Upon catheter removal, the patient is encouraged to void naturally. A voiding trial is a clinical assessment used to evaluate bladder function and assess the ability of an individual to urinate spontaneously. A PVR should be measured and assess if patient is fully emptying with each void. During the voiding trial, the patient's bladder function and urinary output are closely monitored to determine the patient's ability to empty their bladder adequately and without difficulty. If the patient is able to urinate spontaneously and fully empty their bladder, the voiding trial is considered successful, and no further interventions may be needed. If patient is unable to urinate spontaneously or experiences difficulty emptying their bladder measures should be taken such as intermittent catheterization, bladder training, medication therapy, or referral to a specialist for further evaluation (Nelles, 2022; Sheldon & Santos, 2022). ✓

8. 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 primary goal of intermittent self-catheterization (ISC) is to effectively and safely fill and empty the bladder based on their catheterization schedule in individuals who are unable to do spontaneously. The goal is to keep the volume below 400–500 ml, and the residual volume should be minimal (<50–100 milliliters). By maintaining optimal bladder function and emptying, individuals can reduce the risk of urinary-related complications such as urinary tract infections (UTIs), bladder overdistension, or bladder damage as well as improve overall health outcomes (Newman, 2022). ✓

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

When educating a patient on performing self-catheterization, the WOC nurse should explain the reason for self-catheterization and key points of the urinary system anatomy. Additionally, it is crucial to demonstrate step-by-step the self-catheterization procedure, including: preparing supplies beforehand; maintaining strict hand hygiene before and after catheterization; maintaining a clean environment during the catheterization process; catheterizing in an upright position to allow complete bladder emptying; lubricating the catheter tip with a water-soluble lubricant before insertion; gently inserting and removing the catheter; and draining the bladder completely. It is also necessary to discuss the recommended frequency and timing of a self-catheterization regimen of 4 to 6 times per day while awake and highlight the importance of adhering to a consistent catheterization schedule to prevent urinary retention and complications. Finally, the educator should provide instructions on how to properly store, clean, and maintain catheterization equipment and educate on the signs and symptoms of potential complications associated with self-catheterization, such as urinary tract infections, urethral trauma, or bladder irritation (Newman, 2022). ✓

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

UTIs

UTIs are one of the most common complications associated with intermittent self-catheterization. It can occur for individuals who do not perform appropriate catheterization care prior to, during, and after insertion. The insertion of a catheter itself can carry bacteria into the urinary tract, increasing the risk of infection for those who do not use adequate technique (Newman, 2022).

Trauma

Trauma can occur when inserting and removing a catheter into the urethra and bladder. This may result from not lubricating the catheter prior to insertion, from not using a gentle technique for insertion and removal, and from forcing if resistance is encountered due to underlying urinal tract abnormalities (Newman, 2022).

Pyelonephritis and shock

Pyelonephritis is a severe case of UTI and, if left untreated or inadequately treated, can progress to more serious infections such as urosepsis (septicemia) and septic shock. If patient is found having UTI a prompt treatment with antibiotics and supportive care is necessary to prevent the progression of infection and reduce the risk of these complications (Newman, 2022).

d. Describe the action of Finasteride (Proscar) and any other teaching points, such as side effects.

The main medicine used to treat benign prostatic hyperplasia (BPH) is Finasteride, also known as Proscar. This medication's main goal is to reduce prostate size by preventing testosterone from being converted to dihydrotestosterone (DHT), the most powerful androgen hormone that plays a key role in the growth and development of the prostate gland. By reducing the prostate gland size, pressure on the urethra is relieved, which enhances urine flow and lessens symptoms of urinary blockage such as frequent and difficult urination, which are often seen in cases of benign prostatic hyperplasia. Some individuals may have negative effects with finasteride, such as breast tenderness, reduced libido, and sexual dysfunction. Additionally, long-term drug use may result in orthostatic hypotension, which is low blood pressure while standing or sitting up, which increases the risk of fainting and falls (Robinson et all., 2022). ✓

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 should be included in the pre-operative teaching of suprapubic catheter insertion?

Pre-operative teaching for suprapubic catheter insertion is essential to ensure that the patient and family understand what to expect before, during, and after the surgery. The WOC nurse or physician should provide a detailed explanation of the suprapubic catheter insertion procedure, including the purpose of the catheter (is this due to urinary retention, neurogenic bladder, bladder outlet obstruction, or any medical condition that affects the bladder?), how the catheter will be inserted using a sterile technique, and its role in managing urinary retention or other bladder dysfunction. It is necessary to describe the steps for suprapubic indwelling catheter placement; the patient should know that the catheter will be directly inserted through a small incision in the abdominal wall (above the pubic bone) directly into the bladder. Additionally, it is necessary to discuss the potential risks and complications associated with the procedure, such as bleeding, infection, bladder injury, or catheter-related complications. Encourage the patient to ask questions and address any concerns they may have about the procedure, recovery process, or long-term management with a suprapubic catheter (Sheldon & Santos, 2022). ✓

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

Post-operative teaching for suprapubic catheters should include instructions on how to care for the catheter, including proper hygiene (cleanse site daily with warm water); proper dressing (fenestrated gauze around insertion site); highlighting that dressing will not be necessary once the site has healed; drainage bag management; and when to seek medical attention for signs of infection or complications. It is necessary to note how the patient would monitor skin irritation and urine leakage around the stoma, signs of urinary issues. Additionally, it is important to talk about the frequency of SPC changes (it is individually case-based and for doctor criteria); usually, the first exchange is performed by a urologist, and a nurse trained will follow up. Advise the patient on any activity restrictions or limitations following the procedure, such as avoiding heavy lifting or

strenuous activities for a certain period. Finally, educate the patient, in case the catheter has been partially or completely dislodged, that he should not attempt to reinsert the catheter themselves since improper reinsertion can cause further injury or complications. If the catheter site is bleeding or oozing fluid, the patient should cover it with a clean, dry dressing to prevent contamination and minimize the risk of infection. It is also important to point out that gentle pressure should be applied if there is active bleeding. Depending on the circumstances and severity of the situation, the patient may need immediate medical attention (Newman, 2022). ✓

Not exactly sure what is going on w the format below! Tatiane, if you highlight the reference I did, and then look at the paragraph section by clicking on the arrow in bottom right corner you can see some simple settings for Word for references in APA – double space w hanging indent… TY, I use Mac book, sometimes Pages program (the one that I use in the Apple computer) to export to word will change format, usually pdf keep the same format (as usual), and most of documentations and publish work require pdf. I am so sorry to give u a hard time on that.

References:

Callan, L. L., & Francis, K. (2022). Fecal incontinence: Pathology, assessment, and management. In J. M. Ermer-Seltun, & S. Engberg (Eds.), *Wound, Ostomy, and Continence Nurses Society core curriculum: Continence management* (2nd ed., pp. 484-519). Wolters Kluwer.

Callan, L. L., & Francis, K. (2022). Fecal incontinence: Pathology, assessment, and management. In J. M. Ermer-Seltun & S. Engberg (Eds.), *Wound, Ostomy, and Continence Nurses Society core curriculum: Continence management* (2nd ed., pp. 485-519). Wolters Kluwer.

Dickinson, T. (2022). Advanced assessment of the patient with urinary incontinence and voiding dysfunction. In J. M. Ermer-Seltun, & S. Engberg (Eds.),

Wound, Ostomy, and Continence Nurses Society core curriculum: Continence management (2nd ed., pp. 68-82). Wolters Kluwer.

Engburg, S. (2022). Stress urinary incontinence in women. In J. M. Ermer-Seltun, & S. Engberg (Eds.), *Wound, Ostomy, and Continence Nurses Society core curriculum: Continence management* (2nd ed., pp. 213-236). Wolters Kluwer.

Kamp, K. & Heitkemper, M. (2022). Motility disorders. In J. M. Ermer-Seltun & S. Engberg (Eds.), *Wound, Ostomy, and Continence Nurses Society core curriculum: Continence management* (2nd ed., pp. 454-483). Wolters Kluwer.

Kent, D. J., & Holderbaum, L. (2022). Appropriate use of absorbent products, containment devices, and adaptive aides. In J. M. Ermer-Seltun, & S. Engberg (Eds.), *Wound, Ostomy, and Continence Nurses Society core curriculum: Continence management* (2nd ed., pp. 328-363). Wolters Kluwer.

Newman, D.K. (2022). Indwelling and intermittent urinary catheterization. In J.M. *Ermer-Seltun, & S. Engberg (Eds.), Wound, Ostomy, and Continence Nurses Society core curriculum: Continence management (2nd ed., pp. 405-432). Wolters Kluwer.*

Robinson, J. P., Dugan, N. L., & Frederick, D. (2022). Lower urinary tract symptoms in men. In J. M. Ermer-Seltun, & S. Engberg (Eds.), *Wound, Ostomy, and Continence Nurses Society core curriculum: Continence management* (2nd ed., pp. 190-212). Wolters Kluwer.

Sheldon, P. & Santos, M. M. (2022). Retention of urine. In J. M. Ermer-Seltun & S. Engberg (Eds.), *Wound, Ostomy, and Continence Nurses Society core curriculum: Continence management* (2nd ed., pp. 134-152). Wolters Kluwer.

Wooldridge, L. S. (2022). Overactive bladder/ urgency UI: Pathology, presentation, diagnosis, and management. In J. M. Ermer-Seltun, & S. Engberg (Eds.), *Wound, Ostomy, and Continence Nurses Society core curriculum: Continence management* (2nd ed., pp. 111-133). Wolters Kluwer.