Student name and date:

Michelle Harris- Farrell - 2/25/24

CONTINENCE PRACTICUM– Case Studies

Instructor Signature/Date:

1. Define constipation and address its clinical management.

Constipation is the difficult defecation that may be induced by change in bowel pattern and variation of stool consistency characterized by dry stools, decrease in frequency of evacuation, a feeling of incompleteness following evacuation. This condition may be accompanied by pain, physical, social and mental impacts on quality of life. Some causes of constipation include decrease in physical activity, lack of dietary fiber, dehydration, or even side effects of medications. The continence nurse can play a helpful role in addressing issues relating to constipation. A comprehensive history and physical exam can be developed by the Continence nurse with plan to address any misconceptions about constipation as well as identify any individual risk factors and provide strategies and an individualized tailored treatment plan. A good history collection focuses on patient description, such as stool consistency, frequency, pain, noticeable blood, straining, prior strategies and treatments, presence of metabolic, neurological / CNS conditions, use of opioids. Other factors to explore include lifestyle habits pertaining to exercise, mobility, diet, routine and medication and fluid intake. A Focused physical exam should include section examination of abdominal, anorectal to assess sphincter function, as perineal skin, pelvic exam to r/o enterocele or rectocele. The patient should be educated on the use of a food, fluid intake diary.

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?

Focus assessment for urinary incontinence should include general appearance gate mobility, dexterity, strength, reflex, sensation, functional and cognitive status perineal skin assessment, abdominal examination to assess bladder distention examination of the penis, urinalysis, and or cultures and post void residual volume. Focus assessment for fecal incontinence includes much of the same. in addition, assessment of anal wink stool culture and sensitivity to identify any bacterial infection, possible contact precautions may be implemented, until ruled out to protect patient staff and visitors. Patient's medication list should be reviewed to rule out cause for incontinence.

Pain should be promptly addressed, and condition treated with anti-diarrheal or anti-bacterial agents if necessary.

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

CVA commonly increase the risk of urge incontinence due to inability for patient to inhibit voiding. approaching the issue of urinary incontinence on the long term basis will depend on extent of impairment. Patient may benefit from physical and occupational therapy services for evaluation. Some accommodations may need to include bedside commode, raise toilet seat, clothing, modifications, assistive devices, prompt voiding or toilet cues, absorptive products with periodic clean, intermittent catheterization to ensure complete bladder emptying.

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?

Initial an ongoing urodynamic testing may include bladder, ultrasound, and scans to assess and monitor function however, electromyography can be used to reveal detrusor sphincter dyssynergia due to this neurological condition. Ongoing, patient may benefit from bio feedback and pelvic floor muscle training to work on improving sensory awareness, coordination between abdomen and pelvic, muscle strength and function.

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

To address fecal incontinence initially an internal bowel management system, or intra-anal bowel management system will assist in diverting liquid stool and protecting the perineal and surrounding skin while minimizing odor, decreasing exposure to possible infectious stool and decreasing for the further development of UTI.

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

We can now focus on treatment and protection of the perineal area that has resulted in IAD. Again, it is important to address any pain due to extensive IAD. frequent prompt, gentle hygiene care with a pH balanced cleanser, pat dry skin make sure to avoid vigorous scrubbing. Application of Miconazole powder to address fungal condition, absorb moisture, applied in a dusted fashion to coat the general affected areas. Miconazole powder can be crusted with skin barrier film or sealed in with a moisture barrier ointment or paste. If skin worsens or no improvement, patient can be referred to dermatologist. Other Skin care measures include frequent skin, checks, and prompt, incontinence care, gentle cleansing, addressing skin folds, keeping skin is clean and dry, as possible and frequent repositioning and adjustment of fecal/urinary management systems to prevent leakages.

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?

This female with progressively worsening urinary leakage for the past (3) years is experiencing Mixed Urinary Incontinence. Management may consist of implementing lifestyle modifications, and behavioral therapy. It is possible she has a cystocele when straining due to her past (3) pregnancies. She will need a careful history and focus assessment, urinalysis, post void residual urine measurement, possible urodynamic study. It is important for her to keep her bladder diary, pad test, and a quality of life questionnaire. It is apparent that she's having a storage issue possible neurologic involvement of neuropathy due to her condition of diabetes. Treatment to help reduce symptoms and improve quality of life may include weight loss, avoiding bladder irritants such as carbonated beverages, alcohol and caffeine. She may benefit from Pelvic Floor Exercises, anti-cholinergics, botox injections or even sacral nerve stimulator if condition persist or worsens. Good glucose control would also be beneficial to prevent possible increasing neuropathy affecting the urinary system.

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?

Condom catheters are also referred to as sheaths. They are recommended for male patient experiencing urine frequency and urgency, specifically moderate to heavy loss of urine, combined with limited mobility, inability to participate in toileting. An advantage of condom catheter is its ability to be able to be attached to a collection drainage, bag system in order to quantify output. Contra-indications include male patients that are cognitively and psychologically impaired with decreased sensation to the genitals. It is important to consider allergic sensitivity to latex silicone, rubber and use alternative catheters made of different material can be utilized such as those well, hydrocolloid or extended wear devices or body worn absorbent products. Proper sizing and fit of condom catheter is key to prevention of leakage and to ensure good fit therefore, manufacturers recommendations with sizing chart should be utilized. Prior to application of the condom cath, skin integrity of the glans penis and shaft should be inspected. Skin prep is recommended to protect the skin as needed prior to application. An adhesive or securement device can be utilized to additionally ensure securement. The integrity of the cath and skin should be monitored frequently with replacement of the device every 1 to 2 days. to prevent backflow or leakage of urine. The CNA must ensure that the tubing is free from kinking. In order to evaluate the CNA's understanding of application of the condom cath, a return demonstration is recommended with verbalization of rationales.

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?

6. The following prompts relate to quality improvement projects and CAUTI:
    a) Describe the components of a quality improvement project.

Components of a quality improvement project for CAUTI include: identification of a specific problem, a set of clear defined goals or aim to address the problem, financial alignment is needed to work on the project. It must be patient centered. There must be means to improve the specific population outcome and patient experience through the project with evidence -based practice. It is important to have a multidisciplinary approach. The project must be timely, efficient and safe.

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

I would likely form a committee that includes Urologist, managers, staff Nurse and PCT to develop protocols, policies, and procedures easily accessible. Will need to hold on-the-job training and quarterly group lunch trainings, updates through daily unit shift huddles, mandatory myLearning modules for Nurses new for each unit, implementation of daily rounds every shift by nurses, managers, and assistant nurse managers with centralized share documentation of results. The use of special features of the electronic medical record would be utilized for chart flagging and tracking of patients with indwelling catheter with electronic reminders to assess continued need and removal with implanted algorithms of treatment and implementations. Firstly, assessing the actual need for placement of an indwelling catheter. Providing means for alternate management of urine by the use of external device or body worn absorbent product if possible. Implementation of adherence to infection control principles, and standards by use of aseptic technique with insertion and monitoring and removal. Additional points to address include - avoiding long-term use of indwelling catheter. Cultures and sensitivity of urine should be done only for patients who are symptomatic along with treatment of only symptomatic patients in order to avoid antibiotic resistance and control cost factors. Documentation of removal of catheterization after 30 days if possible or reinsertion of the new catheter only if indicated to keep colonization of bacteria low. Quarterly reporting of quality measures for transparency and compliance.

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.

The purpose of the Voiding Trial is to evaluate his ability to empty the bladder successfully after the removal of his indwelling urinary catheter with no or little urine residual left in the bladder. The voiding trial can be conducted during the urology visit, but preferably prior to the patient's outpatient appointment. Patient should have a visit with his urologist, nurse practitioner, or physician assistant after your voiding trial.
-The urinary drainage bag will be removed from your catheter.
-200-400mls of normal saline, or sterile water will be slowly be instilled into the urinary bladder through the catheter until patient feels fullness.
- Clamp down on catheter tubing with cross clamp at main port neck opening to prevent urine stream from exiting
-Once experiencing a strong enough urge to void, the balloon holding the catheter in place will be deflated and the catheter will be removed. The goal is for patient to void into a container easily without hesitation, dribbling or pain with the amount of fluid that empties from your bladder that will be recorded. If the amount of return is inadequate (generally less than 100mls) then a catheter may have to be reinserted within (6) hours following removal in order to drain bladder and prevent further urinary retention.
-

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.

Post Void Residual (PVR) is a diagnostic tool used to measure the amount of urine that remains in the bladder after voiding measured by catheter or by a noninvasive route by ultrasonic device. The goal of intermittent self-catheterization preserves and maintain function and allow emptying of bladder several times a day without the need to have an indwelling catheter. It allows a more active lifestyle and preservation of dignity. Patient will need to have the motivation and willingness to learn, good intact cognitive, general physical ability. Good hand dexterity, sensation and strength to be able to manipulate and insert the catheter in order to perform self-catheterization. The availability of another caregiver to be back up to perform or assist with catheterization.

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

The Incontinence Nurse should teach self-management and complications surrounding south catheterization such as UTI, trauma, bleeding, difficulty with insertion. It's important that the patient knows about the catheter selection types and that catheterization should be performed every 4 to 6 hours while awake and care of catheter

and when to replace it. It is recommended that one other caregiver, family or friend should be included in the teaching.

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

Complications that may occur with ISC include Urinary Tract Infections, urethral erosion and catheter bypassing of urine around the catheter. Some other complications that may occur include urethral related medical device related pressure injury, catheter blockage from built up encrustation, distress of the upper urinary system to include kidneys and ureters and renal function impairment.

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

Finasterde (Proscar) is a medication that is used alone or in combination with other meds to treat patient diagnosed with BPH to help shrink the enlarged prostate in order to reduce symptoms associated with urinary retention to help facilitate the emptying of urine from the bladder. Proscar inhibits Steroid ll5a-Reductase decreasing natural serum hormone that is produced by the body called Dihydrotestosterone (DHT). This hormone is responsible for growth of the prostate gland. Teaching points to consider for patients include avoiding PSA testing in the acute episodes to avoid false readings. Side effects may include confusion, dizziness, lightheadedness, faintness especially with sudden positional changes, decrease in sexual libido, drowsiness, headache. Patient should rise or change positions slowly during treatment. Other less common effects are swelling in face and extremities, rapid weight gain, changes in breast skin/tissue. Some effects may decrease or go away as the body adjust to treatment. Patients should be advised that this medication may take several months to have desired effect and that this is not a cure and that enlargement will reoccur is medication is discontinued. Patients should be advised to seek medical attention or advice when needed.

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 insertion of Suprapubic catheter includes Ultrasound and or x-rays of the bladder and pelvic area need for pre-operative clearance, consent needs to be obtained. Patient needs to be informed about the details of the procedure and its necessity. Patient should have an opportunity to demonstrate successfully handling of

equipment, verbalize a potential catheterization schedule. Patient should be able to identify an additional friend, family of caregiver with the ability to help or assist patient at home after the procedure. They should also be taught how to minimize risk for infection as well as be informed of the signs of UTI and when necessary to seek medical advice with provision of key contact number as well as importance of scheduling a follow up appointment.

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

Care of the suprapubic tube includes washing your hands thoroughly with soap and water or alcohol based cleanser before performing care, flushing catheter with sterile water to prevent clot formation/blockage at least once daily, may apply 4x4 split clean dry gauze dressing after washing the site with soap/water, pat dry and secure in place with minimal tape. Assess site at dressing changes for redness, swelling, itching or drainage at insertion site. Any buildup around catheter can be gently removed with soap and water or other advised solution. A securement device should be used to secure catheter in place on the lower abdomen to prevent tension or pulling to avoid dislodgement and to prevent erosion of tract and should be connected to drainage bag. The initial replacement of catheter post-operatively is done by a clinician under aseptic technique is at 6 weeks to allow for epithelization of tract to avoid assess and avoid closure of tract to allow for epithelization of tract from the abdominal wall to bladder to avoid closure of tract by slightly filling the bladder with 60 mls of saline amount of saline and deflation of balloon before removal of initial catheter- this also can assist in correct placement into bladder. Insertion of Gentle rotation of catheter is recommended to release and prevent discomfort. Insertion of new catheter into stoma at 90 degree angle downward about 3-4 inches until y tack touches the skin and urine drainage occurs, inflate balloon with sterile water and connect to drainage system. Patient should be taught that this is to be done every 4 weeks.