

**R.B. Turnbull, Jr. MD School of WOC Nursing Education**

**Continence Care Mini Case Studies**



Student Name & Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Score: 48

This assignment focuses on holistic assessment of the individual with continence issues, the application of specialist knowledge, and the synthesis of holistic continence plans.

For each of the below continence focused scenarios, use the information provided to identify a plan.

- ❖ Be specific: Thoroughly answer each scenario applying what you know. \_
- ❖ When providing rationale: Make sure to explore *why* an action or actions are chosen. Citations may be used as necessary but are not required.

## Example

A 67-year-old obese female patient is referred to the outpatient clinic with worsening fecal incontinence. The patient reports she has a low fiber, high carbohydrate diet. She reports isolating in fear of an incontinent episode.

### **Identify any further actions that need completed at this visit and include specific tests.**

Referral to a nutrition specialist...  
Functional assessment...  
Referral for anorectal manometry...  
Explore diet, liquids  
Quantification of inc and characteristics

**(2 points)**

### **The long term-recommendations for this patient are ...**

Incontinence diary...  
weight management...  
Dietary improvement- small obtainable goals...  
Consider wearing incontinence products when away from home. (include specific products)

**(2 points)**

### **Rationale:**

A functional assessment identifies...  
Anorectal manometry is used to assess sphincter function and used when...  
Reference as needed

**(2 points)**

/6 points

## Scenario 1

A 76-year-old woman presents to the outpatient setting with a complaint of new onset FI. She has 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.

**Identify any further actions that need completed at this visit.**

**(2 points)**

**The long term-recommendations for this patient are ...**

**(2 points)**

**Rationale:**

**(2 points)**

/6 points

## Scenario 2

A 50 y/o female presents to the outpatient clinic for “management of incontinence”. She describes periods of incontinence with sneezing. She indicates she does not feel like she empties her bladder completely.

**Identify components of your focused assessment and include any diagnostic tests.**

**(2 points)**

**Describe your treatment plan.**

**(2 points)**

**Rationale:**

**(2 points)**

/6 points

### Scenario 3



Photo courtesy of Sandy Hughes, MSN, RN, CWOCN

The continence nurse is consulted to evaluate a nursing home resident for fecal incontinence. On physical assessment areas of skin breakdown on bilateral buttocks noted. On chart review the individual's dietary intake is mostly fruit, activity is limited, and patient is mostly bedridden. Recent stool sample is positive for C-diff. Incontinence has been managed using an adult brief when in chair and area open to air when in bed on a cloth incontinence pad.

**Identify your treatment plan, including any products.**

**(2 points)**

**Discuss an educational program to be developed for staff.**

**(2 points)**

**Rationale:**

**(2 points)**

/6 points

#### Scenario 4

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A 68-year-old male patient is in the hospital for a fall. The continence nurse is consulted per the patient request. The patient reports that he has “difficulty reaching the toilet in time at night” after his discharge from a knee replacement surgery 2 months ago. The patient is independent with his ADLs.

**What type of incontinence is this patient most likely experiencing?**

**(2 points)**

**Describe your treatment plan and include any consults needed.**

**(2 points)**

**Rationale:**

**(2 points)**

/6 points

### Scenario 5

A 53-year-old female patient presents to the outpatient clinic with complaints of increased urinary urgency. Patient is anxious and requesting “surgery” to fix her continence issues. She is a 2ppd smoker and reports daily oral fluid intake is two “Venti” cups of coffee, 1-2 8oz glasses of water, and 3 shots of tequila. Physical assessment finds abdomen soft, non-tender, non-distended with no palpable masses and no obvious hernias. External genitalia normal. The anus and perineum are normal. No visible prolapse. Reported daytime urinary frequency is every 30 minutes with nocturia 4-5 times a night with no enuresis.

**Identify further components of your focused assessment and include any diagnostic tests.**

**(2 points)**

**Describe your treatment plan.**

**(2 points)**

**Rationale:**

**(2 points)**

/6 points

## Scenario 6

A non-ambulatory 90 y/o male presents to the emergency department from a long-term care facility for change in LOC. Continence nurse consulted for management of “a leaking catheter.” The patient is disoriented and wearing a brief soiled in liquid stool in bed. He is also pulling at an indwelling urinary catheter, which has urine leaking from insertion site. The patient is a poor historian and has no other present caregivers. His skin is intact. Patient has no non-verbal signs of pain.

**Identify components of your focused assessment and include any diagnostic tests.**

**(2 points)**

**Describe your treatment plan and any necessary products.**

**(2 points)**

**Rationale:**

**(2 points)**

/6 points

### Scenario 7

A 47-year-old female patient is seen in the outpatient clinic. The patient has pelvic organ prolapse and moderate hypertension. She has high anxiety and is not a current candidate for surgery due to BP issues. Her surgeon referred her for further education regarding a Gellhorn pessary until her BP is controlled, with regular follow-ups in the clinic. Previous urodynamic testing showed normal bladder capacity and compliance. Cystoscopy showed no lesions and CT urogram showed no suspicious renal or urothelial lesions.

**Discuss your education plan.**

**(2 points)**

**Describe your treatment plan.**

**(2 points)**

**Rationale:**

**(2 points)**

/6 points

### Scenario 8

The continence nurse is tasked with identifying trends and implementing interventions related to continence issues in an inpatient organization and is asked to develop a CAUTI QI project.

**Identify the components of a quality improvement project.**

**(2 points)**

**Describe how you would design a CAUTI QI project.**

**(2 points)**

**Discuss the dissemination of information regarding the project results.**

**(2 points)**

/6 points