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

Continence Care Mini Case Studies

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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.

1) Abdominal examination (percussion, palpation)
2) Visual anal examination
3) Refer patient to a nutritionist.
4) Refer patient for colonoscopy
5) Use absorbent pad
6) Provide skin care

(2 points)

The long term-recommendations for this patient are …

1) Keep a bowel diary
2) Use correct position while toileting (place feet on the floor, knees higher than hips, and lean forward slightly)
3) Drink 1.5 to 2.5 liters of fluid a day.

(2 points)

Rationale:

- Bowel diary shows elimination patterns, which may help with the understanding of the patient's symptoms over time in order to determine the severity of the FI and the effectiveness of the therapeutic procedure.
- Abdomen is examine for distention, stool retention masses and chronic constipation.
- Absorbent pad to contain the stool and prevent skin damage.
- Colonoscopy to check for obstruction in the colon.

(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.

- Examination of the perineum and external genitalia.
- Anal wink
- Bulbocavernosus reflex
- Sphincter tone
- Inspection of vagina mucosa
- Cough stress test with a full bladder

Diagnostic Test:

- Uroflometry
- Urodynamic testing.

(2 points)

Describe your treatment plan.

- Lifestyle intervention (Weight loss)
- Reduce caffeine intake
- Pelvic floor muscle training (PFMT)

(2 points)

Rationale:

- Inspect vagina mucosa to check for atrophic vagina changes.
- Uroflometry check for symptoms of voiding dysfunction.
- Urodynamic testing due to failure to respond to treatment modalities.
- Cough stress test looks for involuntary urine loss
- Examination of the perineum and external genitalia to look for tissue quality and sensation.
- PFMT increased pelvic floor muscle, increased endurance and improves coordination.

(2 points)

/6 points

Scenario 3

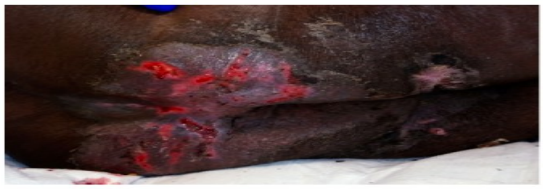

Photo courtesy of Sandy Hughes, MSN, RN, CWOCN

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.

- Apply external fecal collection pouch.
- Change pouch every 1-2 days and as needed.
- Stop using adult brief.
- Perform sphincter muscle exercise.
- Clean skin thoroughly after each incontinence episode and pat dry.
- Apply zinc oxide to the affected area.
- Refer patient to a dietician to evaluate and treat
- Physical therapy evaluate and treat.

(2 points)

Discuss an educational program to be developed for staff.

- How to differentiate between incontinence associated dermatitis (IAD) and Pressure injury (PI).

1- IAD is located in the perineum, inner thighs and lower abdomen
While PI is located in the bonny prominences: coccyx, sacrum, ischium, under devices and tubes.
2- Risk factors for IAD: Urinary and/fecal incontinence. Risk factors for PI: Limited mobility or activity, dependent on others for repositioning and transfer.
3- IAD Presents as blisters and this can be seen sometimes in stage 3 PI
4- IAD distribution pattern is erythema with patchy irregular edges and maceration. While PI has isolated individual lesions on or near bonny prominence or pressure causing device.
5- IAD color is pink and red. While PI presents as pink, red, yellow, tan, gray, brown and black.
5- With IAD, pain may be mild to severe. With PI, pain may be absent to severe.

(2 points)

Rationale:

- External fecal collection pouch helps prevents the risk of damaging to the sphincter, it protects the perianal skin and prevents the spread of C-diff micro-organism.
- Sphincter muscle exercise help condition the external sphincter in terms of duration and speed of contraction in order to prevent fecal leakage.
- Zinc oxide protects the affected skin and prevents further skin damage.
- Dietitian to evaluate patient's diet.

(2 points)

/6 points

Scenario 4

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?

- Urge Urinary incontinence due to functional impairment (Mobility impairment).

(2 points)

Describe your treatment plan and include any consults needed.

- Provide patient with a urinal
- Provide patient with a bedside commode.
- Use a raised toilet seat.
- Put patient on a time void schedule. Assist patient to the toilet every 2-4 hours when awake during the day.
- Limit fluids intake within 4 hours of sleeps
- Perform pelvic floor exercise (Kegel exercises)
- Dietary modification (Avoid bladder irritants such as caffein and spicy foods).
- Consult physical and occupational therapists.
- Consult a Urologist

(2 points)

Rationale:

- Therapy to help with assistive devices such as walker.
- Raise toilet sit to prevent bending the knee.
- Time void schedule helps reduce incontinence episodes.
- Limiting fluids intake within 4 hours of sleep helps reduce the number of time patient wakes up from sleep to void.
- Putting patient on a time void prevents episodes of incontinence.
- Urologist to evaluate the underlying condition and treat.

(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.

- Perform pelvic floor muscle assessment
- Mobility
- Cognition function
- Perform urinalysis test
- Digital vaginal examination
- Assess the perineal skin for redness and denudement consistent with incontinence associated dermatitis (IAD) and rash with distinct satellite lesions (Candidiasis).

Diagnostic test:

- Check for Post void residual (PVR) and report if residual is greater than 250 ml.
- Urodynamic studies

(2 points)

Describe your treatment plan.

- Reduce caffeine intake
- Increase water intake by drinking 2 liters a day
- Stop smoking
- Keep a bladder diary for about 3 days prior to doctor's visit.
- Perform urge reduction techniques by (relaxing, taking a deep breath, do Kegel exercise 3-5, distract yourself).
- Digital vaginal exam to check for presence of muscle tone and sensation.

(2 points)

Rationale:

- Bladder training helps the bladder holds more urine for longer time and to void when socially appropriate.
- PVR checked for incomplete bladder emptying or urinary retention.
- IAD and candidiasis placed a patient at a higher risk for skin damage.
- Urodynamic studies to assess bladder function, detrusor overactivity and bladder capacity.

(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.

- Assess catheter for blockage and kinked
- Check the size of the catheter
- Assess patient for constipation, if present start patient on bowel regimen
- Assess for elevated temperature and report fever >38 degree centigrade
- Assess for urethral erosion
- Assess urine for odor
- Assess for altered skin integrity and check for signs of IAD (erythema and edema, sometimes accompanied by erosion and serous exudate).
- Assess level of pain and discomfort.
- Assess patient's ability to communicate discomfort.

Diagnostic test:
-Perform urinary tract Ultrasound
-Bladder scan

(2 points)

Describe your treatment plan and any necessary products.

- Remove catheter per facility policy.
- Treat patient with systemic antibiotics for 7-14 days as ordered by the physician.
- Perform bladder management by putting patient on time void schedule and checking the residual. Report to the physician if residual is greater than 300ml.
- Pain management
- Encourage fluids intake
- Follow-up with urologist.
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(2 points)

Rationale:

- Blocked and kinked catheter will affects catheter patency and cause leakage around the catheter
- Temperature >38 degree centigrade indicate a possible sign of infection.
- Urethral erosion will cause catheter leakage.
- Abnormal urine Odor indicates a sign of infection
- Ultrasound to check for urinary tract obstruction.

(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.

- How to correctly perform pelvic floor muscle exercise to achieve a better outcome.
- Consult dietitian for dietary modification to reduce constipation
- The purpose and benefits of the Gellhorn pessary.
- Demonstrate proper pessary insertion, removal, and cleaning techniques.
- Emphasis on the importance of regular follow-ups for pessary care and BP monitoring.
- Address anxiety concerns and provide relaxation techniques.
- Avoid heavy lifting
- Promote proper perineal hygiene
- Proper toileting (ability to respond to the urge to defecate)
- Weight loss
- Smoking cessation
- Schedule follow up appointment for monitoring.

(2 points)

Describe your treatment plan.

- Observation and regular evaluation in asymptomatic pelvic organ prolapse (POP)
- Perform pelvic floor muscle therapy (PFMT)
- Insertion of Gellhorn pessary and fitting.
- See primary care physician for blood pressure control and anxiety management.
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(2 points)

Rationale:

- Observation to monitor for development or worsening of urinary or bowel symptoms**.**
- PFMT reduces the symptoms of POP
- Pessary also use to control POP symptoms when surgery is contraindicated.
- Regular follow-ups will ensure pessary comfort, effectiveness, and prevents complications.

(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.

- ❖ Reducing Catheter-Associated Urinary Tract Infection (CAUTI) in inpatient setting**.**

1- Problem Identification (Absence of protocols, Inadequate product knowledge, Lack of convenient access to products).
2- Review the literature
3- Data collection and analysis
4- Goal setting
5- Intervention development
6- Implementation plan
7- Evaluation methodology
8- Sustainability plan

(2 points)

Describe how you would design a CAUTI QI project.

1- Title:
Reducing Catheter- Associated Urinary Tract Infection (CAUTI) in inpatient settings.

2- Problem Statement:
CAUTI is a significant concern in inpatient settings, leading to increased mortality, and healthcare costs.

3- Literature Review:
Review existing evidence-based guidelines and best practices for CAUTI prevention.

4- Datta Collection:
a- CAUTI incident rates
b- Catheter utilization rate
c- Patient demographics
d- Catheter insertion and removal date.

5- Goals:
a- Reduce CAUTI rate by 50% within 6 months.
b- Decrease catheter utilization rates by 20% in 6 months.

6- Interventions:
a- Implement evidence-based catheter insertion and maintenance protocols.
b- Conduct regular catheter necessity assessments
c- Enhance staff education on CAUTI prevention
d- Introduce catheter removal protocol.

7- Implementation plan:
a- Establish a multidisciplinary project team.
b- Develop policy and procedure updates
c- Provide staff education and training
d- Monitor progress and provide feedback.

8- Evaluation:
a- Tract CAUTI incident rates
b- Monitor catheter utilization rates

c- Conduct regular audits
d- Survey staff and patients

9- Sustainability plan:**

a- Integrate CAUTI prevention plan into existing policies
b- Continuously monitor and evaluate progress.
c- Share results and best practices.

(2 points)

Discuss the dissemination of information regarding the project results.

1- Strategies:

a- Present project results at staff meetings and conferences.
b- Publish findings in organizational newsletters and peer-reviewed journals.
c- Share best practices through educational workshops.
d- Create visual displays (posters, dashboards showcasing progress).

2- Stakeholders:

a- Healthcare staff
b- Patients and families
c- Quality improvement teams
d- Organizational leadership

3- Communication channels:

a- Email updates
b- Project website
c- Regular progress reports
d- Celebratory events for milestone achieved.

(2 points)

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