R. B. Turnbull Jr. MD WOC Nursing Education Program

Continence Care Mini Case Studies

Cleveland Clinic

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Reviewed by: _____

Score: /55

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.

- Individualize your recommendations specific to the case study. *Apply* what you know as the continence expert. _
- When providing rationale make sure to explore *why* an action or actions are chosen. Citations may be used as necessary but are not required.
- Include at least 3 references *(other than your text book)* used to back your actions throughout the assignment. Make sure to use 7th edition APA formatting. (3 points)

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.
Suspected Problem: **(1 point)**
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 incontinence 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 for your actions: *A functional assessment identifies…* *Anorectal manometry is used to assess sphincter function and used when…* *Reference as needed* **(2 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.
Suspected Problem: Fecal incontinence due to overflow of stool in the colon from a fecal impaction **(1 point)**
Identify any further actions that need completed at this visit. Digital anorectal exam should be done for fecal impaction (Callan & France, 2022). Review of systems to rule out any other causes of fecal incontinence. Review of medications that could cause constipation Check for anal wink reflex to rule out neurogenic issues If fecal impaction is confirmed, initiate disimpaction: if the fecal impaction is accessible, a manual disimpaction could be performed. Otherwise, we should do a rectal enema **(2 points)**
The long term-recommendations for this patient are … Instruct the patient on a bowel diary (Bristol stool chart included) Encourage bowel elimination times and posture for defecation (stool for under feet could be helpful) Increase fluid intake Encourage daily laxatives rather than sporadic Refer to a pelvic floor therapist Increase fiber in diet slowly **(2 points)**
Rationale for your actions: Rationale for all actions on visit included in that note. Rationale for recommendations A bowel diary can allow us to know the patient's bowel routine and allows us to know the quality of stool Squatting during rectal emptying aids in anorectal angle straightening, which will result In higher rectal pressure and lower anal pressures (Modi, et al, 2019). Increasing fiber too quickly can make the issue of constipation worse, but with the help of laxatives, we will have a better outcome **(2 points)**

/7 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.
Suspected Problem: mixed urinary incontinence **(1 point)**
Identify components of your focused assessment and include any diagnostic tests. Start with a post-void residual after urination Uranalysis and culture to rule out UTI Refer to urodynamics where she will undergo the following testing: flowmetry, and filling cystometry and in the filling cystometry Valsalva leak point pressure and pressure flow study will be used to diagnose stress urinary incontinence and urge urinary incontinence **(2 points)**
Describe your treatment plan. Encourage a voiding journal Refer to a pelvic floor physical therapist Bladder leak protection: breathable pads, avoid overuse of absorbent briefs to protect skin Reduce bladder irritants such as caffeine and carbonated beverages If high post void residual is found, we will want to focus on urge urinary incontinence and seek its problem cause first before treating stress urinary incontinence. Could be a pelvic organ prolapse which could be treated with a pessary or surgical intervention, urethral stricture which would require the same urodynamics (flowmetry) **(2 points)**
Rationale: Rationale for diagnostic testing: filling cystometry will tell us if she is urinating during Valsalva’s maneuver (stress urinary incontinence). PVR would determine how much urine she is holding after voiding Urodynamics will help us determine a definitive diagnosis A voiding journal would give us an idea of what times of day she is urinating and how much she is urinating Bladder leak protection such as pads does not mean that we are giving up, it just allows for management of embarrassment for the patient Focusing on urge incontinence first can sometimes resolve the entire issue **(2 points)**

/7 points

Scenario 3

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.
Suspected Problem: functional incontinence **(1 point)**
Describe your recommendations and include any consults needed. Consider using a bedside urinal or commode Go to the bathroom right before bed Limit fluid intake before bed Physical therapy and occupational therapy **(2 points)**
Rationale: Using a urinal or bedside commode can reduce the need to get up from bed to urinate Going to the bathroom right before bed allows the patient to empty his bladder Limiting fluid intake right before bed will allow for less bladder refill Physical therapy and occupational therapy can help the patient regain mobility and strength, allowing for less falls **(2 points)**

/5 points

Scenario 4

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.
Suspected Problem: overactive bladder (urge incontinence) **(1 point)**
Identify further components of your focused assessment and include any diagnostic tests. Ask about other symptoms Do a post void residual to rule out bladder retention Do a urinalysis to rule out UTI To make a definitive diagnosis, we would need to do urodynamics with cystometrogram **(2 points)**
Describe your treatment plan. Lifestyle management: counsel on smoking cessation, decreasing caffeine and alcohol intake. Pelvic floor training Counsel on bladder retraining Let the patient know that surgery may not be a viable option and even if it is, it should be the last option **(2 points)**
Rationale: Smoking, caffeine, and alcohol intake can all cause overactive bladder. Although there is likely nothing wrong with the sphincter, there is a feedback loop that goes back to the bladder Bladder retraining allows the patient to slowly increase the time in between voids. Bladder training is more effective to cure or improve OAB than other modalities of treatment and there are better options (Funada, et al., 2023). **(2 points)**

/7 points

Scenario 5

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 anxious and 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.
Suspected Problem: dislodged catheter with possible urinary tract infection **(1 point)**
Identify components of your focused assessment and include any diagnostic tests. I would want to check perineal and surrounding areas for skin breakdown associated with incontinence associated dermatitis (IAD) Take a urinalysis from a freshly placed catheter **(2 points)**
Describe your recommendations and any necessary products. If the balloon is displaced or underinflated, replace catheter and secure the tubing Secure the catheter with a stat lock or leg strap to prevent further pulling Consider stool containment if fecal incontinence persists and use zinc oxide after cleaning **(2 points)**
Rationale: The balloon displacement or underinflation could fix the dislodged catheter Securing the bag on the patient's leg ensures that the catheter will not move or be dislodged Stool containment can not only protect the catheter and urethra from further infection, but it can also Zinc oxide will protect the skin and prevent incontinence associated dermatitis and skin breakdown **(2 points)**

/7 points

Scenario 6

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.

1. Reassure the patient that the Gellhorn Pessary is the best option for a more advanced prolapse and that it will be temporary until her blood pressure is under control
2. Offer clear instructions both oral and written for pessary
3. Educate on relaxation techniques, this could help with both BP and anxiety
4. Education on how the pessary works:
    a. Will be inserted by the clinician
    b. It will be folded in half with the use of a lubricant
    c. Once the pessary is behind the pubic symphysis, it will expand and rest against the leading edge of prolapse, forming suction
    d. When it is removed, it will be removed using forceps in the clinician's office

(Ermer-Seltun & Endberg, 2022).

(2 points)

Describe your treatment plan.

Work on getting blood pressure under control so that surgery is a possibility.
Refer to a therapist to work on relaxation techniques for BP and anxiety.
Refer to cardiology for BP medications
Suggest pelvic floor exercises

(2 points)

Rationale:

Getting BP under control and allowing for surgery would allow for fixing of the prolapse.
Therapy can help keep the patient present in the moment and help with relaxation techniques
Another way to help with the patient's blood pressure is with blood pressure medications
Pelvic floor exercises help regain muscle tone

(2 points)

/6 points

Mr. J. 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. visits the urologist for a 2 month follow-up for removal of his indwelling catheter and a voiding trial. The PVR is 425ml, and the urologist orders clean intermittent catheterization (CIC) rather than indwelling catheter use.

State the goal of CIC:

The goal of CIC is to help Mr. J feel independent in his voiding of urine and allow for regular intervals of bladder emptying.

The answer according to the textbook: "The goal of bladder management is to maintain and preserve a functional, infection-free genitourinary system through prevention of upper and lower tract complications with a management system compatible with an injury-free lifestyle" (Kent & Holderbaum).

It also leads to a lower rate of UTIs than an indwelling urinary catheter

(1 point)

Mr. J will need to learn CIC. Detail your education plan.

1. Gather materials: coude catheter (d/t history of BPH), soap and water
2. Position self for ease of access, clean your penis with soap and water
3. Wash your hands with soap and water or hand sanitizer
4. Extend penis upward at a 90-degree angle
5. Insert catheter until you meet resistance. Relax and breathe
6. Apply mild, gentle pressure (do not force) until the catheter passes freely and urine begins to flow
7. Push the catheter in about 1-2 more inches once the urine begins to flow
8. Once the urine stops flowing, pull the catheter back slowly

(Kent & Holderbaum).

I would give these instructions orally and make sure that the patient knows how to perform the CIC and also leave them with literature (a pamphlet or video instruction.

(3 points)

Identify at least two complications that can occur with CIC.

1. UTI
2. Urethral trauma

(2 points)

/6 points

Scenario 7

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. According to the Institute for Healthcare Improvement, the 5 core components are as follows: aim statement (measurable goals), content theory (change package), execution theory, measurement plan (data, results and learning) and dissemination plan (publication and communication) (Cohen & Reid, 2014). **(2 points)**
Describe how <u>you</u> would design a CAUTI QI project. (Make sure to include problem identification and evaluative measures) Aim statement: to decrease amount of catheter associated urinary tract infections (CAUTI) in our facility Content theory (change package): plan in-service training for all staff members to teach the following: insertion: use sterile technique to insert catheter, ensure securement of device placement and unobstructed flow. Maintenance daily review of catheter necessity, maintain a closed drainage system, keep drainage bag below bladder, perform perineal hygiene. Execution: implement the ins-service for staff on a catheter checklist based on criteria from content theory. Explain the reason for all of these tasks briefly. For example: The use of a closed-drainage system, recommended by the CDC, significantly decreased the amount of CAUTI rates, according to a QI study done in 2024 (Plando, et al., 2024). pilot the checklist on a single unit for 4 weeks, study: compare CAUTI rates and rates of task completion by staff before and after implementation. If this goes well, implement hospital wide for a 6-months. If it does not go according to plan, re-convene to figure out what could go better before implementing hospital wide. Measurement plan: over a 6-month period of time, measure how many CAUTIs there are along with checking EMR to see documentation on CAUTI prevention and surveys to see what the nurses and staff thought of the plan. **(3 points)**
Discuss the dissemination of information regarding the project results. If the project goes well, we incorporated CAUTI prevention training for all staff as they onboard and send emails monthly to nursing and medical staff We could create a peer reviewed journal or submit findings to WOC professional conferences **(2 points)**

<u>Include at least 3 references</u> *(other than your text book)* used to back your actions above. Make sure to use 7th edition APA formatting. (3 points)

References:

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