

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

Continence Care Mini Case Studies



Student Name & Date: _____

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.
- ❖ To support your actions, include at least three relevant references in addition to the course textbooks. (Use 7th edition APA formatting)

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:

(1 point)

Identify any further actions that need completed at this visit.

(2 points)

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

(2 points)

Rationale for your actions:

(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:
(1 point)

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

(2 points)

Describe your treatment plan.

(2 points)

Rationale:

(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:

(1 point)

Describe your recommendations and include any consults needed.

(2 points)

Rationale:

(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:
(1 point)

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

(2 points)

Describe your treatment plan.

(2 points)

Rationale:

(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:

(1 point)

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

(2 points)

Describe your recommendations and any necessary products.

(2 points)

Rationale:

(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.

(2 points)

Describe your treatment plan.

(2 points)

Rationale:

(2 points)

/6 points

Scenario 7

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:

(1 point)

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

(3 points)

Identify at least two complications that can occur with CIC.

(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. (Make sure to include problem identification and evaluative measures)

(3 points)

Discuss the dissemination of information regarding the project results.

(2 points)

/7 points

References: 3 points