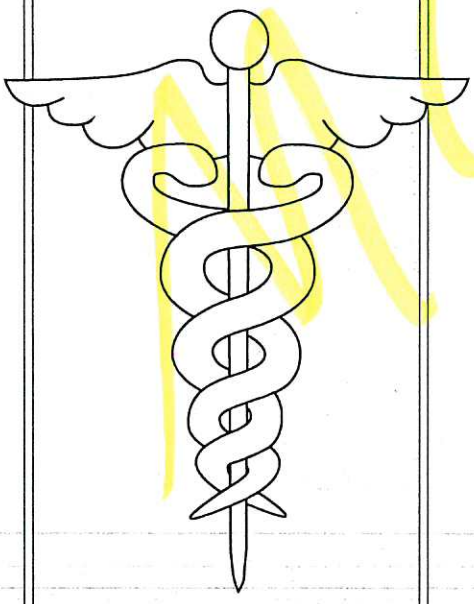
Long Term Care
Network,
A Division of
PRIMEDIA Healthcare

Care of the Incontinent Resident

EDA 311-0122



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Master

INTRODUCTION

Incontinence contributes to or causes other conditions in residents. This program focuses on incontinence and its causes and interventions that restore continence in residents. Prompted voiding programs take time and effort to carry out, but they improve health in residents and reduce work for staff in the long run.

TARGET AUDIENCE

The target audience for this activity includes nursing assistants.

LEARNING OBJECTIVES

After participating in this activity, the learner should be able to:

1. list at least two causes of incontinence.
2. discuss other problems caused by incontinence.
3. describe three principles of indwelling catheter care.
4. discuss the benefits of a prompted voiding program.

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This syllabus is designed to be used in conjunction with video program EDA 311-0122 by the Long Term Care Network, a division of PRIMEDIA Healthcare. PRIMEDIA Healthcare is a division of PRIMEDIA Workplace Learning.

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CARE OF THE INCONTINENT RESIDENT

DEFINITION

Incontinence is the loss of voluntary control of bowel or bladder function.

THE PROBLEM

In long term care residents, fecal and urinary incontinence often occur together. About one-half of residents are incontinent. For individuals who live at home, incontinence often leads to social isolation and a decline in self-care ability.

Incontinence increases the burden on the caregiver and is one of the the primary reasons for long term care placement. The cost of managing incontinence in nursing home communities is about $5 billion per year.

Incontinence contributes to many other problems. It leads to skin irritation and makes pressure ulcers difficult to heal. Incontinence can lead to falls when residents get out of bed to urinate at night. In addition, incontinence is embarrassing to residents who are aware of the condition.

CAUSES

Urinary incontinence usually results from several factors rather than one specific cause. Impaired cognitive functioning and impaired mobility are two important factors.

Thinking Ability

A decline in thinking ability and/or mobility results from many conditions, such as Alzheimer's disease, Parkinson's disease, or stroke.

Age-Related Changes

Age-related changes also increase the likelihood of incontinence. These include:

- prostate enlargement in men.
- lack of estrogen in women.

Decreased Bladder Capacity

Bladder capacity decreases with age. In addition, messages signaling the urge to void take longer to reach the brain.

Sudden Onset

If bowel or bladder incontinence occurs suddenly, the cause is often reversible. Incontinence may be caused by an acute illness such as an infection, fecal impaction, or new medications.

Infections that cause incontinence include bladder infections or other types of infections, such as pneumonia. Infection can cause confusion, another cause of incontinence in residents.

Changes in Mobility

Changes in mobility also cause incontinence. For example, a resident healing from hip surgery may take twice as long to reach the bathroom and may have an accident on the way.

MANAGEMENT

Nursing assistants play an important role in caring for an incontinent resident because they often notice changes in a resident's toileting habits. If a resident has started wetting the bed, notify a nurse. Tell the nurse the time of day incontinence occurs. Changes in a resident's continence must be investigated for infection or other causes. Symptoms of infection include:

- ❖ fever.
- ❖ change in appetite.
- ❖ change in mood.

Onset of fecal incontinence may mean a resident has a fecal impaction and needs medical attention. Fecal impaction is another cause of urinary incontinence.

Room Arrangement

Since residents often have difficulty reaching the toilet fast enough, make sure they have a clear path to the toilet or an available bedside commode. Place a resident's cane or walker within reach. Ensure that residents who need assistance to get to the toilet have call lights within reach and that their calls are answered as soon as possible.

Depression

Notify a nurse if a resident refuses to cooperate with toileting assistance. This behavior often signals the onset of depression.

Catheters

Indwelling catheters should not be used routinely for long term incontinence management. A resident may be admitted to a hospital for an acute illness and return with a catheter in place. In such a case, bladder retraining is necessary after catheter removal.

Retraining usually requires assisting a resident to the toilet every 2 hours during the day and evening and every 4 hours at night.

Proper care is necessary to prevent infections in residents with indwelling catheters.

When caring for a resident with a catheter:

- ❖ clean the catheter site daily with soap and water. Gentle cleansing is better than vigorous rubbing.
- ❖ clean the perineal area from front to back to prevent infections.
- ❖ tape the catheter to the lower abdomen or upper thigh to minimize movement and irritation.
- ❖ avoid disconnecting the catheter from the bag.
- ❖ avoid raising the bag above the level of the bladder, as this allows backflow of urine into the bladder and may cause infection.
- ❖ if urine leaks around the catheter, notify a nurse; this may indicate bladder spasms.

PROMPTED VOIDING

Prompted voiding programs are successful in reducing incontinence when properly implemented. These programs require dedication from the staff and reduce everyone's workload in the long run.

A prompted voiding program involves asking residents every 2 hours if they need to use the toilet. In many cases, it is necessary to escort a resident to the toilet to attempt to void. If residents say they do not need to void, ask them to try to wait to void until you return in 2 hours. After 4 hours, encourage them to void.

It is helpful to keep a chart of wetness and dryness, urine amounts, and voiding times. Prompted voiding can continue at night, or residents can use an incontinence pad or disposable brief. Prompted voiding programs are often difficult to implement, but they can greatly reduce incontinence episodes in many residents, saving work and time for caregivers.

Fecal Incontinence

Stool must be formed for fecal continence. Loose or watery stool is nearly impossible for residents to voluntarily contain. Report loose stools to a nurse, who can identify the underlying cause. Also report dry, hard stools so that stool softeners or other remedies can be administered.

Assist residents to the bathroom after meals to train the bowel to evacuate at specific times Such prompted voiding can promote fecal continence.

SUMMARY

Incontinence has many consequences for both residents and nursing assistants. Incontinence often embarasses residents and hinders healing of pressure ulcers. Incontinence creates work for nursing

assistants because they must keep residents clean and dry to ensure their health.

If incontinence starts suddenly, cooperate with nurses to discover the cause. Learn proper care of catheters. While prompted voiding programs may seem to add to the staff's burden, these programs can save time and work for nursing assistants by improving residents' continence.

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POST TEST

CARE OF THE INCONTINENT RESIDENT

1. Which causes incontinence?
   a. Impaired thinking
   b. Impaired movement
   c. Age-related changes in the urinary tract
   d. All of the above

2. When caring for a resident with an indwelling catheter, NEVER:
   a. empty the collection bag.
   b. clean the insertion site with soap and water.
   c. raise the collection bag above the level of the bladder.
   d. report leakage around the catheter to a nurse.

3. Prompted voiding programs require:
   a. reminding a resident to void at a set time interval.
   b. too many nursing assistants.
   c. a physician's order.
   d. too much time and work to be successful.

4. Incontinence can lead to:
   a. skin irritation.
   b. falls.
   c. embarrassment for residents.
   d. all of the above.

5. It is NOT worth the time and effort to have a prompted voiding program.
   a. True
   b. False

6. Bladder capacity increases with age.
   a. True
   b. False

7. You should NOT notify a nurse if a resident refuses to cooperate with toileting assistance.
   a. True
   b. False

8. A prompted voiding program involves asking residents every _____ if they need to use the toilet.
   a. hour
   b. 2 hours
   c. 3 hours
   d. 5 hours

9. Room arrangement is important in fostering continence in residents.
   a. True
   b. False

10. Keeping a chart of wetness and dryness, urine amounts, and voiding times is useless in a prompted voiding program.
    a. True
    b. False