OANHSS

LTCHA Implementation
MEMBER SUPPORT PROJECT

Appendix F: Continence Care and Bowel Management Program Training Presentation

Audience: For Front-line Staff
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Objectives

- Address individual needs and preferences with respect to continence of the bladder and bowel and bowel management.
- Initiate best practice, appropriate strategies and interventions.
- Promote learning about best practice continence care.
- Monitor and evaluate resident outcomes and products.

What is Incontinence?

Constipation:

The difficulty in passing stools or incomplete or infrequent passage of hard stools.

Continence:

The ability to control bladder or bowel function. In RAI-MDS, continent is defined as complete control. This includes the use of indwelling catheter or ostomy device that does not leak urine or stool.

What is Incontinence...cont'd

Incontinence:

The inability to control urination or defecation. In RAI-MDS, incontinent is defined as inadequate control of bowel or almost all of the time and for bladder, multiple daily episodes of incontinent.

Toileting:

The process of encouraging the resident to use some type of containment device in which to void or defecate. The containment device may be the toilet, commode, urinal, bedpan or some other type of receptacle but does not include briefs. Toileting is for the purpose of voiding and not for just changing briefs.

Continence Care and Bowel Management

1 of 4 core programs –Long Term Care Homes Act and Regulation (others include Pain, Skin and Wound Management and Falls)

Key points

- All residents must be assessed for incontinence to determine if there is a potential to restore continence
- Each resident must have a care plan that is individualized to them
- Continence care products are not used as an alternative to providing assistance to a person to toilet
- There must be a range of products available, sufficient changes to ensure they remain, dry and comfortable, properly fit, promote independence whenever possible

Prevalence

- 5 to 10 % in the Community
- 10 to 20 % in Acute Care
- 50 to 70 % of Complex Continuing Care-Long Term Care
  - 1 in 4 women
  - 1 in 10 men

Requirements of Continence

- Aware of urge to void
- Able to get to the bathroom
- Able to suppress the urge until you reach the bathroom
- Able to void when using the bathroom

Types of Urinary Incontinence

Stress Incontinence:

Loss of urine with a sudden increase in intra-abdominal

- pressure (e.g. coughing, sneezing, exercise)
- most common in women
- sometimes occurs in men following prostate surgery

Urge Incontinence:

Overactive bladder

- loss of urine with a strong unstoppable urge to urinate usually associated with frequent urination during the day and night
- common in women and men sometimes referred to as an overactive bladder

Types of Urinary Incontinence …cont’d

Overflow Incontinence:

Bladder is full at all times and leaks at any time, day or night

- usually associated with symptoms of slow stream and difficulty urinating
- more common in men as a result of enlarged prostate gland

Functional Incontinence:

Patient either has decreased mental ability (e.g. Alzheimer’s disease), or decreased physical ability (e.g. arthritis) and is unable to make it to the bathroom on time.

Causes of UI

Transient Causes

D Delirium

I Intake of fluid

S Stool impaction

A Atrophic changes/urethritis

P Psychological problems

P Pharmaceuticals that can contribute to incontinence

E Excess urine output

A Abnormal lab values

R Restricted mobility

Causes of UI…cont'd

Age Related Causes

Increased

- Detrusor Over activity
- Nocturnal urine output
- Bacteruria (20%)

Decreased

- Bladder Contractility
- Bladder Sensation
- Sphincter Strength (F)

Unchanged

- Bladder Capacity
- Bladder Compliance

Contributing Factors to Incontinence

- Urinary Tract Infections
- Fluid Intake
- Caffeine / Alcohol Intake
- Constipation
- Medications
- Weight Mobility
- Environmental Factors
- Cognitive Impairment
- Childbirth
- Pelvic muscle tone
- Atrophic Changes

Assessment

Continence Screening Tool

- On admission
- Quarterly
- When there is a change in health status

Assessment includes information relating to: recurrent urinary tract infections, patterns (e.g. daytime/night time urinary incontinence, constipation), type of incontinence (e.g. urinary-stress, urge, overflow or functional), medications (e.g. diuretics) and potential to restore function (e.g. prompted voiding, bedside commode, incontinent product).

Assessment...cont'd

Monitoring Records

- 7 day voiding record
- 7 day bowel record

Planning

Care plan

- Initiated within 24 hours, completed within 21 days and updated quarterly and as needed when there is a change in status
- Developed by the team

Planning…cont'd

Your role:

- Follow the care plan for continence care interventions (continence care products are not used as an alternative to providing assistance to the toilet).
- Complete the bowel and voiding monitoring record for 7 days.
- Encourage fluid intake (make sure water is easily accessible and is offered frequently) and document resident fluid intake and notify the registered staff if intake is less than < 1500 cc in 24 hours.

Planning...cont'd

- When toileting the resident, ensure wiping from front to back.
- Do not use soap when providing person hygiene.
- Offer trips to the washroom for residents who are unable to toilet independently.
- Report any changes in the resident's bowel or bladder routines to the registered staff.
- Document bladder and bowel functioning and report to the registered staff.

Implementation

- Interventions as outlined in care plan
- You must be aware of and follow what is in the care plan
- Document on flow record