Continence/Constipation Workshop for RNs in Long-Term Care

Slide Presentation

Supporting Implementation of the RNAO BPGs:
Promoting Continence Using Prompted Voiding and Prevention of Constipation in the Older Adult Population

RNAO
Registered Nurses' Association of Ontario
L'Association des infirmières et infirmiers autorisés de l'Ontario
NURSING BEST PRACTICE GUIDELINES PROGRAM

SLIDE 1

The Voiding Record

- The voiding record provides a picture of the resident's incontinence and fluid intake, helping to identify any relationship between fluid intake and voiding frequency or urine loss.
- This tool allows staff to record the amount the resident voids or the frequency of incontinence in a three day period, as recommended in the RNAO best practice guideline *Promoting Continence Using Prompted Voiding*.
- If obtaining three days of accurate voiding information is a challenge for LTC staff, obtaining two full days can be sufficient.
- Each voiding record corresponds to one day, beginning at 6 a.m. and proceeding in half hour intervals throughout the day.
- It is best to track voiding records for only one resident at a time, and to select days that work best for all staff involved.

SLIDE 2

Hydration Mini Case Study

Mrs. Smith states that she does not like drinking water. She takes sips of water, only with her medications. She drinks only tea with all her meals, and has soup occasionally. She sometimes has a small cup of ginger ale in the afternoon.

What is your assessment of her fluid intake?

a) Below minimum adequate

b) Minimum adequate

c) Adequate

SLIDE 3

Strategies to Increase Fluid Intake

- Keeping a container of fluid at the bedside
- Availability of flexible straws
- Lemon in the water
- Keeping water at room temperature, if preferred
- Ensuring fluids at meals are consumed
- Record the fluid by type, amount and time on a menu slip
- Record the total amount of fluid intake for 24 hours

SLIDE 4

Prompted Voiding

The goal of prompted voiding is to reduce the frequency of wetness in selected residents who have demonstrated successful voids at least 66% of the time when offered toileting assistance. The best predictor of a person's response to prompted voiding is his or her success during a trial of prompted voiding (Lyons & Pringle Specht, 1999).

SLIDE 5

Requirements for Toileting:

- The resident is aware of the urge to void, of passing urine and of being wet.
- The resident is able to get to the bathroom relatively independently.
- The resident is able to suppress the urge to void until he/she is toileted.
- The resident is able to successfully void.

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The following factors can relate to an individual's responsiveness to prompted voiding:

- Recognizing the need to void.
- Higher number of self-initiated requests to toilet.
- Ability to void successfully when given toileting assistance.
- Ability to ambulate independently.
- Cognitively intact.
- Higher completion of assigned prompted voiding sessions by care provider.

SLIDE 7

Impact of cognitive impairment on ability to be continent

Ability to be continent is impacted by the following:

- ability to follow and understand prompts or cues
- ability to interact with others
- ability to complete self care tasks
- social awareness

SLIDE 8

Ability	Impact on Continence
Interpretation • recognition • recall	• identifying the urge to void • remembering how to respond • locating the toilet
Interaction • comprehension • expression	• understanding reminders • asking for assistance
Self-Care • voluntary and purposeful movement • spatial orientation	• removing clothing • sitting on the toilet
Social • attention deficits • conversation	• remembering how to respond • motivation to be continent

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Abilities Mini Case Study

Mr. Brown is aware of the need to pass urine, but he cannot find the toilet, or he has forgotten that the toilet is the socially appropriate place to pass urine. Staff observe him passing urine in strange places, like the garbage pail and behind the door in his room. His situation demonstrates significant excess disabilities (Dawson et al., 1986) **related to his capacity to successfully void in a toilet with staff interventions. He has retained his ability to respond to his name and he is able to follow one-step instructions. He is able to feed and dress himself.**

Do you think the Mr. Brown will respond to the prompted voiding intervention?

a) Yes, Mr. Brown would likely respond well to prompted voiding

b) No, Mr. Brown would not likely respond well to prompted voiding

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The main manifestation of constipation is that of fecal loading which means that the rectum may be filled with a large quantity of soft or hard stool.

Factors contributing to constipation include:

- low fluid intake
- low dietary fibre intake
- prolonged use of laxatives
- ignoring urge to defecate
- sedentary lifestyle, low physical activity
- polypharmacy

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Fibre: increases weight and bulk of stool, which in turn increases colonic movement producing setter, softer and easier to pass stools.

The RNAO BPG Prevention of Constipation in the Older Adult Population recommends that individual's gradually increase fibre to 25-30 grams per day, with consistent fluid intake of 1500 mls or more. A rapid increase in fibre intake leads to abdominal bloating, cramping and flatulence.

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Ignoring the urge to defecate causes stool to build up in the rectum. It is important that residents are able to respond promptly to the urge to defecate.

Long-term care staff should provide consistent time for defecation, taking into consideration the individual's behaviour patterns and making use of gastro-colic reflex. This reflex is the strongest 10-20 minutes after eating, but may respond for 30-40 minutes.

Positioning the resident in a simulated squat position decreases the anal rectal angle, and having the legs bent towards the abdomen raises abdominal pressure.

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Toilet Transfers require:

Sitting balance: ability for resident to sit upright, with minimal risk of falling off commode.

Sitting tolerance: ability to sit on the commode for about 15 minutes without becoming exhausted.

Muscle tone: too much or too little muscle tone may cause the resident to fall off the commode.

Range of motion: resident must have enough movement in the joints to assume a sitting position.

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Cognitive Status

Insight: resident should have the cognitive capacity to understand why they are on a commode.

Judgment: resident should be able to recognize that they should not try to get off the commode without help.

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Residents can be referred to an occupational therapist for assessment to determine appropriateness for commode use, including:

- Transfer status
- Ceiling lift vs. physical assistance
- Number of people needed to assist with toileting
- Commode or toilet equipment needed for safety
- Tips on transferring individual residents

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Constipation Mini Case Study

Ms. Purdy is an 83 year old resident recently admitted to a long-term care facility. She has recent onset constipation and has now been placed on a bowel routine consisting of laxatives and suppositories. She was experiencing easy to pass stools at home. She is frustrated about not toileting as she has been used to at home. She is worried about privacy as she now shares a room with another resident. She feels rushed and experiences embarrassment due to a lack of privacy. She is not able to relax and take the time necessary to have a bowel movement.

Ms. Purdy is also a bit depressed about adjusting to her new living arrangements. She is not eating or drinking much, except for tea with every meal. She likes prunes and bran cereal, but has not had these on her tray. She is also not getting outside for walks as before.

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Which of the following factors could be contributing to Ms. Purdy's constipation?

- Low fluid intake
- Caffeine intake
- Low fibre intake
- Decreased physical exercise
- Emotional distress
- Lack of privacy.

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Suggestions for addressing Mrs. Smith's constipation

- Increase fluid intake
- Decrease caffeine intake
- Slowly add fibre items once fluid intake is at least 1.5 litres in 24 hours
- Involve the resident in recreation program to increase activity
- Provide privacy
- Provide consistent toileting following a triggering meal (breakfast or lunch)
- Give a warm drink during toileting
- Recognize her adjustment to the change in her environment and provide emotional support

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Hygiene

- Important to emphasize that residents not use soap.
- Residents should use a product that does not change the pH of the perineal area
- Residents should cleanse from front to back
- Should pay particular attention to perineal care following a bowel movement.

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Personal Hygiene Mini Case Study

Ms. Birkshire has experienced multiple symptomatic urinary track infections since her admission to the Nursing Home. She has been using soap to wash and has a hard time cleaning front to back after having a bowel movement.

What product would you suggest she use for personal hygiene?

How will you assist her with personal hygiene ensuring that this care is provided, especially following a bowel movement?