Continence / Constipation
Workshop for RNs in Long-Term Care
Participant’s Package

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
NURSING BEST PRACTICE GUIDELINES PROGRAM
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Participant Objectives

1. To gain understanding of the utilization of the voiding record as a tool in the assessment of incontinence.
2. To learn how to complete the components of the voiding record.
3. To learn how to analyze the voiding record to determine a resident’s normal voiding patterns.
4. To learn how to set up an individualized toileting schedule based on the resident’s normal voiding patterns, using a toileting schedule tool.
5. To understand the utilization of the bowel record as a tool in the assessment of bowel function and the plan of care.
6. To become familiar with the use of the Bristol Stool Chart to monitor the quality of bowel movements.
7. To understand the effects of dementia on older persons’ toileting abilities.
8. To understand the impact of fluid intake on urinary incontinence and bowel function.
9. To understand the effect of caffeine on the bladder and bowel.
10. To learn how to utilize the prompted voiding intervention.
11. To understand the impact of dietary fiber intake on bowel function.
12. To realize the importance of consistent toileting for a bowel movement.
13. To understand the importance of personal hygiene.
14. To become aware of appropriate containment options and specific skin care products available for the specific needs of residents.
MODULE 1: ASSESSMENT

Assessing Fluid Intake

Calculating Fluid Intake – please record the time, type of fluid and amount of fluid intake for 24 hours over two days.

1 cup coffee or tea on trays = 200 mL fluid
*1 milk carton on your tray – 250 mL fluid at breakfast, 125 mL at lunch and supper
1 ice cream or sherbet cup = 100 mL
1 Jello = approx 100 mL
1 small bowl canned fruit + 2 tablespoons juice = 50 mL
1 creamer for coffee or tea = 15 mL
1 bowl of soup = about 200 mL
1 juice = 125 mL
* the two different sized milk cartons are used so that milk intake meets the Canada’s Food Guide to Healthy Eating standard.

Water Content of liquid supplements/tube feeding products

Note that though the container volume is, for example 250 mLs, that is NOT the water content.

Regular Ensure – 200 mL water /tin
Ensure High Protein – 180 mL water /tin
Ensure with Fibre – 180 mL/tin
Ensure Plus – 162 mL/tin
Jevity 197 mL/tin
Jevity Plus 190 mL/tin
Glucerna 197 mL/tin
Resource Fruit Beverage – 207 mL/tin
NuBasics VHP – 212 mL/tin
Isosource HN 203 mL/tin
Procedure for using the Voiding Record

A urine hat is used to collect and measure a resident's urine output. Long-term care staff record the amount of fluid each time the resident voids and records it in the 'void' column next to the nearest half hour. The type and amount of fluid intake is also documented. If possible, wet episodes are also recorded in the wet column.

After four days, LTC staff are left with a detailed record of the resident’s voiding patterns and type and amount of fluid intake. This completed record will assist the staff in setting up an individualized toileting schedule based on the resident's voiding patterns. It will also help the staff to recognize factors that contribute to urinary incontinence. For example, the amount of fluid intake (i.e. too much, too little, amount of caffeine the resident consumes) and the relationship between these contributing factors and the incontinent episodes.

**TIP: It may be useful to develop a cue card of typical amounts of fluid offered at each meal. This will help staff to calculate the amount of fluid taken by the resident.**

Evaluation and the Voiding Record

Repeating the voiding records after a few weeks of the prompted voiding intervention should demonstrate an increased number of successful voids and decreased number of wet episodes. There should also be a demonstrable increase in fluid intake.

RNAO’s Best Practice Guidelines website has many free implementation resources to support uptake of the continence and constipation guideline, and many others. Visit [www.rnao.org/bestpractice](http://www.rnao.org/bestpractice) to view
**Voiding Record**

**Void:** Write in the amount each time you pass urine in the toilet.

**Drink:** Write in the amount each time you have a drink.

**Wet Event:** ✓ each time you are wet.

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Name:  
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Toileting Schedule
# The Bristol Stool Form Scale

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<tr>
<th>Type</th>
<th>Description</th>
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<tbody>
<tr>
<td>Type 1</td>
<td>Separate hard lumps, like nuts (hard to pass)</td>
</tr>
<tr>
<td>Type 2</td>
<td>Sausage-shaped but lumpy</td>
</tr>
<tr>
<td>Type 3</td>
<td>Like a sausage but with cracks on its surface</td>
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<tr>
<td>Type 4</td>
<td>Like a sausage or a snake, smooth and soft</td>
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<tr>
<td>Type 5</td>
<td>Soft blobs with clear-cut edges, (passed easily)</td>
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<td>Type 6</td>
<td>Fluffy pieces with ragged edges, a mushy stool</td>
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<tr>
<td>Type 7</td>
<td>Watery, no solid pieces ENTIRELY LIQUID</td>
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# Bowel Elimination Record

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<th>BM</th>
<th>Hr</th>
<th>Continent</th>
<th>Nature (Type)</th>
<th>Amount</th>
<th>Toilet</th>
<th>Fluid intake</th>
<th>24-hour intake</th>
<th>Fibre intake</th>
<th>Treatment</th>
<th>Referrals/Consults</th>
<th>Total # of BMs</th>
<th>#Episodes of Constipation/fecal staining</th>
<th>Initials</th>
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Legend: BM (Bowel Movement): ✓ Enter time Continent; ✓ = Continent I = Incontinent
Amount: S = small (<250 ml); M = normal (>250 < 500 ml); L = large (>500 ml); FO = oozing; FS = staining
Nature: Bristol Stool Chart Type
Toilet: T = toilet; C = commode; B = bedpan; SL = side lying
Fluid intake: Record actual amount consumed per shift. Calculate 24-hour intake.
Fibre intake: Record number of fibre items consumed.
Treatments: PRN laxatives, suppositories, enemas, rectal stimulation. Enter time treatment given and initials.
Regularly prescribed laxatives are recorded on Medication Administration Record (MAR).
Referrals: D = Dietitian; NCA = Nurse Continence Advisor; OT = Occupational Therapy; P = Pharmacy; PT = Physiotherapy
Enter total # of BMs:
Enter total episodes of constipation/fecal soiling

ACROSS
4  The best type of fluid to drink and a natural stool softener. (1 word)
8  An intervention every time you are in the resident’s room. (3 words)
9  2 litres of fluid intake in 24 hours is considered to be (1 word)
11  What makes water taste better for some people? (1 word)
12  A caffeinated beverage. (1 word)

DOWN
1  What type of fluid has a dehydrating effect and is not considered in total fluid intake calculation? It is calculated separately as a total amount. (1 word)
2  A caffeinated beverage. (1 word)
3  A component of fluid intake recorded on the voiding record. (1 word)
7  A caffeinated beverage. (1 word)
10  A component of fluid intake recorded on the voiding record. (1 word)
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
MODULE 3: PROMPTED VOIDING

Role-play Script: Approaching the Resident about Prompted Voiding

1. Contact the resident following the individualized toileting schedule. (based on their normal voiding patterns). PROMPT

2. Focus their attention on voiding by asking them whether they are wet or dry. MONITOR

3. Check them for wetness, record on voiding record and give feedback on whether they are correct or incorrect. MONITOR

4. Whether wet or dry, ask the resident if they would like to use the toilet, bedpan or urinal. PROMPT
   - If “Yes”
     a) Assist them. PROMPT
     b) Record the results on the voiding record. MONITOR
     c) Give them positive reinforcement by spending an extra minute or two talking with them. PRAISE
   - If “No”
     a) Prompt and encourage them to toilet two more times. PROMPT

If resident continues to say no, tell them when you will be back and request that they try to delay voiding until then.

5. Offer the resident a drink of fluid before leaving. HYDRATION

6. If the resident spontaneously requests toilet assistance, provide it and record the results on the voiding record. Give the resident positive reinforcement by spending an extra minute or two talking with them. PROMPT Offer the resident a drink of fluid before leaving. HYDRATION
Prompted Voiding: Crossword

ACROSS
5  Reinforcement (1 word)
8  One of the three strategies to support prompted voiding (1 word)
9  The best indicator of success is a (1 word)

DOWN
1  The type of toileting schedule (1 word)
2  The resident’s normal voiding (1 word)
3  One of the three strategies to support prompted voiding (1 word)
4  One of the three strategies to support prompted voiding (1 word)
6  Verbal (1 word)
7  Type of record
8  Protective Underwear (1 word)
PROMPTED VOIDING (answers)
Prompted Voiding: Word Search

Find the words in the grid. Words can go horizontally, vertically and diagonally in all eight directions.

INDIVIDUALIZED
TKNGZNEQKRLKQC
TRVBNSLSTGTKBPV
DSTKHCKZIKWPRH
NCDOBHCPPPARVGD
NHFGIXJKPORWKNN
BERJCLDLMVNPDI
JDKRQDEPTDRPND
NUKRRTTTEZFXHI
TPLPDRCNTILZTN
TEXHRLTNNZMJV
NRTBJAHQTKGNXN
NMWPBLDQYRNWN
ROTINOMCQLVRMC

Individualized

Monitor

Pattern

Praise

Prompt

Schedule

Toileting

Voiding
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.
Abilities: Crossword

ACROSS
2  Understanding reminders (1 word)
4  Motivation to be continent (1 word)
7  Attention deficits and conversation (1 word)
8  Voluntary and purposeful movement. Special orientation (2 words)
10 Identifying the urge to void (1 word)
11 Recognition and recall (1 word)
12 Remembering how to respond (2 words)

DOWN
1  Sitting on the toilet (2 words)
3  Voluntary and purposeful movement (2 words)
5  Asking for assistance (1 word)
6  Comprehension and expression (1 word)
9  Remembering how to respond and locate the toilet (1 word)
Get Up and Go Cookies

½ cup margarine or butter
1 cup brown sugar
½ cup prune puree
1 egg
1 cup applesauce - any flavour
2 cups bran cereal
1 ½ cups flour
½ teaspoon baking soda and 1 teaspoon of cinnamon or your favorite spice

Optional: ½ to 1 cup raisins, or chocolate chips, sunflower seeds, nuts, whatever you like in cookies.

Directions:
In a large bowl, cream margarine with sugar. Add egg, then prune puree, then applesauce and mix well. Add dry ingredients. Mix well. Drop by spoonfuls onto 3 cookie sheets - 12 cookies a sheet. Bake in 350° oven for about 15 minutes. Cool on pans for a few minutes and then remove. Freeze cookies and begin eating 2 cookies a day.

Prune puree

Ingredients: 375 gram bag = about 50 prunes.

Directions: Put in small pot with 1 cup of water. Heat on stove top until hot. Cool and mash. Store unused puree in fridge. You can add grated lemon rind while cooking for added flavour. Alternatively, you can mash pitted prunes from can with some of the juice, or use baby food prune puree.

Each cookie = 80.6 calories, 2.8 gram of fat, 1.67 grams of fibre per cookie.

Lower fat recipe
• use ¼ cup margarine and increase applesauce to 1 ¼ cups
• use 2 egg whites or egg replacement products such as Eggbeaters® instead of 1 whole egg

Each cookie = 68.6 calories, 1.4 grams of fat, 1.67 grams of fibre per cookie

Lower sugar recipe
• use 1 cup of Sugar Twin® brown or white sugar
• use unsweetened applesauce

Each cookie = 62.6 calories, 1.4 grams of fat, 1.67 grams of fibre per cookie

High fibre recipe
• use ¾ cup whole wheat flour with ¼ cup white flour
• use ½ cup whole wheat with ½ cup white with ½ cup oatmeal.
You may need to increase applesauce by ¼ to ½ cup to make them more chewy.

Each cookie = 89.4 calories, 2.8 gram of fat, 1.97 grams of fibre per cookie.

Remember: Fibre absorbs water to soften stool. You need to drink plenty of water, if your diet allows, to help these cookies to work.

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WEB ACTIVITY:
for quizzes on sources of fibre.

Sources of Fibre: Crossword

ACROSS
5 Fresh vegetables (1 word)
9 Fresh fruit (1 word)
10 1.5 litres to 2 litres fluid intake in 24 hours before adding fibre sources. (3 words)
11 A type of bread with fibre (2 words)

DOWN
1 The indigestable parts of plants. It prevents constipation by bulking up the stools. (1 word)
2 Nuts (1 word)
3 Grams of fibre per day. (2 words)
4 A fibre supplement (2 words)
6 A type of cereal with fibre (2 words)
7 Beans (1 word)
8 Fibre is introduced
Sources of Fibre: Crossword (answers)
Managing Constipation: Word search

Find the words in the grid. Words can go horizontally, vertically and diagonally in all eight directions

Caffeine  Exercise  Fibre  Fluid  Privacy  Squat  Toileting
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.

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
Personal Hygiene Mini Case Study

Ms. Birkshire has experienced multiple symptomatic urinary track infections since her admission to the long-term care 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?