

Toileting and Elimination

Can you name some undesirable effects of urinary incontinence?

Possible Undesirable Effects of Urinary Incontinence:

Skin breakdown - Urine is very irritating to the skin.

Urinary tract infections - Good pericare needs to be given after every episode of incontinence.

Falls - If a patient who needs help with toileting doesn't receive assistance to the toilet in a timely manner, she may fall and injure herself trying to go to the bathroom alone.

Sleep disturbances, Social withdrawal, Impaired activities

Loss of dignity - This is a very serious effect. All of our lives we are used to elimination being something we do in private. The smell and sight of our urine is something we don't want anyone else to be aware of.

Types of Urinary Incontinence

Urge Incontinence

The most common cause of urinary incontinence in elderly persons

Urgency, frequency, and nocturia – needing to urinate during the night

Patient can feel the need to void, but is unable to inhibit the urge long enough to reach the commode

Stress Incontinence

Second most common type of urinary incontinence in elderly women

Loss of small amount of urine with physical activity such as coughing, sneezing, laughing, walking stairs, or lifting

Functional Incontinence

Secondary to factors other than inherently abnormal urinary tract function

May be related to: physical weakness or poor mobility/dexterity (poor eyesight, arthritis, stroke, contracture, cognitive problems, medications, or environmental factors)

What are some ways to assist incontinent patients?

General Interventions for Urinary Incontinence

Check patient every two hours, and assist with toileting as needed

Provide urinal/bedpan/bedside commode

Provide pericare after each incontinent episode

Provide loose fitting, easy to remove clothing

Assist patient to maintain dignity, privacy, and independence

Each patient is different, so interventions will be unique to each patient.

Depending on the patient's mobility, he may use:

Toilet, bedside commode, bedpan, urinal, briefs, pads – or a combination of these.

The important thing is that we assist each patient to reach and maintain her dignity and highest possible level of continence.

The Urinary Catheter and Pericare

Do catheter and perineal care with a.m. and p.m. care, and after each bowel movement.

Always wash your hands before and after handling the catheter, tube or bag, and wear gloves, following standard precautions for infection control.

What are some things you check for when looking at the catheter tubing?

Catheter Tubing and Bag

Check frequently to be sure there are no kinks or loops in the tubing and that the patient is not lying on the tubing.

Secure catheter tubing to upper leg to prevent catheter being pulled out.

Keep the bag below the level of the patient's bladder at all times.

Emptying the Catheter

Empty the catheter bag when it is 2/3 full. If the bag were to fill completely, urine would back up into the bladder, causing risk of infection.

Place a large plastic container on the floor beneath the bag. Remove the drain spout from its sleeve at the bottom of the catheter bag without touching its tip, open the slide valve on the spout, and let the urine flow out of the bag into the container. Do not let the drain tube touch anything. Close the slide valve and put the drain spout into its sleeve at the bottom of the bag.

PCA'S CAN NOT PERFORM INSERTION OR REMOVAL OF CATHETERS OR CARE OF EXTERNAL CATHETERS. PCA'S CAN NOT PERFORM DIGITAL STIMULATION, INSERTION OF SUPPOSITORIES OR ENEMAS.