BOWEL AND BLADDER RE-TRAINING

HNA25

PROGRAM GUIDE FOR HEALTH CARE ASSISTANTS
BOWEL AND BLADDER RE-TRAINING

HNA25

PROGRAM DESCRIPTION

This program describes the techniques used for preventing incontinence, as well as methods to retrain cognitively impaired clients. Video running time 28 minutes (2 contact hours)

OBJECTIVES

To provide the nursing assistant with a basic understanding of bowel and bladder management of elderly people who reside in nursing homes or in the community.

1. Differentiate normal from abnormal bowel and bladder function.
2. Identify age-related changes in bowel and bladder function.
3. Recall that urinary incontinence or constipation is not a normal part of aging.
4. Define constipation and urinary incontinence.
5. List the types of incontinence.
6. Identify constipation and incontinence assessment findings.
7. Describe interventions to alleviate constipation and functional incontinence.
8. State the steps in a toileting regime and a bowel evacuation plan including documentation.
9. List the steps in Kegel exercises.
10. Discuss the mechanism and management of fecal incontinence.
11. Recall the risk factors associated with constipation or urinary incontinence.
13. List the benefits of helping the older person regulate bowel and bladder function.

KEY TERMS

constipation        nocturia
defecation         overflow incontinence
detrusor muscle    stress incontinence
fecal incontinence  urethra
functional incontinence
void

kegel exercises

urinary incontinence
The Nursing Process

The nursing process is a systematic method of problem solving. It is based on the scientific method. The nursing process is called "process" because it is ongoing. These are the steps of the nursing process:

Assessment: This is the systematic, ongoing collection of information from multiple sources. Assessment is done when a nurse interviews a client and the client’s significant others. A physical assessment of the client is also completed observing the following: laboratory data, daily client actions, assessing the client’s ability to carry out daily activities, symptoms and the client’s response to treatment. In long term care, resident assessment instruments are used to provide a comprehensive multi-disciplinary assessment.

Problem Identification or Nursing Diagnosis: Assessment data leads to identifying client strengths and client problems. These may be actual problems the client currently experiences, or potential problems that may occur with that client in the future. Problems are stated and related to a cause or influencing factor.

Planning: The systematic steps that the nurse will enact, with others, to assist the client to meet the goals (or outcomes) that are set. For each problem, a measurable, specific goal is identified. The plan includes nursing actions, based on aspects of nursing theory, nursing science, other sciences, and research findings. The beliefs and values of the nursing profession as well as the values of the client are taken into account.

Implementation: Carrying out the plan.

Evaluation: This is the systematic process of examining each client goal-related outcome to determine if it were met and to revise the plan accordingly. Evaluation may also identify the resources that are needed for the client or the health care provider in their continuing plan of care.

Professional Nursing Roles
As the nurse carries out the nursing process, the nurse enacts a variety of professional roles. These are:

- clinician
- teacher
- client advocate
- leader

These roles may overlap. In the clinician role, the nurse may provide direct "hands on" care, or may assess a client's needs and direct others to provide services to meet those needs. The nurse may conduct patient and family teaching in a teaching role. The nurse may also teach other health professionals when a multidisciplinary team addresses the client's needs. The nurse is a client advocate when collaborating with the client, finding resources for the client, and acting on behalf of the client. The nurse is a leader when planning and assigning the care of a client to others, maintaining overall responsibility and accountability for that care, assisting other members of the health care team to set and meet goals or when providing resources to other health care providers.
BOWEL AND BLADDER RE-TRAINING

HNA25

PRE TEST

PART 1

If the following statements are true, circle T. If the statement is false, circle F.

T  F  1. Urinary incontinence is normal in elderly people.

T  F  2. It is easier for the nursing assistant to clean and change the clothing and bed of elderly people than to toilet them.

T  F  3. The second leading cause of institutionalization (putting elderly people in nursing homes) is incontinence.

T  F  4. Incontinence can be cured or controlled.

T  F  5. The bladder in an older person holds about 1/2 of that of a younger person.

T  F  6. Fluid intake is unimportant when trying to regulate bladder function.

T  F  7. Incontinence can be caused by not being able to get to the bathroom in time.

T  F  8. It is more costly to put older people on a toileting regime.

T  F  9. Normal bowel movement is defined as regular, easy, and complete passage of formed stool at least three times per week or no more than three times per day.

T  F  10. Constipation is a normal aging change.
DISCUSSION QUESTIONS

PART 1

1. What changes might you observe in a patient who is participating in a bowel and bladder program?

2. Can you list some of the observations or assessments made before putting a patient on a bladder program?

3. Discuss Kegel exercises and the proper technique in doing them.

4. What are some of the things that you would report to the nurse about the patient's urination?

5. Review the sequence of normal bowel function.

6. What are some of the causes of constipation?

7. Can you list some of the necessary observations/assessments to determine constipation? What are some of the patient complaints?

8. Discuss bowel evacuation plans for your patients.
DIRECTIONS: Fill in the blanks.

1. Three age-related changes of bladder function include:
   (1) _____________________________________________________________
   (2) _____________________________________________________________
   (3) _____________________________________________________________

2. Fluid intake directly and indirectly controls incontinence. Give three nursing assistant interventions related to fluid intake.
   (1) _____________________________________________________________
   (2) _____________________________________________________________
   (3) _____________________________________________________________

3. List five things you would report to the nurse about the older person's urine, urinary pattern, or events related to urination.
   (1) _____________________________________________________________
   (2) _____________________________________________________________
   (3) _____________________________________________________________
   (4) _____________________________________________________________
   (5) _____________________________________________________________

4. Name two techniques that you can use to assist the older person to empty his/her bladder.
   (1) _____________________________________________________________
   (2) _____________________________________________________________

5. Risk factors related to urinary incontinence that the nursing assistant must be alert for include:
   (1) _____________________________________________________________
   (2) _____________________________________________________________
   (3) _____________________________________________________________
6. Age-related changes in bowel function include:
   (1)________________________________________________________
   (2)________________________________________________________

7. Three major activities that promote formal bowel function are:
   (1)________________________________________________________
   (2)________________________________________________________
   (3)________________________________________________________

8. A regular bowel evacuation program includes:
   (1)________________________________________________________
   (2)________________________________________________________
   (3)________________________________________________________

9. The following should be documented about a bowel movement:
   (1)________________________________________________________
   (2)________________________________________________________
   (3)________________________________________________________

10. Benefits of helping the older person regulate bowel function include:
    (1)________________________________________________________
    (2)________________________________________________________
    (3)________________________________________________________
ANSWER SHEET

PRE TEST

1. F  6. F
2. F  7. T
3. T  8. F
4. T  9. T
5. T  10. F

POST TEST

1. (1) becomes smaller  
   (2) increases in urine left in bladder  
   (3) increase in contractions (urgency, frequency, incontinence)

2. (1) every time you have contact, offer a drink  
   (2) offer 8 glasses of water per day  
   (3) limit to sips after 6 p.m.

3. (1) patterns of incontinence  
   (2) with cough, laughing, or exercise  
   (3) unable to reach toilet in time  
   (4) unpredictable times  
   (5) frequency  
   (6) leak out constantly  
   (7) unable to adjust clothing  
   (8) inhibited lack of privacy  
   (9) sound of stream  
   (10) color, amount, blood  
   (11) pain complaint  
   (12) mobility

4. (1) run tap water while they are on toilet  
   (2) pour warm water over the pubic area
5. (1) belief that it is an inevitable consequence of old age
   (2) inadequate fluid intake
   (3) barriers to rapid toilet access
   (4) male/female changes
   (5) chronic disease
   (6) medications
   (7) function

6. (1) less efficient chewing
   (2) decrease in gastric secretions to aid digestion and move food along
   (3) loss of elasticity in intestinal wall
   (4) loss of muscle strength in aid with bearing down

7. (1) regular physical activity
   (2) increase of fluid and fiber in diet
   (3) regular program of bowel evacuation

8. (1) same time every day
   (2) toilet 15-30 minutes after breakfast
   (3) comfort on toilet
   (4) allow time

9. (1) frequency
   (2) consistency of stool
   (3) pain
   (4) abdominal distention or mass
   (5) c/o rectal pressure
   (6) blood in stool

10. (1) happier older person
    (2) less soiling
    (3) less cost for all concerned
JOAN BEZON, RN, MSN, RN,MS  Received her BSN at SUNY Brockport, New York and her M.S., University of Rochester in both Clinical Nurses Specialist, Gerontological Nursing and Primary Care Nurse Practitioner. Ms. Bezon is presently a Doctoral Candidate in Applied Medical Anthropology. Ms. Bezon's major interests include holistic care of the elderly health needs, guardianship as it applies to the elderly, functional assessment of the elderly, medications by the elderly and how diabetes affects the elderly. She is past chairperson of the Florida Nurses Association, Gerontological Nursing Council. She also serves as advisor to the HRS District Six Aging and Adult Protective Services Task Force Team and the Senior Companion Program. She is Co-Project Director of Elder Health, a nurse-managed clinic that provides primary health care to underserved community elderly.

DEBORAH UNSWORTH, M.S. ARNP  Received her bachelor of Science Degree from the University of South Florida and her Master of Science Degree from State University of New York. She has worked as a nurse since 1973 in the areas of med-surg, obstetrics and ER. She has been a nurse practitioner and women’s health educator since 1990 and is currently the Director of Education at National Educational Video, Inc.

NEVCO® video educational programs are prepared using specific criteria designed by National Educational Video, Inc.™ All educational programs are coordinated and reviewed under the direction of the NEVCO® Director of Education, who is a master’s prepared nurse.
REFERENCES


While NEVCO® strives to remain current with federal and state regulatory requirements, the information contained in this video presentation is always subject to governmental amendment. Therefore, we suggest that you contact your state and federal authorities for any possible revisions to this material.
### Participant Evaluation of Objectives

Please evaluate this program by circling the number that best represents how well this program met the following objectives:

<table>
<thead>
<tr>
<th>Objective</th>
<th>4=Excellent</th>
<th>3=Good</th>
<th>2=Average</th>
<th>1=Poor</th>
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<tbody>
<tr>
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<td>12. Explain how bowel problems and urinary incontinence affects self esteem and qualify of life.</td>
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<td>13. List the benefits of helping the older person regulate bowel and bladder function.</td>
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**COMMENTS:**

______________________________________________________________________________

______________________________________________________________________________

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**Do you feel your personal objectives were met?**

**Time required to complete this program?**

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Return this form to the facilitator who distributed the learning materials.

Thank you!
REQUEST FOR CERTIFICATES FOR CONTACT HOURS

**TYPE** the NAMES, LICENSE NUMBERS AND JOB TITLES (RN, LPN, MSW, CNA, PT, etc.) of the people who are to be issued a certificate for contact hours for attending the continuing education program:

(Facility Name)

(Title and Number of Video Program)

This request must be submitted along with the completed roster and evaluation sheets for the above named program.

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FACILITATOR’S EVALUATION
(NEVCO® Video Education Program)

Must be completed by the facilitator

EVALUATION OBJECTIVES:

1) To assess extent to which the program was appropriate, adequate and effective.
2) To identify, continue to develop and evaluate effective quality assurance activities.

Title of Program ________________________________________________________ Date _______________________

Place of Employment _________________________________________________Job Title _______________________

Please evaluate the presentation by circling the number that best describes your rating.
4 – Excellent 3 – Good 2 – Average 1 – Poor

ORGANIZATION OF COURSE

Material was organized to facilitate learning 4 3 2 1
The amount of material covered was adequate and accurate 4 3 2 1
There was effective use of time to cover the subject 4 3 2 1

CONTENT OF THE FACILITATOR’S GUIDE

List total number of objectives in this facilitator’s guide _____________________
List by number the objectives that were met _____________________________
The test material reflected the objectives listed 4 3 2 1
Content can be used to improve nursing practice 4 3 2 1
Content reflected knowledge level and needs of learner 4 3 2 1
The material was current 4 3 2 1

Evaluate Test Questions
Pre-Test 4 3 2 1
Discussion Questions 4 3 2 1
Post-Test 4 3 2 1

FACULTY PRESENTING (Video)
The presentation was 4 3 2 1
The presenter explained the material 4 3 2 1
The presenter demonstrated knowledge of material 4 3 2 1

OVERALL RATING
I felt this teaching method was 4 3 2 1

COMMENTS – (Please make suggestions for future topics and additional comments about the presentation or instructor)
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

Thank you for your time in completing this evaluation! We appreciate your comments and suggestions. The NEVCO® Educational Staff
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# EVALUATION
(NEVCO® Video Education Program)

Must be completed by every participant

## EVALUATION OBJECTIVES:

1. To assess extent to which the program was appropriate, adequate and effective.
2. To identify, continue to develop and evaluate effective quality assurance activities.

### Title of Program ____________________________________________ Date _______________________

### Place of Employment ____________________________________________ Job Title _______________________

## OBJECTIVES

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<th>Total number of objectives in program</th>
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Please evaluate the presentation by circling the number that best describes your rating.

4 – Excellent  3 – Good  2 – Average  1 – Poor

## ORGANIZATION OF COURSE

| Material was organized to facilitate learning | 4 | 3 | 2 | 1 |
| The amount of material covered was adequate and accurate | 4 | 3 | 2 | 1 |

## CONTENT OF THE PRESENTATION

| The test material reflected the objectives listed | 4 | 3 | 2 | 1 |
| Content and/or skills demonstrated can improve my ability to perform my job | 4 | 3 | 2 | 1 |
| Content reflected knowledge level and needs of learner | 4 | 3 | 2 | 1 |
| The material was current | 4 | 3 | 2 | 1 |
| Time for questions was | 4 | 3 | 2 | 1 |
| Effective use of time to cover subject was | 4 | 3 | 2 | 1 |
| Graphics were beneficial | 4 | 3 | 2 | 1 |

## NEVCO® FACULTY (who prepared the program and/or appeared in interviews)

| The presentation was well prepared | 4 | 3 | 2 | 1 |
| The presentation explained the material well | 4 | 3 | 2 | 1 |
| The presenter demonstrated knowledge of material | 4 | 3 | 2 | 1 |

## OVERALL RATING

| I felt this teaching method was | 4 | 3 | 2 | 1 |
| Facilities and classroom were adequate | 4 | 3 | 2 | 1 |

## COMMENTS – (Please make suggestions for future topics, content of program and instructors)

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

Thank you for your time in completing this evaluation! We appreciate your comments and suggestions. The NEVCO® Educational Staff

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CONTINUING EDUCATION ROSTER
This form must be completed and returned to NEVCO®.
Keep a copy for your facility, but return the original to NEVCO®.

PRINT OR TYPE

Account # ________________________________

Number and title of Video Program ________________________________________________

Dates Given _________________________________________________________________

Contact Hours ________________________________________________________________

Name of Facility ______________________________________________________________

Address of Facility ____________________________________________________________

City/State/Zip ___________________________ 

RN Facilitator ___________________Signature _________________________________

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This activity provided by National Educational Video Inc. is approved as a provider of continuing education in nursing by Alabama State Nurses Association, which is accredited as an approver of continuing education in nursing by The American Nurses Credentialing Center's Commission on Accreditation.

ROSTER OF PARTICIPANTS

<table>
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<tr>
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Certificate of Completion

This is to certify that

______________________________________________________________
Attended and Completed

______________________________________________________________
National Educational Video, Inc.™ Program Number and Title

For _____________ contact hours

On _____________

______________________________________________________________
Date

______________________________________________________________
Facility / Agency Name

______________________________________________________________
Facility / Agency Address

______________________________________________________________
RN / Facilitator

CERTIFICATE FOR ASSISTANTS ONLY

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CERTIFICATE OF COMPLETION

For each participant who has successfully completed a continuing education program, please make a copy of the blank NEVCO Certificate (on reverse side) and fill in the following information:

1. Name of the learner
2. Program title and number
3. Number of contact hours
4. Date the program was completed
5. Name and address of your Agency / Facility
6. Signature of the RN / Facilitator responsible for offering the program