Promotion of continence for carers

Continence team
House Keeping
ITS QUIZ TIME!

* TEST YOUR KNOWLEDGE........

* TRI
True or false

* INCONTINENCE IS A NORMAL PART OF AGING

* 80% OF PEOPLE WHO EXPERIENCE URINARY INCONTINENCE ARE WOMEN

* IT IS A GOOD IDEA FOR PEOPLE WITH INCONTINENCE TO CUT BACK ON FLUID INTAKE
True or false

* Some foods such as coffee, tea, green tea, and hot chocolate can promote incontinence by irritating the bladder.

* Being overweight has no bearing on being incontinent.

* Skin care is not important when dealing with incontinence.
Normal Miturition

‘The ability to pass urine voluntarily in a socially acceptable place at a social acceptable time’
Risk Factors for Urinary Incontinence

- Obesity / lifestyle
- Advanced age
- Medications (e.g., diuretics)
- Decreased mobility
- Altered cognition
- Surgery
- Disease / Conditions (e.g., diabetes, prostate issues)
Impact on the Patient & Family.

- HUGE impact on quality of life of both patient and family

- In what ways?
Patient & Family Quality of Life

* Embarrassment
* Social Isolation
* Loss of self esteem
* Loss of body image / sexuality
* Fear – what’s wrong?
* Denial / Acceptance – ‘Comes with age’
All incontinent patients/residents/client are entitled to a continence assessment.

No one should be in pads just because they are incontinent or before an assessment.

Once pads are used people can become reliant on them.
No one should be supplied with pads just in case

It's not good practice

Consider other forms of management not just pads

Never use someone else's pads as they may not be appropriate, never take one person's pads to give to another.
Many assessment tools available – Trust specific

Need to contain key sections:
- Patient details
- Medical / Surgical History to include UTIs
- Medications
- Urinary & Bowel Continence History
- Symptoms associated with urinary incontinence
Assessment Cont’d

- Toileting pattern and products used
- Abilities/mobility
- Fluid intake/types of fluid
- Urinary tract infection
Urinalysis

- To exclude infection
- Follow up if infection present and antibiotics prescribed by GP
- Repeat sample when antibiotics completed (at least 3 days)

- Continue with assessment if still continence problems
WHAT TYPES OF INCONTINENCE ARE THERE??

Can you name them
Types of Incontinence

* Stress (SUI)
* Overactive Bladder (OAB)
* Overflow
* Functional
* Faecal
Stress incontinence
Caused by weak or damaged pelvic floor
Childbirth
Prostate surgery
Obesity
Hormonal deficiency
Constant coughing
High impact activities over many years
Urge incontinence
Urge / Over Active Bladder Urinary Incontinence

* Most common pattern of urinary incontinence in older adults
* Leak on the way to the toilet
* Feel they want to urinate if they hear running water
* Rush or hurry to the toilet
* Frequency
* Nocturia
Management - Urge / OAB

- Individual bladder retraining programme
- Pelvic floor exercise regime
- Fluid modification / reduction in bladder irritants (alcohol, caffeine, carbonated beverages)
- Anticholinergic medication (Ditropan)/oestrogens
Overflow Urinary Incontinence

nerve damage from diseases such as diabetes, MS, Parkinson's disease

* Weakness due to obstructions (enlarged prostate etc.)

* S/S including hesitancy, dribbling, and a feeling of “never feeling empty”

* May have frequent urine infections
Overflow Urinary Incontinence: Management Options

* Relieve obstruction (enlarged prostate, impaction, etc.)
* Intermittent catheterization
* Referral for urology assessment
All types of incontinence can be exacerbated by functional incontinence and complicate the management options available for the incontinent patient.

- Associated with decreased mental status, function or mobility
- Loss of large volumes
FUNCTIONAL URINARY INCONTINENCE

* RELIANT ON VISITS FROM CARERS
* UNABLE TO MOVE QUICKLY ENOUGH
* DIFFICULTY IN REMOVING CLOTHING
* TRANFERRING FROM WHEELCHAIR TO TOILET
* DEMENTIA UNABLE TO RECOGNISE THE NEED TO USE THE TOILET
**Dementia & Urinary Incontinence**

- Dementia causes changes in the brain which may interfere with their ability to
- Recognise the need to pass urine
- Hold on until they get to the toilet
- Find the toilet
- Adjust clothing appropriately
- Urinate in inappropriate places
- Saturating clothing/bedding without warning
- Suffering from constipation, diarrhoea, faecal incontinence
CAN YOU SUGGEST WAYS TO HELP AND MANAGE.
Functional Urinary Incontinence: Management Options

- Environmental – equipment
- Visual aids (picture of toilet)
- Observation of body language - prompting
- Bladder retraining
- External collection devices
What can be done

* Remind to use the toilet at regular intervals
* If no longer able to recognise the need to use the toilet should be taken at regular intervals 2-3 hourly
* May need to stay with them and remind them why they are there (newspaper, book)
* Easy to manage clothing
* Keep the way to the toilet clear, use night light
* Make toilet door easily recognisable (picture inside and outside)
Male External Collection Devices

- Male Urinals
- Male External Catheters (PENILE SHEATHS)
Long term urinary catheters: prevention and control of healthcare-associated infections in community care

Jan Gartside and Patricia Gott - Infection Control Nurses 2014
People who need a urinary catheter have their risk of infection minimised by the completion of specified procedures necessary for the safe insertion and maintenance of the catheter and its removal as soon as it is no longer needed.
What you need to Know

* How catheterisation increases the risks of microorganisms invading the urinary tract
* The importance of applying standard infection control precautions
* Insertion and maintenance
* Environmental cleanliness in the area where catheterisation is to take place to minimise the infection risk
* The consequences of poor practice
* Obtaining a ‘good’ catheter specimen of urine (CSU)
* The beginning or the end?
Engagement Ring
False nails
Long finger nails
Maintenance

* Change catheters only when clinically necessary or according to the manufacturer’s current recommendations.
* The catheter should be continuously connected to the drainage system and the tap remains closed following emptying, connecting and reconnecting.
* Patients/carers are aware of their role in daily personal hygiene to minimise the risk of developing a CAUTI or daily meatal hygiene has been performed by nurses/carers.
* Urinary drainage bags are regularly emptied into a clean container or toilet.
* Hand decontamination must be performed before and after catheter care procedure.
Bacteria and other contaminants cannot fly. Nearly all forms of contamination make their way onto clean or sterile surfaces when they are carelessly handled.

Always one exception........
What are the consequences of poor Practice?

* To you??
* To the patient:
  * CAUTI 2\textsuperscript{nd} most common type of infection
  * Multi resistant drug resistant organism –
  * E coli, ESBL’s, MRSA ……..
  * Resistant organisms
  * Illness or death
A recent study identified that healthcare workers have poor knowledge about the presence or reason of indwelling catheter in their patients.

Ensure that alternatives to indwelling urethral catheterisation have been considered.

Ensure that there is a regular review of the need for the indwelling urinary catheter: remove if possible.

Or the end…. The most effective way of reducing the potential for CAUTI is to remove indwelling urinary catheters.
Urine samples must be obtained using an aseptic technique via the catheter needless sampling port.

- Clean the port with a disinfectant wipe
- Use a sterile syringe/cannula
- Packaging, handling and delivery of clinical specimens policy
How catheterisation increases the risks of microorganisms invading the urinary tract

- Catheterisation bypasses the body’s defence mechanism of micturition
- Insertion of the catheter
- The space between the catheter and urethra
- Catheter lumen
- The catheter connection to the valve/bag, the sample port, the tap on the bag/valve
- any reflux from the bag
- Endogenous (Self infection) - patients skin/perineum/meatus
- Exogenous (Cross infection) – patient, nurse, doctor, therapist or others
Infection control nurses

* We are Jan Gartside and Patricia Gott
* Contact us on infection.control@covwarkpt.nhs.uk
* mobile phones: 07740803796
    07824300109
Common Problems

* CAUTI – catheter associated urinary tract infections
* Blockage
* Bypassing
* Urethral discomfort
* Haematuria
Is the tubing kinked
How full is the catheter bag
Is the client constipated
Mucosal debris
Some people find that drinking large amounts of caffeinated drinks irritate the bladder so much that it goes into spasm and the catheter may leak
Haematuria

- Small amounts are common
- Has catheter been pulled/tugged/caught anywhere
- Increase fluid intake
- Reassure and review later in the day

- If severe or bright fresh blood, advise medical review
General hygiene

- Hand washing before and after handling catheter system

Wear gloves and aprons

- Wash the area where the catheter enters the body with mild soap and water, and continue washing down the catheter tube, this should be done twice daily
HAND WASHING
* **Bare below elbows**
  * Remove or roll up long sleeves before hand washing

* **Nails**
  * Keep finger nails short
  * No nail varnish
  * No false or acrylic nails
Good Hand Hygiene Practice

* Follow a Technique

* Ensure you dry your hands Thoroughly
  * Leaving hands to air dry can make your hands sore

* Moisturise
  * Look after the skin on your hands
Patient and client hand hygiene

- Ensure that the client sees you wash your hands so they know it is important
- Encourage patients to wash their hands at all times particularly after going to the toilet, before touching their catheters
Pads are always the last option

Remember : TRIAL FIRST
ask the continence team
No one should be supplied with pads just in case

- It's not good practice

- Consider using other forms of management not just pads

- Never use someone else's pads; they may not be appropriate

- Never take one person's pads to give to another.
PAD POINTS TO CONSIDER

* Folding / using correctly
* Wetness indicators
* Talc's/creams
* Correct use of net pants with shaped products
* Fluid intake/output
* Storage of products
How much do pads cost?
* Refer to continence team

* Telephone 76961427
That’s it Folks....

* Thanks for your participation and attention.

* Any Questions?????