



### Contenance Care Training

At PPRS it is our goal to provide safe and effective procedures for giving care to individuals that wear diapers or pull ups or require assistance with cleaning after elimination.

Goals for Contenance Training:

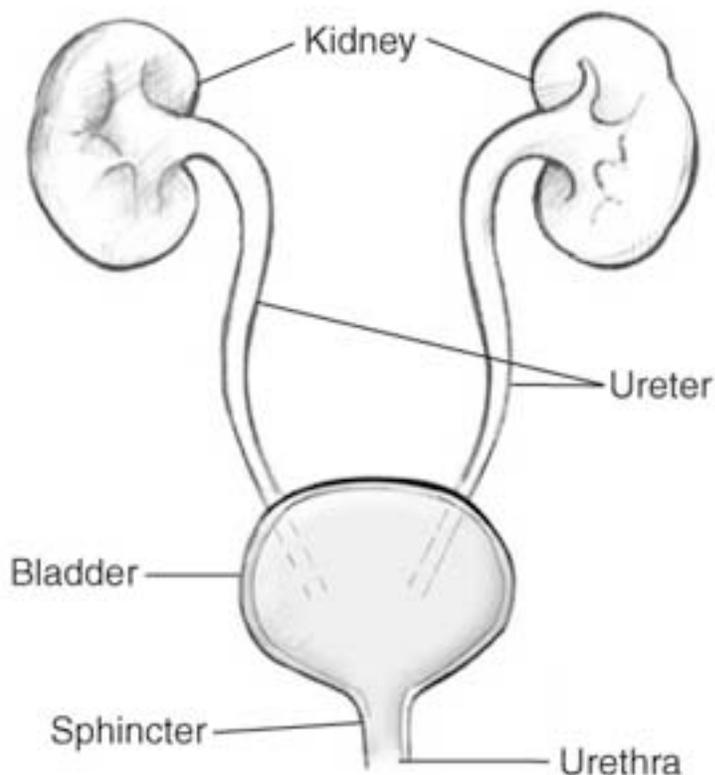
Know how urinary system functions.

Know signs of urinary tract infections.

Know procedure for proper peri care.

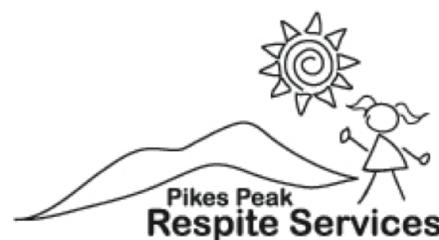
The organs, tubes, muscles, and nerves that work together to create, store, and carry urine are the urinary system. The urinary system includes two kidneys, two ureters, the bladder, two sphincter muscles, and the urethra.

How does the urinary system work?



Front view of urinary tract.

Your body takes nutrients from food and uses them to maintain all bodily functions including energy and self-repair. After your body has taken what it needs from the food, waste products are left behind in the blood and in the bowel. The urinary system works with the lungs, skin, and intestines-all of which also excrete wastes-to keep the chemicals and water in your body balanced. Adults eliminate about a quart



and a half of urine each day. The amount depends on many factors, especially the amounts of fluid and food a person consumes and how much fluid is lost through sweat and breathing. Certain types of medications can also affect the amount of urine eliminated.

The urinary system removes a type of waste called urea from your blood. Urea is produced when foods containing protein, such as meat, poultry, and certain vegetables, are broken down in the body. Urea is carried in the bloodstream to the kidneys.

The kidneys are bean-shaped organs about the size of your fists. They are near the middle of the back, just below the rib cage. The kidneys remove urea from the blood through tiny filtering units called nephrons. Each nephron consists of a ball formed of small blood capillaries, called a glomerulus, and a small tube called a renal tubule. Urea, together with water and other waste substances, forms the urine as it passes through the nephrons and down the renal tubules of the kidney.

From the kidneys, urine travels down two thin tubes called ureters to the bladder. The ureters are about 8 to 10 inches long. Muscles in the ureter walls constantly tighten and relax to force urine downward away from the kidneys. If urine is allowed to stand still, or back up, a kidney infection can develop. Small amounts of urine are emptied into the bladder from the ureters about every 10 to 15 seconds.

The bladder is a hollow muscular organ shaped like a balloon. It sits in your pelvis and is held in place by ligaments attached to other organs and the pelvic bones. The bladder stores urine until you are ready to go to the bathroom to empty it. It swells into a round shape when it is full and gets smaller when empty. If the urinary system is healthy, the bladder can hold up to 16 ounces (2 cups) of urine comfortably for 2 to 5 hours.

Circular muscles called sphincters help keep urine from leaking. The sphincter muscles close tightly like a rubber band around the opening of the bladder into the urethra, the tube that allows urine to pass outside the body.

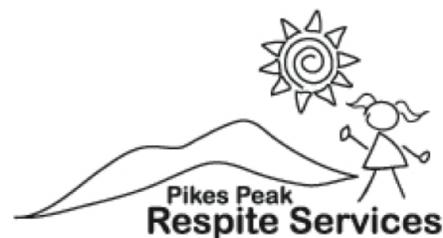
Nerves in the bladder tell you when it is time to urinate, or empty your bladder. As the bladder first fills with urine, you may notice a feeling that you need to urinate. The sensation to urinate becomes stronger as the bladder continues to fill and reaches its limit. At that point, nerves from the bladder send a message to the brain that the bladder is full, and your urge to empty your bladder intensifies.

When you urinate, the brain signals the bladder muscles to tighten, squeezing urine out of the bladder. At the same time, the brain signals the sphincter muscles to relax. As these muscles relax, urine exits the bladder through the urethra. When all the signals occur in the correct order, normal urination occurs.

Bowel incontinence, also called fecal incontinence, may occur as a result of injury to nerves and other structures involved in normal defecation, or as the result of diseases that alter the normal function of defecation. Treatment of bowel incontinence depends on the cause. Injury to rectal, anal, or nervous tissue, such as from trauma, childbirth, radiation, or surgery, can result in bowel incontinence. Infection with resultant diarrhea, neurological diseases such as stroke, multiple sclerosis, and diabetes mellitus can also result in bowel incontinence. In the elderly, dementia can contribute to bowel incontinence when the individual cannot respond to normal physiological cues. Normal aging causes changes in the intestinal musculature, which may contribute to bowel incontinence. Fecal impaction, as a result of chronic constipation and/or denial of the defecation urge, can result in involuntary leakage of stool past the impaction. Loss of mobility can result in functional bowel incontinence when the person is unable to reach the toilet in a timely manner. Loss of bowel continence is an embarrassing problem that leads to social isolation, and is one of the most common reasons that the elderly are admitted to long-term care facilities. Goals of management include reestablishing a continent bowel elimination pattern, preventing loss of skin integrity, and/or planning management of fecal incontinence in a manner that preserves the individual's self-esteem.

### Related Factors

Neuromuscular problems:



Stroke  
Multiple sclerosis  
Diabetes  
Dementia  
Nerve trauma  
Spinal cord injury  
Musculoskeletal problems:  
Pelvic floor relaxation  
Nerve trauma  
Damage to sphincters  
Radiation  
Infection  
Postoperative injuries  
Fecal impaction  
Medications  
Hyperosmolar food or fluid intake  
Immobility  
Lack of accessible toileting facilities  
[Defining Characteristics](#)  
Involuntary passage of stool

#### [Expected Outcome](#)

Patient is continent of stool or reports decreased episodes of bowel incontinence.

#### [What is a urinary tract infection?](#)

Your [urinary tract](#) is the system that makes urine and carries it out of your body. It includes your [bladder and kidneys](#) and the tubes that connect them. When germs get into this system, they can cause an infection.

Most urinary tract infections are [bladder infections](#). A [bladder](#) infection usually is not serious if it is treated right away. If you do not take care of a bladder infection, it can spread to your [kidneys](#). A [kidney infection](#) is serious and can cause permanent damage.

#### [What causes urinary tract infections?](#)

Usually, germs get into your system through your urethra, the tube that carries urine from your bladder to the outside of your body. The germs that usually cause these infections live in your large intestine and are found in your stool. If these germs get inside your urethra, they can travel up into your bladder and kidneys and cause an infection.

Women tend to get more bladder infections than men. This is probably because women have shorter urethras, so it is easier for the germs to move up to their bladders. Having sex can make it easier for germs to get into your urethra.

You may be more likely to get an infection if you do not drink enough fluids, you have [diabetes](#), or you are [pregnant](#). The chance that you will get a bladder infection is higher if you have any problem that blocks the flow of urine from your bladder. Examples include having [kidney stones](#) or an [enlarged prostate](#) gland.

For reasons that are not well understood, some women get [bladder infections](#) again and again.

#### [What are the symptoms?](#)

You may have an infection if you have any of these symptoms:



You feel pain or burning when you urinate.  
You feel like you have to urinate often, but not much urine comes out when you do.  
Your belly feels tender or heavy.  
Your urine is cloudy or smells bad.  
You have pain on one side of your back under your ribs. This is where your kidneys are.  
You have [fever and chills](#).  
You have [nausea](#) and vomiting.  
Call your doctor right away if you think you have an infection and:

You have a fever, nausea and vomiting, or pain in one side of your back under your ribs.  
You have diabetes, kidney problems, or a weak immune system.  
You are older than 65.  
You are pregnant.

Toilet training is a pivotal skill for a person with autism because mastering the skill can significantly increase a person's independence in his or her home and community. It is also one of those skills that parents of children on the autism spectrum struggle with.

The good news for parents is that it becomes easier once you realize that you teach the skill just like any other skill -- through behavioral intervention techniques.

#### Prerequisite Skills

But before you can get started, there are prerequisite skills a child needs. Do not go strictly by chronological age and do not "wait for the child to be ready." Your child is ready to begin toilet training once the following prerequisites are met. First, the child needs to be able to sit on a toilet for about three minutes. Second, their bladder should be able to hold urine for at least one hour. Third, serious problem behaviors should be at a relatively low level. Last, toilet training will be easier if the child has already mastered some basic self help skills such as pulling up their own underwear.

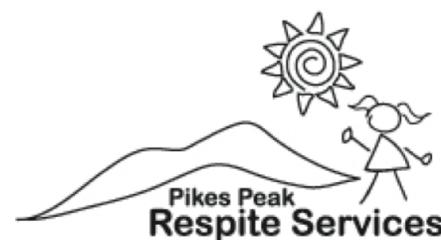
#### Urination Training

Initial urination training consists of four major components. Each component has its own purpose and is a necessary part of the treatment package.

You will be bringing the child to the toilet on a set schedule. Schedules teach the basic routine and behaviors associated with being toilet trained. I usually begin with a 30-minute schedule. Schedules more intense than 30 minutes will not allow for periodic accidents, which are also a necessary part of the training.

There must be positive reinforcement for success on the toilet. Reserve one highly potent reinforcer, just for the toilet training intervention. Each time the child appropriately urinates on the toilet, on their schedule, give them access to the reinforcer. This strategy increases the child's motivation to have his urinations on the toilet.

Introduce a request. Use whatever form of communication is easiest for your child. Forms of communication can include a verbal word, a picture exchange, a manual sign, etc. Prior to bringing your child to the toilet each half hour, prompt them to make the request and then respond with a naturalistic



phrase such as “You have to go to the bathroom? Okay, let’s go.” This request component will allow for future independence.

Without an accident correction component, your toilet training plan will not be effective. Whereas the schedule component teaches the routine of toilet training, correcting accidents teaches the child when they should be requesting to use the bathroom. You have two choices. Some plans suggest punishment-based procedures. Other plans use a prompting procedure in which the therapist uses a quick verbal statement to slightly startle the child thereby temporarily interrupting the urine stream. The child is then quickly prompted to the toilet where they are encouraged to finish urinating. Any urination in the toilet is then followed by a reinforcer. Typically, this is the procedure that I use for accident correction because it turns the accident into an effective teaching trial.

From the first day that the treatment package is implemented, data is collected on the frequency of appropriate responses, frequency of accidents, and percentage of urination on the 30-minute schedule. Treatment decisions and modifications should be made based on a daily review of the data. Keep in mind that toilet training is an intensive procedure that usually requires the dedication of a trainer for a number of hours each day. It is also helpful to conduct the training directly in the bathroom with the child wearing limited clothing.

### Bowel Training

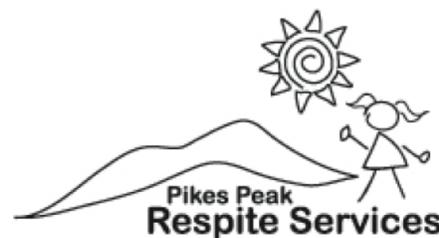
Often, bowel training is completed along with urination training. Sometimes, however, the child becomes urine trained, but continues to have bowel movements in a pull-up or other inappropriate locations. In this case, you first need to conduct an assessment of why the child is not bowel trained and then develop a plan of action accordingly.

There may be several reasons why a child is not bowel trained, the main reasons being medical issues, noncompliance, skill deficits, adherence to a ritual or routine, fear of eliminating in the toilet, and using bowel “accidents” to serve some other function (i.e. to escape demands, to gain attention from others, etc.). Whether or not you need a toilet-training plan, behavior plan, or medical intervention will depend on the reason why the child is not yet trained, so an assessment period of at least two to four weeks must precede any training plan. During this time, data and information are collected and analyzed to determine the function of the problem. Obviously, if the cause is determined to be medical, seek the recommendations of an appropriate physician.

If the cause is determined to be a skill deficit, initiate a training package consisting of prompted toilet sits (limited to the most likely times of day when your child needs to have a bowel movement), positive reinforcement for success, visual cues to teach the child what they should be doing on the toilet and once again either prompting to the toilet or punishment for accidents.

With a ritualistic behavior or fear of eliminating, try a gradual desensitization plan where you introduce appropriate toileting in small steps, offering reinforcers for success along the way. For noncompliance, the first step is often increasing the potency of the reinforcer being offered for success and initiating a punishment-based component for accidents. If that does not work, you can try a procedure whereby suppositories and enemas are used as prompts. For this procedure, always seek the advice and guidance of a medical professional.

If the bowel “accidents” are serving some other function, you do not need a toilet training intervention, but rather a more traditional behavior plan such as that which would target escape-maintained, attention-



maintained, or access-maintained behaviors. Seek the advice and guidance of a behavior analyst in these circumstances.

Whichever plan you choose for bowel training, you must watch closely for any signs of constipation. Long-term constipation will not only result in a medical issue that will need to be corrected, but will undermine your treatment plan because the eventual bowel movement is likely to be painful, thereby punishing any compliance with going on the toilet. It is suggested that if the child does not have a bowel movement for three days past his or her typical schedule that the bowel training plan be temporarily placed on hold until bowel movements become regular. Then, it is time to start again, making modifications to prevent future episodes of constipation.

Keep in mind that with good behavioral intervention techniques, a commitment on the part of the trainers, good data collection and analysis, consistency, and some advice from professionals if needed, toilet training can be mastered relatively easily and rapidly.

#### Perineal Care (Peri Care)

Perineal care is the washing of the genital and rectal areas of the body. Perineal care should be done at least one time a day during the bed bath, shower, or tub bath. It is done more often when a client is incontinent. Perineal care prevents infection, odors and irritation.

Perineal care is done when a patient has a urinary catheter in place. It is also done when the client does not have a urinary catheter. Perineal care is done differently for men and women.

As with all procedures, introduce yourself to the client, explain what you are about to do, identify the patient and maintain privacy, caring, respect, comfort and safety throughout the task. Wash your hands, assemble your supplies and equipment, observe standard precautions, and don on gloves just before beginning the procedure.

#### Perineal care for female patients:

fill the bath basin with clean water at 110 degrees,  
position the female patient on their back,  
put a protective cover over the bed linen,  
separate the labia and wash, rinse and dry the urethral area first with short downward strokes alternating from side to side and proceeding until the exposed area around the urethra is done,  
then rinse the cloth or use a new washcloth,  
wash the groin on the outside of the labia from the front to the back starting outside the labia and then going to the inside of the thighs,  
then rinse the cloth,  
turn the person on their side,  
and wash, rinse and dry the rectal area.

#### Perineal care for male patients

fill the bath basin with clean water at 110 degrees,  
position the male patient on their back,

## PPRS Training 25 Contenance Care/ Toileting



put a protective cover over the bed linen,  
wash the groin from the front to the back starting at the groin area and then going to the inside of the thighs,  
then rinse the cloth or use a new washcloth,  
pull back the foreskin if the patient is not circumcised,  
wash and rinse the tip of the penis downward while using gentle, circular motions and then the scrotum,  
rinse the cloth,  
turn the person on their side,  
and wash, rinse and dry the rectal area.

Any Questions?