Module 10: Toileting

Lesson 1 Bowel and Bladder

Key Terms

- **Bladder**: the organ in the body that collects and holds urine.
- **Bowels**: the system of intestines that process food and eliminate solid waste from the body.
- **Stool**: solid waste that passes through the bowels and exits the body.
- **Urinary incontinence**: the inability to control bladder functions.
- **Urethra**: the tube which carries urine from the bladder out of the body.
- **Urinary system**: the system of organs that produces urine and discharges it from the body

Urinary and Bowel Function

- Normal bowel function varies from person to person.
- It is critical that you learn a client's baseline so that you can recognize, document, and report changes.

Urinary Function

- Normal
  - Emptying the bladder about every 3-4 hours during the day (6-8 times in 24 hours)
  - Getting up once at night to empty the bladder
- Not Normal
  - Getting up more than twice at night to empty the bladder
  - Experiencing urine leakage or wetting accidents (Urinary incontinence)
  - Pain or burning during urination
  - Emptying the bladder more than 8 times a day
  - Frequent, sudden, strong urges to go to the bathroom
  - Blood in urine (may appear pink)
  - Cloudy or dark-colored urine
  - Strong urine odor

Bowel Function

- Normal“
  - Normal” bowel function varies greatly among people.
  - Regular, happening as often as 3 times a week to 3 times a day
  - Formed, but soft
  - Without excessive urgency (needing to rush to the toilet)
  - With minimal effort and no straining
  - Without the need of laxatives
- Not normal
  - Straining or difficulty passing stool
  - Stool is dry or hard; has blood and/or mucus
  - Crampy, abdominal pain
  - Constipation
  - Diarrhea
  - Bloating and/or excessive gas
  - Changes in bowel habits
  - Continual need for laxatives
  - Blood in stool (can appear black or “tarry”, or bright red)

Maintaining Good Urinary and Bowel Function

- Drink plenty of fluids:
  - Drink 6-8 cups of fluid (preferably water) per day, more when the weather is hot or when exercising.
  - Cut down on alcohol and beverages containing caffeine (tea, coffee, soda) and sugar (fruit juices, sodas, “energy drinks”).
- Make healthy food choices:
  - Fiber is especially important to good bowel function.
  - Plenty of fruits, vegetables, nuts, and seeds increase fiber intake.
- Stay active and fit as much as possible:
  - Physical activity speeds the movement of food through the digestive system.
- Relax:
  - Don’t strain to empty the bladder or bowel or sit on the toilet too long.

- Stick to the client's toileting routines:
  - Encourage a client not to ignore their body's signals and go to the bathroom when they have the "urge" to go.
  - Learn what the client's usual pattern is so you have time to assist and recognize if there are changes in a client's normal toileting.
- Make sure the environment supports a client's routine:
  - Keep the path to the bathroom clear and free of clutter.
  - Keep assistive devices, such as a walker or cane, nearby.
  - Place a night light in the bathroom or leave a light on.
- Place a commode, urinal, or bedpan at the bedside if client is unable to get to a bathroom
- Talk to a doctor:
  - Encourage a client to see their doctor whenever there are changes or concerns about urination or bowel habits.

Problems with Urinary and Bowel Function

- Urinary Tract Infections (UTI)
  - A urinary tract infection is caused when bacteria invades the urinary system and multiplies, leading to an infection.
- Common Causes
  - A habit of waiting too long to urinate
  - Prostate enlargement
  - Neurological problems that affect bladder emptying, including spina bifida and multiple sclerosis
  - Diabetes
  - Sexual activity
  - Post menopause
  - Multiple pregnancies
  - Not keeping the areas around the urethra, vagina, and anus clean and dry
  - Wiping from the back towards the front, introducing stool bacteria into the urethra
  - Something in the urinary tract that stops the flow of urine (e.g. a kidney stone)

Signs or Symptoms UTI

- Unexplained or worsening confusion or agitation
- An intense urge to urinate followed by passing only a small amount of urine
- A painful, burning feeling in the area of the bladder or urethra, during urination
  • Urine that is milky, cloudy, or reddish due to the presence of blood
- Urine that has an unpleasant odor
- Feeling “lousy” or weak
- Unexplained lower back pain
- Fever, chills, sweating
- Bladder spasms/pain
- Pelvic pain in the center of the pelvis
- Nausea
- Uncomfortable pressure above the pubic bone
- Feeling of fullness in the rectum

Urinary Incontinence

Urinary incontinence occurs when a person cannot control their bladder functions.

- Incontinence is difficult for many people to talk about.
- Many people, including many clients, still believe it is a part of normal aging and there is nothing that can be done about it. This is not the case.
- The majority of those affected by urinary incontinence can be cured or at least the symptoms improved.
- Incontinence also affects emotional, psychological, and social well-being.
  - Many people are afraid to participate in normal daily activities that might take them too far from a toilet;
- A client should be encouraged to talk with their doctor and find out what is causing the problem.
  - Sometimes simple changes in diet or changing certain medications can cure or improve incontinence.

Urinary Incontinence

- Common causes
  - Urinary tract or vaginal infections
  - Side effects of some medicines
  - Constipation
  - Blocked urethra due to an enlarged prostate
  - Weakness of the muscles holding the bladder in place
  - An overactive bladder muscle
  - Some types of surgery
  - Spinal cord injuries
  - Diseases involving the nerves and/or muscles

Types of Urinary Incontinence

Stress incontinence: loss of urine when the person coughs, laughs, strains, lifts, etc. It is a problem of weakness in the pelvic muscles. This is the most common kind of incontinence.

Urge/reflex Incontinence: a strong, sudden need to urinate followed by an instant bladder contraction and involuntary loss of urine. There is often not enough time between the urge to urinate and the urination.

Constipation

- Constipation is caused when the stool moves too slowly through the bowel and too much water is absorbed by the body. This makes the stools hard, dry, and difficult for all or any part of the stool to be passed
- diet and lifestyle changes (increasing fiber, water, and physical activity levels) help to relieve symptoms and prevent constipation
- Do not let the client go more than one to two days past their regular bowel movement pattern without reporting the problem to the appropriate person.
- Blood in the stools or a change in the color of the stool is of particular concern.
  - Stools that have blood in them often appear black and tarry.
  - Be aware that iron supplements, beets, blackberries, blueberries, or dark green vegetables can change stool and urine color temporarily.

- Common Causes
  - Some medications (especially those used to treat pain)
  - Not enough fluid and/or fiber in the diet
  - Overuse of laxatives
  - Lack of exercise, or immobility
  - Anxiety, depression, or grief
  - Changes in life or routine
  - Diseases such as diabetes, Parkinson's disease, multiple sclerosis, and spinal cord injuries
  - Conditions like diverticulosis or hemorrhoids
  - Ignoring the urge to have a bowel movement
  - Problems with the colon or rectum
- Signs or Symptoms

  Bowel movements less frequently than is normal for the individual or less than 3 times per week
  - Stool that are hard or clay-like
  - Straining
  - Pain before, during, or after having a bowel movement
  - Passage of small amounts of stool or inability to pass stool
  - Abdominal discomfort, bloating, nausea, feelings of fullness
  - Sensing the need for a bowel movement but can't follow through
  - Bright red blood in stool or change in stool color

Fecal Impaction

- A fecal impaction is a mass of dry, hard stool that a client cannot pass through the colon or rectum;
  - unpleasant and dangerous situation.
  - The client may or may not have an urge to pass stool.
  - Clients who have chronic constipation are at the greatest risk
- Report any of the following symptoms to the appropriate person immediately.
  - Sudden, watery diarrhea (especially for clients with chronic constipation)
  - Frequent straining with passage of liquid or small, semi-formed stools
  - Abdominal cramping or discomfort
  - Pain in the rectal area
  - Lack of appetite or nausea
  - Increased confusion and/or irritability
  - Fever
  - Unusual odor to breath

Diarrhea

- Diarrhea occurs when the stool moves too fast through the intestinal system and not enough water is removed from the stool before being passed.
- A possible dangerous side effect of diarrhea is dehydration.
  - Clear liquids (water, diluted fruit juices, sports drinks, broth, and teas) help to keep the client hydrated.
  - Intermittent heat can be applied to the abdomen to help relieve pain, cramps, and tenderness.
  - It is best to avoid dairy products (milk, butter, and creams) which can make diarrhea worse.

- Watch for and report immediately any of the following signs.
  - Severe pain in the abdomen or rectum
  - Fever
  - Blood in the stool
  - Signs of dehydration (thirst, dry or sticky mouth, cracked lips, headache, fatigue, dizziness, confusion, fever, dark urine, leg cramps)
  - More than two episodes of diarrhea within a 24 hour period of time
- When the client has diarrhea,
  - report the type of stool (contents, odor, color) and
  - frequency of stool to the appropriate person in your care setting.
- Documenting

- Common Causes
  - A virus or bacterial infection
  - Food borne illness
  - Anxiety,
  - stress
  - Side effect of a medicine
  - Overuse of laxatives
  - Too much fiber
  - Intestinal conditions (e.g. colitis, Crohn’s disease, diverticulosis)
  - Food intolerances (e.g. lactose, gluten) or certain foods (e.g. beans, prunes, orange juice)
  - A dramatic change in diet
  - Excessive alcohol or caffeine usage
- Signs or Symptoms
  - An urgent need to use the bathroom
  - Loose, frequent, watery stools
  - Cramping or abdominal pain
  - Bloating
  - Nausea
  - Fever

Lesson 2
Assistance with Toileting

Lesson 2 Assistance with Toileting

- Perineal care (also called “peri care”),
- b. Catheter care,
- c. Condom catheter care,
- d. The use of a bedpan, and
- e. Incontinence products.

Key Terms

- **Colostomy**: an opening on the surface of the abdomen where the bowel is opened and redirected to the outside of the body.
- **Condom catheter**: an external urinary catheter that covers the penis and carries the urine away through a tube.
- **Perineal care** (Pericare): cleansing of the genital and anal areas of the body.
- **Urinary catheter**: a tube inserted into the bladder to drain urine.
- **Urostomy**: an opening on the surface of the abdomen where a tube is inserted into the bladder to drain urine.

- Toileting is a very private matter. No matter how routine it may become for you, it is a very vulnerable and defenseless time for a client. A reassuring attitude from you, can help lessen feelings of embarrassment for the client.
- The following are general tips when assisting a client with toileting.
  - Assist the client as much as possible into a normal, sitting position.
  - If assisting with a transfer to a toilet or assistive device, make sure the item is stable or locked down before beginning the transfer.
  - Put anything the client requires within easy reach (e.g. toilet paper).
  - If assisting with wiping, move from front to back, be gentle but thorough, and wear gloves.

Caregiver's Role in Toileting

- The client's service plan will outline toileting assistance the client needs.
- Assistance may include
  - Cueing and reminding
  - Helping the client to and from the bathroom
  - Helping the client transfer on and off and use the toilet or assistive equipment
  - Undoing a client's clothing, pulling down clothing, and refastening clothing correctly when they are done toileting
  - Perineal care
  - Emptying the bedpan, urinal, or commode into the toilet
  - Emptying a urinary catheter bag, changing a catheter bag, adjusting catheter tubing, and/or keeping the catheter tubing clean
  - Assisting with incontinence products such as pads, briefs, or moisture barrier cream.

Privacy, Dignity, and Independence

- When assisting a client with toileting, do everything you can to give the client privacy and maintain their dignity.
  - looking the other way for a few moments;
  - leaving the room (if it is safe to do so);
  - allowing the client extra time to do what they can on their own; and
  - being patient when a request for assistance comes when you are busy with other things.

Skill: Assisting with Perineal Care

- Perineal care, or “pericare,” is the cleansing of the genital and anal areas.
  - Stool and urine can irritate skin and lead to infection.
  - Regular and thorough perineal care is necessary to protect a client’s skin integrity and good health.
- See Assisting with Perineal Care in the Skills Checklists on page 427 for detailed steps of this skill.

Tips when helping a client with pericare.

- Always tell the client what you are doing before starting perineal care.
- If the client is in bed, put down a pad or something else to protect the bed before beginning the task.
- Stay alert for any pain, itching, irritation, redness, or rash in this area. Report any concerns to the appropriate person in your care setting.
- Alcohol-free, personal cleansing wipes* may be preferred by a client instead of a washcloth and soap.
- If the client's bed is wet or soiled, protect them from the wet incontinent pad by rolling the pad into itself with the wet side in and the dry side out. Remove the pad and use a clean, dry pad.

*Never flush personal cleansing wipes down the toilet, even if they say "flushable" on the package. Dispose of them in the garbage

Skill: Assist Client with Use of a Bedpan

- Clients not able to get out of bed may have to use a bedpan.
- See Assist Client with Use of Bedpan in the Skills Checklist on page 429 for detailed steps of this skill.
- Tips when helping a client with a bedpan.
  - Always help the client as soon as requested.
  - Put a protective pad on the bed before the client uses the bedpan.
  - If the pan is cold, warm it with warm water.
  - Once the client is done, keep the bedpan level so it doesn't spill.
  - If the client's bed is wet or soiled, protect them from the wet incontinent pad by rolling the pad into itself with the wet side in and the dry side out. Remove the pad and use a clean, dry pad.
  - Always wear gloves while placing the bedpan and removing it.

Assistive Devices

- Commode
  - A commode is a portable chair with arms and a backrest with the seat open like a toilet and a bucket under the seat.
  - be very helpful for people who cannot get to the toilet in a bathroom
    - Tips
      - The bucket needs to be emptied, cleaned, and disinfected after each use.
      - Putting a little water, liquid soap, or a very small amount of bleach water in the empty bucket makes it easier to clean the bucket after use.
- Urinal
  - A urinal is a container to urinate in when the person is unable to get to the toilet.
    - There are different models of urinals for people with male or female anatomy.
    - Do not leave the urinal in place for a long period of time. It can cause skin breakdown.
    - Empty, clean, and disinfect the urinal after each use.
    - Be sure to store the clean urinal within reach of the client, so they can access it as needed

Incontinence Products

- There are many products on the market to help a client manage urinary incontinence,
  - moisture barrier creams, disposable pads, and briefs.
- Refer to these products as “briefs” rather than “diapers;” this protects the client’s dignity and minimizes any embarrassment associated with incontinence.

Assisting with Incontinence Products

- Urine and stools are very irritating on the skin.
  - Routinely check to see if a client needs assistance with changing the products.
  - Be sure the client is cleansing the skin whenever the products are changed; assist as needed.
  - Always help a client as soon as they need or request it.
- When disposing of incontinence products:
  - wear gloves;
  - empty stool into the toilet;
  - put the pads, briefs, or wipes and your gloves in a garbage bag;
  - secure the bag and take it out to the trash immediately;
  - wash your hands; and
  - deodorize the room, as needed

Urinary Catheters

- Catheters are tubes that drain urine into a bag.
- A client may have a catheter because of:
  - urinary blockage,
  - a weak bladder unable to completely empty,
  - unmanageable incontinence,
  - surgery (used to drain the bladder during and after surgery), or
  - skin breakdown (allows skin to heal or rest for a period of time)

Internal catheters

- There are three types of catheters that go directly into the bladder to drain urine.
- 1. Straight (in and out catheter).
  - The straight catheter is inserted into the bladder, urine is drained, and then the catheter is removed.
- 2. Indwelling Suprapubic catheter.
  - The indwelling suprapubic catheter is a straight tube with a balloon near the tip.
  - It is placed directly into the bladder through a urostomy (a hole made in the abdomen just above the pubic bone).
  - The balloon is inflated with a normal saline solution after the catheter has been placed in the bladder and keeps the catheter from falling out.
- 3. Indwelling/Foley urethral catheter.
  - The indwelling urethral catheter is also a straight tube with a balloon near the tip but is inserted through the urethra

- For either the Suprapubic or Foley catheter,
  - catheter attaches to tubing that drains the urine into a urinary drainage leg bag or overnight bag.
  - The leg bag is attached to the leg, thigh, or calf.
  - An overnight drainage bag hangs on the bed or chair.
  - It is important that the bag be situated below the level of the client's bladder, so urine will drain freely and not back up into the bladder.
- This catheter can be left in place for one to two months if there are no problems.
- A nurse or doctor can remove and replace the catheter, usually on a routine basis but also when it is blocked or comes out.
- It is important that the caregiver check the tubing to ensure it is not kinked or twisted, so urine will flow from the bladder to the bag without backing up.
- The tubing is often secured to the client's leg so that it isn't accidentally pulled.
- It is important for the caregiver to check the skin on the leg often, regularly change the location where the tubing is secured, and report any skin breakdown to the proper person in your work setting.

Skill: Catheter Care

- See Catheter Care in the Skills Checklist on page 428 for the detailed steps of this skill
- Tips when helping a client with catheter care.
  - Make sure the bag is kept lower than the bladder.
  - Make sure the catheter is always secured to the leg to prevent tugging of the tube.
  - Clean from the opening downwards, away from the body.
  - When emptying the urinary catheter bag, be sure the end of the bag doesn't touch anything. This helps stop germs from entering the bag.
  - In some care settings, you may be asked to measure the amount of urine in the bag.
- observe and report
  - the urine appears cloudy, dark-colored, or is foul smelling;
  - there isn't much urine to empty (as compared to the same time on other days);

Skill: Condom Catheter Care

- Condom Catheters (also called external catheters) are designed to fit over a penis.
  - The condom catheter is made up of a sheath (or condom) attached to a tube that leads to a drainage bag.
  - The condom is held onto the penis with tape or other sticky material.
- See Condom Catheter Care in the Skills Checklist on page 428 for the detailed steps of this skill
- Tips when helping a client with condom catheter care.
  - Condom catheters can be difficult to keep in place and should be changed daily or as needed.
  - Observe the client's skin for irritation caused from adhesive sensitivity or allergy.
  - Making a homemade condom catheter out of a regular condom and tubing is not recommended.

Colostomy Care

- Clients with Crohn's disease, colorectal cancer, diverticular disease, or a serious injury to the colon may require a colostomy.
  - A bag is attached to the skin over the opening (stoma) to collect stool as it empties from the bowel.
  - A colostomy may be permanent or temporary, depending upon the reason it was needed.
- In adult family homes or assisted living facilities, colostomy care includes emptying, cleaning, and replacing the bag.
  - Replacing the protective skin cover, called a wafer, and providing skin care beneath the wafer requires a nurse, or a caregiver under nurse delegation. Special training is needed to do this task.
- Report and document any problems to the appropriate person in your care setting.
  - Observe the skin for redness and/or irritation.
  - Also watch for a change in stool consistency or frequency.