

Bowel and Bladder Care IHSS Education

University of California Irvine

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Objectives

- By the end of this presentation:
- Review of physical care of the bowels and bladder for the home bound client.
- Practice three methods of cleaning the perineal area on both male/female clients.
- State two abnormal functions of the GI/GU systems of the homebound client.

Hands on Objectives

- Handwashing –client and caregiver
- Glove- donning on/off
- Bed pan- emptying/measuring/cleaning
- Foley care-wipe/clean genital areas
- Managing clothing on client
- Changing under pads/adult pants
- Bedside commode-on/off commode/toilet
- Urinal care-clean/measure/empty

Hand's on Objectives

- Assisting the client on/off the bed/toilet
- Cleaning the genital area of male female
- consumer with using, emptying, and cleaning bed pans/bedside commodes, urinals, enema and/or catheter application of diapers;
- Positioning for diaper changes; managing clothing; changing disposable gloves;
- Handwashing/drying consumer's and provider's hands. managing clothing; changing disposable gloves; and washing/drying consumer's and provider's hands.
- This service does not include insertion of enemas, catheters, suppositories, digital stimulation as part of a bowel program for a person with paralysis, or colostomy irrigation.
- All of those tasks are part of "Paramedical Services."

Bladder Care

- Normal
- Continent- Ability to control one's urination or defecation
- Client's who are continent use:
- Bathroom toilet- **MUST** able to walk safely to bathroom
- Bedpan or urinal- chair or bedbound
- Bedside commode (BSC)- **assistance out of bed to commode**

Assisting with Elimination

- Bedpan and urinals are used when the client is unable to get to the bathroom in a timely manner.
- Urinals for males; can be used when sitting or lying down; **female urinals are available**
- Bedside commode- used when client is not strong enough to walk the distance to the bathroom;
- Offering assistance to bathroom needs should be every four to eight hours;
- Minimal amount of urine in 8 hours = 240 mL or
- (8 ounces)

Equipment



Bladder Care

- **Abnormal-** Incontinence is common problem in the elderly clients; both male and female;
- **Incontinence-** leakage of urine when person laughs/coughs/lifts something heavy
- Incontinence is due to pressure inside bladder is great, the sphincter is weakened or nerves sensing fullness are compromised due to illness or injury

Disorders of the Urinary System

Urinary tract infections Clinical
manifestations/assessment

Urgency; frequency; burning on urination; Nocturia,
Abdominal discomfort; perineal or back pain

Cloudy or blood-tinged urine

Medical management/nursing interventions

Antibiotics; urinary antiseptics/analgesics

Encourage fluids

Perineal care



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Assisting with a Bedpan



Hygiene Components

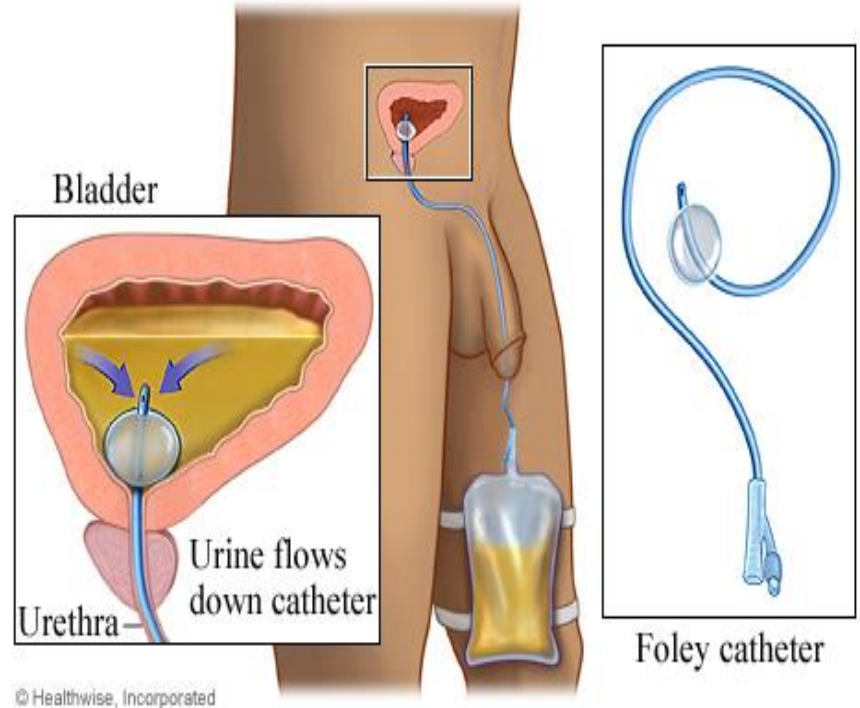
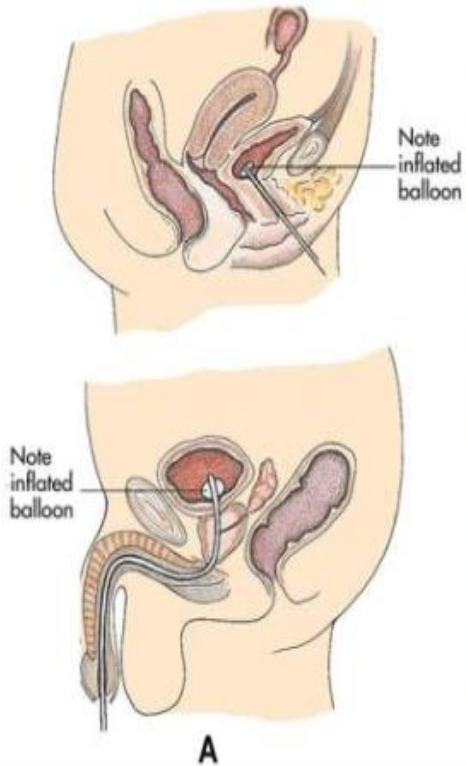
- Incontinent clients need the use of under disposable adult undergarments/pads;
- Clean area after EACH episode of incontinence
Warm soapy water;
- DRY thoroughly to prevent skin breakdown
- **Always wipe front to back**

Foley Catheter Care



- Catheter –flexible plastic tubing inserted through meatus (opening), urethra (opening tube to bladder) in bladder to drain fluid (urine).
- Drainage bag **MUST** be lower than the bladder

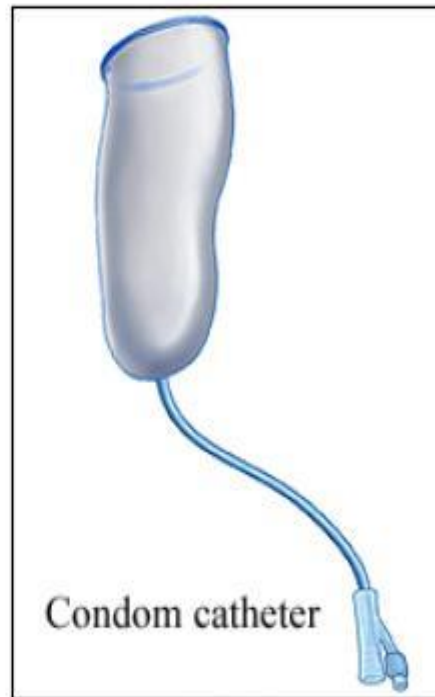
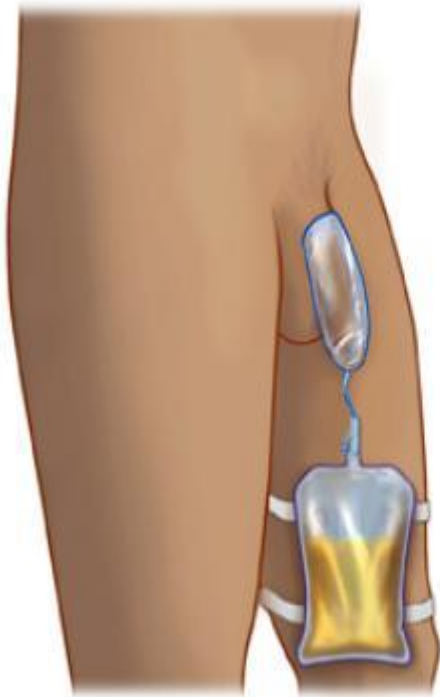
Foley Catheters



Catheters



Condom Catheters



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Urinary Elimination

Routine Care

Change catheter as ordered or every thirty days

Change if you see signs of leakage or sediment buildup.

Draining tube- no kinks; no clamping; should drain easily

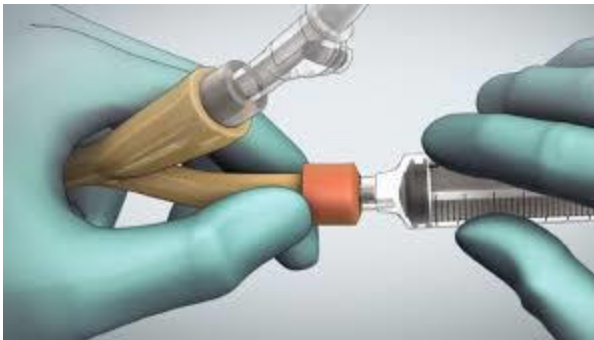
Drainage bag is below the bladder level- do not hang on side rails or bed.



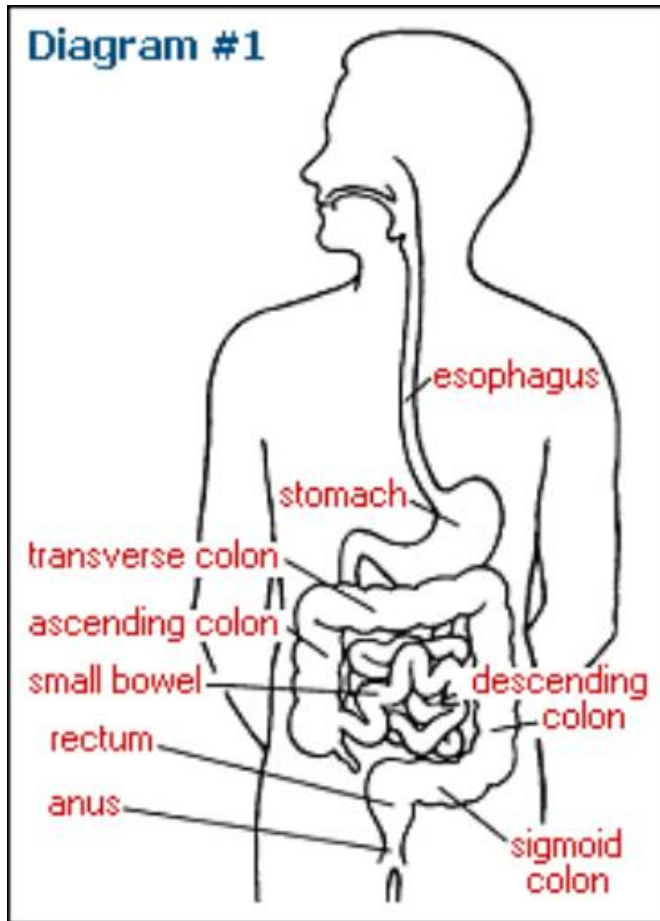
- Empty and record urine output from Foley catheter into clean graduated container.

Urinary Elimination

- Discontinuing a catheter
- Must be changes after a certain period of time (Usually 30 days) OR discontinued
- After catheter removed- client must void within 6 to 8 hours; measure output and intake for
- the first 24 hours;



Intestinal Tract



- Stool consistency
- Ascending- very liquid stool;
- Transverse- water is resorbed and stool becomes soft but formed;
- Descending-increasing in formed stool;
- Rectum – dries out-

Bowel Care

- Normal:
- Amount depends on each client-
- Most stool is brown in color/may be darker if on iron supplement; can be formed, soft/hard; liquid if diarrhea
- Daily evacuation of bowel material- defecation;
- Normal stool (feces) is described as moderate in amount, brown, and soft in consistency and is expelled every 1 to 3 days.
- Flatulence: presence of gas intestinal tract- walking will ease flatulence and aid in bowel movements;

Bowel Incontinence



- Incontinence
- Inability to control the bowel movements
- Involuntary passage of stool
- Foods that lead to stool Incontinence
- Alcohol, Caffeine, Fatty, fried foods
- Sweeteners such as fructose, mannitol, sorbitol, and xylitol

Avoiding Bowel Incontinence



- Adding bulk to your diet may result in that thick stool
- **To add/increase fiber:**
- Eat more whole grains- aim for 30 grams whole grains/day.
- Read food labels for content of fat, fiber in breads, cereals, and other foods.
- Use products that increase bulk in stool as Metamucil –has psyllium which increase bulk.
-

Abnormal Bowel

- **Constipation**- absence of bowel movement longer than “normal”; stool becomes dry and hard, difficult to pass; Greater than 3-4 days no stool;
- **Not eating enough fiber**, such as fruit, vegetables and cereals
- **Change in your routine** or lifestyle, such as a change in your eating habits
- **Ignoring the urge** to pass stools(side effects of certain medications)
- **Not drinking** enough fluids

Constipation

- Constipation –
- Fewer than 3 bowel move/week
- Infrequent bowel movements or
- Passage of hard/difficult (can be painful)
- stool persists over weeks;
- Can lead to large, hard stools that stretch the rectum and cause the internal sphincter muscles to relax by reflex. Watery stool builds up behind the hard stool and may leak out around the hard stool, leading to fecal incontinence.



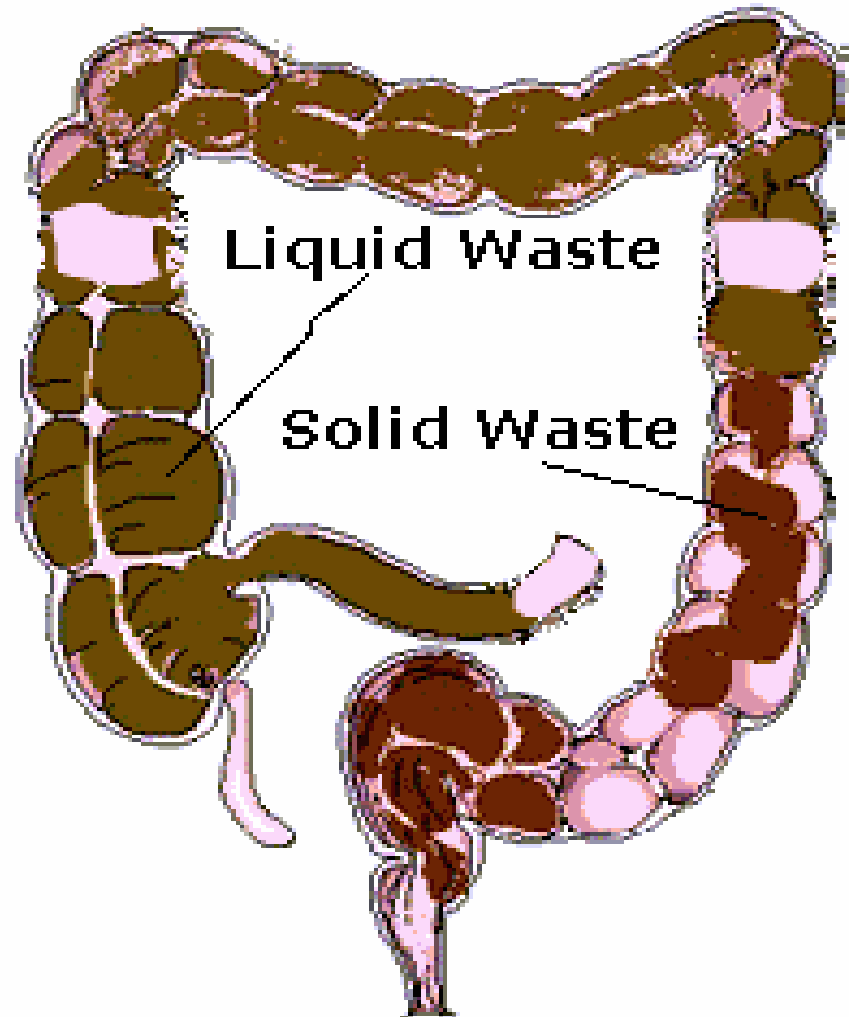
Constipation



- Constipation is caused by stool spending too
- much time in the colon. The colon absorbs
- too much water from the stool, making
- it hard and dry.
- Hard, dry stool is more difficult for the muscles of the rectum to push out of the body.

Constipation

- Large intestine then changes waste from liquid to a solid matter called stool.
- Stool passes from the colon to the rectum.
- The rectum is located between the last part of the colon—called the sigmoid colon—and the anus.
- The rectum stores stool prior to a bowel movement.
- During a bowel movement, stool moves from the rectum to the anus, the opening through which stool leaves the body.



Constipation Causes

- Constipation most problems in the United States, affecting an estimated 42 million people, or 15 percent of the population;
- Affecting any race, gender or age.
- Adults > 65 years
- Immobility



Questions?



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Treat Constipation

- Add fiber to diet- decreases time spent in colon
- Increase fluids
- Walk daily- **out of bed and in chair!**
- Do not ignore the urge to have a bowel movement.

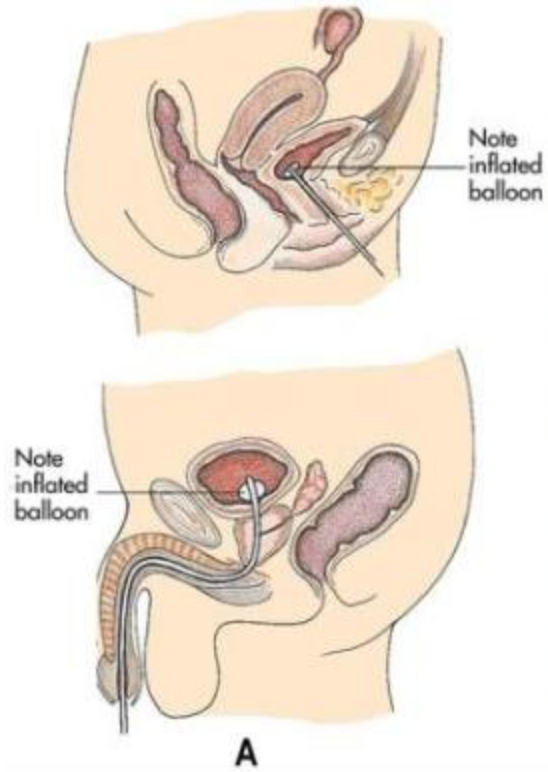
Schedule

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- Table 1- General handwashing and glove management
- Table 2- Whole manikin- urinal/bed pan management
- Table 3- Genital Task Trainer- Foley /condom management
- Table 4: Genital Task Trainer – cleaning/peri-care area
- Table 5: Whole manikin- Managing clothes to bathroom and peri-care

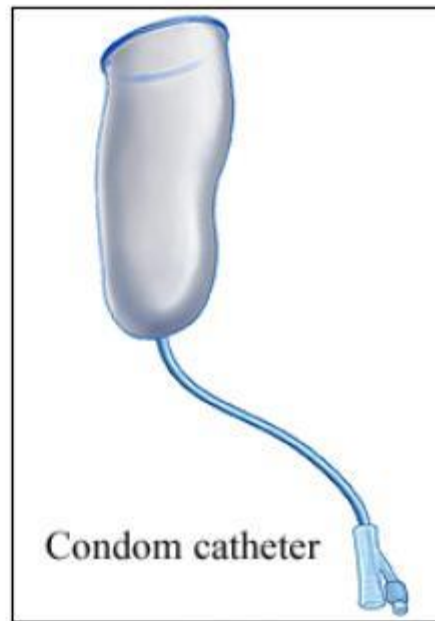
Bed Pan Placement



Catheter Care



Condom Catheters



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Draining Catheter



Questions?



UC Irvine Health

- **Improving Geriatric Care in Orange County**

UCI

**Bladder and Bowel Care
Tuesday, April 19th
3:00 – 4:30pm**

- **Thank you!!!**