

# Helping with incontinence

Current, evidence-based training and education

**Research shows that half, or more, of all nursing home residents have incontinence.**

Published by Freiberg Press Inc.,  
PO Box 612, Cedar Falls IA 50613.  
Ph: 319-553-0642.

[www.care4elders.com](http://www.care4elders.com)

Publishers of:

- Nurse Aide/VIP
- Current Nursing in Geriatric Care
- Alzheimer's Care Guide
- Current Activities in Longterm Care

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*Your skills and diligence can make a huge difference in the quality of life, and health, of your incontinent elders*

Incontinence is a major disaster for elders, and a big challenge for caregivers in longterm care.

It's a huge problem for the elder; it can be one of the most devastating things that can happen to an elder, and destroy much of the quality of life that they're used to.

In fact, it may be the main reason that the elder is in a nursing home, as it's one of the most frequent reasons for nursing home admission.

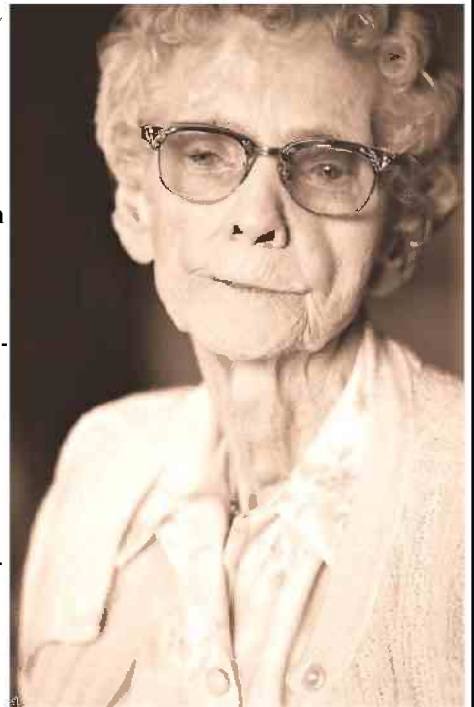
Research shows that half, or more, of all nursing home residents have incontinence.

So, not only does it have a very adverse effect on their quality of life, but it also can be very embarrassing to the elder, as well, and cause social isolation and depression.

**And, interestingly enough, incontinence problems are a direct cause of hip fractures, as well. Many hip fractures are caused by an emergency urge to go the bathroom at night.**

The elder is afraid of having an accident, so hurries to the bathroom, falls, and has a hip fracture.

Incontinence is also a major cause of pressure ulcers, which can be catastrophic for an elder, and lead to a low quality of life, amputation, or even an early death.



Because of the serious impact that incontinence has on your elders, you need to do everything you can to improve the situation for the elder.

Don't just accept it as another problem that comes with aging that you can't do anything about.

**Your elders are depending on you to help find a solution to this devastating problem.**

As a frontline caregiver, you are immensely important in helping the elder deal as well as they possibly can with this unfortunate situation.

Your skilled, compassionate caregiving methods can go a long way in giving these elders a happy, high quality life, in spite of their impairment.

Thoughtful, understanding caregiving can make all the difference:

- Be kind and understanding. Always. This is an extremely embarrassing situation for your elders, and your kindness and understanding can go a long ways to help them deal with their problem, and keep their quality of life as high as possible.
- Keep your elders clean and dry. Always. This is one of your most important jobs as a frontline caregiver.

So always be very attentive relative to this situation. You should never let an elder stay soaked or dirty.

Not only is this humiliating for your elder, but it also substantially increases the risk of a serious infection, which can become life-threatening in an at-risk elder.

**Remember: Your elders are depending on you for helping them make the most of this unfortunate situation!**

- Always be very watchful for signs of infection, or other serious medical problems, in your incontinent elders, and report them immediately.

Your diligent reporting may well save an elder from a serious infection that can be life-threatening.

## Urinary incontinence

Urinary incontinence is a major problem for elders in nursing homes... in fact, it's one of the most frequent reasons for admission to a nursing home.

Studies show that over half of all nursing home residents have some form of urinary incontinence.

So, it's one of the most frequent problems that you deal with as a caregiver. And it's an area of huge distress and reduced quality of life for your elders.

There are many causes of urinary incontinence in your elders... some of which are treatable, and others which are not.

And it's a major problem in elders with Alzheimer's, as their disease progresses.

### Types of urinary incontinence include:

**Stress.** This occurs when small amounts of urine are released as the result of coughing, laughing, lifting, and so on.

This is a common incontinence problem in elders, and can be caused by bladder infections, weakened pelvic muscles due to childbearing, or prostate removal in men.

**Urge.** This is the strong desire to go to the bathroom... so strong that the elder cannot wait long enough to get to a bathroom.

This is the most common type of urinary incontinence in elders, and has many causes, including cancer, certain diseases such as Parkinson's, and infections. But, often, no cause can be determined.

**Overflow.** This happens when the bladder overfills, and small amounts of urine leak out. This is a common problem in men, often caused by an enlarged prostate or prostate cancer.

**Total.** This is the complete loss of all bladder control.

**Here's something to keep in mind: research shows that most problems with urinary incontinence can be successfully treated and improved, even for those with Alzheimer's disease.**



**Hurried trips to the bathroom, especially at night, are a major cause of hip fractures... which are often devastating for the elder. (NIDDK drawing.)**

### CMS guidelines

The Centers for Medicare and Medicaid Services (CMS) has specific rules and guideline requirements relative to what you need to do relative to urinary incontinence.

Their guidelines include the following, which can be found in their surveyor's State Operations Manual under F-Tag 315:

- Elders who suffer from urinary incontinence are to be assessed, diagnosed, and provided appropriate treatment and services. The goal should be to "maintain as much normal urinary function as possible."
- A catheter is not to be used unless medically necessary. Catheters are not to be used just for staff convenience, and are to be removed as soon as possible.
- Caregivers need to do everything they possibly can to prevent infections.

**"Constant kindness can accomplish much. As the sun makes the ice melt, kindness causes misunderstandings, mistrust, and hostility to evaporate."**  
—Albert Schweitzer

- Your elders are to be involved in your decisions involving urinary incontinence care, and their preferences initiated, whenever possible.

**Here's what CMS guidelines require specifically for improvement and management of urinary incontinence:**

- Manage pain, and provide necessary adaptive equipment to bring their overall function to as near-normal as possible.
- Do an environmental analysis, and make improvements that will help the incontinent elder, such as: improve impediments to getting to the bathroom, improve lighting, use a bedside commode or reduced distance to bathroom, etc.
- Make sure that any underlying medical conditions are treated that may be contributing to urinary incontinence.
- Adjust medications as necessary, as certain medications can cause urinary incontinence... others can improve it. Have your consulting pharmacist help with this.
- Use pelvic organ support devices, incontinent products, garments and an external collection system as appropriate.

#### **Behavioral modification**

The CMS recommends that you use a behavioral modification program as your first step, in all cases where this may be an alternative.

This consists of training the elder to postpone or delay voiding, and to use the bathroom according to a timetable.

**A program called “prompted voiding” has been shown in research to reduce incontinence episodes up to 40%, says the CMS.**

## **A program called “prompted voiding” has been shown in research to reduce incontinence episodes up to 40%,**

**And, the CMS says this works even for those elders that have Alzheimer's, “provided they are at least able to say their name or reliably point to one or two objects.”**

The elements of this program include:

1. Regular monitoring of the elder, all the while encouraging the elder to report to caregivers when they need to go to the bathroom.
2. Getting them used to going to the bathroom on a regularly scheduled basis.
3. Giving praise and positive feedback when the resident does use the bathroom on the scheduled timing.

This training can take a bit of time, but it's quite simple to do and with a 40% success rate... it's worth a try with your elders.

#### **What about absorbent products?**

Here's what the CMS says about absorbent products:

**“Although many residents have used absorbent products prior to admission to the nursing home, and the use of absorbent products may be appropriate, absorbent products should not be used as the primary long term approach to continence management until the resident has been appropriately evaluated and other alternative approaches have been considered.”**

In other words, they're okay, but the CMS wants you to do an evaluation, and try other methods first.

#### **Keep skin dry**

Proper hygiene is extremely important for your elders who are incontinent.

Skin breakdown and erosion can be a serious problem, so you need to keep the skin clean and dry at all times.

**But the CMS cautions that frequent washing with soap and water can dry out the skin too much, and a recommended perineal lotion may be preferred.**

Moisturizers can help keep skin from drying out, but should be used very sparingly, if at all, on damaged skin, until it heals.

Remember: skin problems should always be reported immediately, as they can quickly develop into a very serious situation for the elder, including a pressure ulcer.

#### **Care for catheters diligently**

The CMS does not recommend catheters for elders, unless needed for a medical problem. The CMS strongly advises that they are not to be used just for the convenience of caregivers.

**There's good reason for this: they cause a huge decline in the elder's quality of life; plus they are a dangerous source of potentially very serious infections... some of which can become life-threatening.**

#### **Answers to Quiz**

- |    |       |
|----|-------|
| 1  | T     |
| 2  | a,b,c |
| 3  | T     |
| 4  | F     |
| 5  | a,b,c |
| 6  | c     |
| 7  | T     |
| 8  | T     |
| 9  | T     |
| 10 | T     |

For those elders who do have medically-necessary catheters, you need watch these very carefully, and regularly, and quickly report any types of problems.

Make sure the catheter is properly anchored, that the collection bag is always lower than the catheter, that there is absolutely no leakage, and that the catheter, and the area around it, are kept clean at all times.

Also, you need to be aware of the signs of urinary tract infections (UTIs) in your elders who have a catheter (in fact, these signs apply to all of your elders, for that matter, as UTIs can be a problem for any of your elders) and report them immediately:

- pain or tenderness in the flank or groin area
- increased burning pain upon urination
- fever
- worsening of mental status
- cloudy, bloody, or foul smelling urine

## Two types of people

"The two types of people in the world today are, first, those who look at problems and say no, there is nothing we can do, and thus become paralyzed and do nothing.

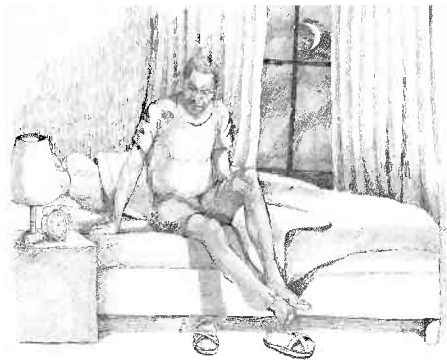
"Then there are those who say the problem is difficult but we've got a chance, so we'll try to solve it.

"I would ask you to join that second party.

"The uniqueness of the human race is represented by its ability to do that which it has never done before.

"The uniqueness of human life is that it has done, and can do, the impossible."—*Norman Cousins*

**The need to frequently go the bathroom at night, in men, may be a sign of BPH, which is common in older men. One solution: drink less liquids in the evening, before bedtime.** (NIDDK drawing)



## About BPH

BPH (benign prostatic hyperplasia) is a problem frequently encountered in men as they age.

BPH occurs when the prostate gland enlarges, and since this gland wraps around the urethra (the tube that drains the bladder) it can partially, or completely, restrict the flow of urine.

Men who have this condition often have a difficult time urinating, and cannot completely empty their bladder. Therefore, they often need to go to the bathroom frequently, which can especially cause problems at night, and also when traveling.

In some cases, BPH causes men to occasionally have an extreme urge to urinate, and they'll either be unable to hold it, or they will have leakage.

To avoid accidents, make sure these elders use the bathroom regularly. Make sure bathrooms are readily available on trips, and allow for several bathroom breaks. And give them plenty of time in the bathroom, as it may take them longer.

Also, restricting their fluids after 7 p.m. can sometimes help reduce frequent nighttime awakenings.

There are drugs that can help with BPH, so if you believe one of your elders has this condition, be sure and report it.

Also report it if you notice an elder's symptoms suddenly worsening. In some cases, elders with BPH will be unable to urinate at all, which is a medical emergency.

## Bowel incontinence

Bowel incontinence is a very difficult problem for both the elder and the caregiver.

It can be caused by several diseases and conditions, and it can be a devastating situation for the elder's quality of life.

Also, as Alzheimer's progresses into its later stages, incontinence gets increasingly difficult to resolve.

**Note: In many instances, bowel incontinence can be helped or cured, either through medicine or surgery. So be sure and report this when it starts occurring in any of your elders.**

Some tips on dealing with bowel incontinence:

- Start a scheduled toileting program. During the day, take the elder to the bathroom every two hours, including 30 minutes after meals.
- Before visiting the toilet, encourage them to walk, or perform up to eight sit-stands. And, if the elder is chair bound, let them wheel their chairs.
- At night, ensure there is a commode, or a bedpan, within easy reach of the elder's bed, and give them help if needed.

- Check with medical personnel or your dietitian about reducing the elder's consumption of foods and drinks high in caffeine (coffee, tea, chocolate, and certain soft drinks), and high-fiber foods (bread, beans, cereals, and potatoes.) These can increase bowel movements, thus making the incontinence worse.
- The same goes for physical activity soon after waking. But be sure you're following medical recommendations for the patient... diet should not be changed substantially without the okay from medical personnel.
- Some elders need the help of a walker, or a cane to get to the bathroom. Make sure these are kept close to them at all times.
- If the elder needs help getting to the bathroom, be sure and instruct them to let caregivers know immediately each time they need to make a bowel movement. And don't delay.
- Check that the bathroom is comfortable, well lit, and heated. Grab bars, handrails and adjustable toilet seats make the toilet easier and safer to use.
- With the elder's permission, you may want to try adult briefs, plastic outer pants, absorbent pads, or panty liners. Consider, however, that these products are costly, and sometimes humiliating to the elder. Try a scheduled toileting program first.
- Praise the elder every time they use the bathroom.
- Keep a written record of number and frequency of accidents. Document what the elder eats and drinks, especially before incontinence episodes, and where

accidents happen (in the bathroom, on the way there, or in bed).

- And... after analyzing the situation, adjust your caregiving accordingly.
- For example, if accidents happen on the way to the bathroom, then perhaps educating the elder to tell caregivers immediately when the urge occurs will help.

If in bed, or at other regular times, then perhaps a scheduled program of visits to the bathroom will help.

- Is the stool an unusual color, or consistency? If so, report to medical personnel.

#### **Whenever accidents occur**

- Don't make the elder feel guilty or ashamed, and do your best to reassure them that everything's okay.

A friendly smile, and talking in a supportive way will help them greatly to cope with the situation.

This is a hugely embarrassing problem, and your kind compassion is very important to your elders at this time.

- Gently clean them with water, or moist tissue paper (baby wipes), rather than with dry toilet paper, which can irritate the skin. Check for skin damage.
- Dry thoroughly and apply a recommended barrier cream.
- Above all, avoid reminding elders of their incontinence, treat them with respect, maintain their dignity, and allow them as much privacy as possible. Report serious symptoms

The Mayo Clinic also advises that caregivers be very watchful for serious bowel problems in their elders.



**One of the most effective things you can do as a caregiver is be compassionate, understanding and supportive. Don't make them feel worse than they already do. Smile!**

Certain changes can be symptoms of serious diseases, and need immediate reporting.

So Mayo clinicians suggest that caregivers should report any of the following:

- Pain in the rectum
- Bleeding from the rectum
- Changes in usual bowel habits
- Diarrhea that last more than a day or two
- Dark or black stools
- Unexplained weight loss

**But always remember, that as a frontline caregiver you can do a lot to help those elders retain their self-respect and quality of life by always:**

- **Being kind.**
- **Being very attentive to their situation, always keeping them clean and dry.**
- **Being compassionate and understanding.**
- **Having a friendly smile at all times!**

**End**

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**"Before everything else, getting ready is the secret of success."  
—Henry Ford**

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# Quiz yourself

## Helping your elders with incontinence

### Major objectives:

1. To understand the importance and value of providing compassionate, understanding care to your incontinent elders.
2. To learn about evidence-based medical recommendations for your elders who have urinary or fecal incontinence.
3. To learn important key signs and symptoms that should be immediately reported.
4. To understand the importance of doing everything you can to get your incontinent elders back to a normal situation, as much as possible.

**1. True, False.** One of the most effective things you can do as a front-line caregiver, for your incontinent elders, is simply to be kind, compassionate and understanding.

**2. What are some of the CMS Guidelines for care of elders who are urinary incontinent?** (Check all that apply.)

- a. You should attempt to maintain as much normal urinary function as possible.
- b. You should be sure and make it as easy as possible for the elder to reach the bathroom, removing all impediments that may cause a fall.
- c. Ensure that medical treatment is initiated, as necessary in order to improve their situation.

**3. True, False.** Being incontinent is a major cause of hip fractures in elders.

**4. True, False.** Urinary catheters are valuable tools for nurses to use as a method of freeing up their time for other nursing duties.

**5. What are some of the signs of a urinary tract infection?** (Check all that apply.)

- a. Pain in the flank or groin area.
- b. Fever.
- c. Cloudy, bloody or foul-smelling urine.

**6. Which is true about Behavioral Modification?** (Check all that apply.)

- a. The CMS suggests using it as a “last resort” after everything else has failed.
- b. It’s not very effective in most elders, but can help a select few, so is often worth a try.
- c. It can be effective for even elders in some of the more advanced stages of Alzheimer’s.

**7. True, False.** The CMS says that absorbent products should not be used until other methods have been tried to make urinary function as normal as possible, even though the elder may have used them prior to admission.

**8. True, False.** Experimenting with different foods, as long as it’s medically okay, is a recommended method of dealing with fecal incontinence.

**9. True, False.** You should always report stools that have an unusual consistency, are dark-colored, or tinged with blood, as they may indicate serious medical problems that need immediate treatment.

**10. True, False.** Keeping your elders clean and dry is an absolute necessity for all caregivers, because soiled conditions can lead to serious infections, pressure ulcers, amputation, and even an early death.

Name \_\_\_\_\_ Date \_\_\_\_\_ Score \_\_\_\_\_