

Training Your Caregiver: Toileting & Toileting Programs

In home healthcare, toileting is the act of helping your veteran patient with special clinical circumstances necessary to achieve their urinary and/or bowel elimination activities. The steps involved in a particular patient's specific toileting plan depend on the individual's condition and can therefore run the gamut of intensity.

The need for toileting often stems from incontinence or loss of the ability to control when or where one eliminates waste. Incontinence can come in a variety of forms. Those that affect a person's ability to empty his or her bladder are classified as urinary incontinence (UI), while those that disrupt the person's ability to pass gas or stool are classified as bowel incontinence (BI).

While the likelihood of incontinence increases as an individual gets older, the occurrence is not a part of regular aging, nor is it the fault of affected individuals, whose symptoms can often be alleviated through quality clinical care administered by key members of the treatment team including the home care worker.

This training module discusses specific signs, symptoms and types of incontinence. It also addresses the broad scope of toileting, providing clinical and behavioral techniques home caregivers can use to promote successful elimination while preserving a patient's dignity.

A veteran who shows signs of incontinence should have an individualized toileting plan prescribed by the primary care physician and the veteran's medical team to help the veteran with incontinence relieve themselves safely and hygienically. These programs involve the entire frontline caregivers – primary care physician, physician's nurse, veteran's family members in the home, and the home care provider. Family members in the home and paid caregivers are responsible for facilitating intimate personal care tasks. Quality toileting programs usually encompass a breadth of care-related activities including:

- Identifying the presence – or potential – of incontinence and determining the specific type.
- Flagging any factor(s) that predispose a veteran patient to incontinence.
- Tracking elimination habits (e.g., time of day, frequency, volume) in a bladder or bowel record.
- Establishing a customized program for elimination based upon the veteran's needs and personal patterns.
- Regularly reviewing the program, particularly in its effectiveness and the need for refinement based on the changes in the veteran's condition or ability to go to the bathroom.

Depending on the specific circumstances surrounding a veteran's incontinence, interventions in a toileting program that a trained home caregiver might provide include:

- Helping the veteran ambulate to the toilet.
- Scheduling regular bathroom trips to facilitate bowel and bladder training and to avoid accidents.

- Changing bed linens in the event of an accident.
- Changing incontinence pads or adult diapers.
- Emptying bedpans.
- Helping the veteran use assistive devices for improving continence.
- Monitoring continence patterns, and reporting any major changes identified to the family and/or medical team to facilitate timely clinical action.
- Preventing and caring for complications from ineffective eliminations (e.g., skin breakdown, body odor, emotional distress).

The remainder of this module explores the implications of incontinence in greater depth, as well as the specific roles the home caregiver plays in related toileting activities.

Understanding Urinary Incontinence (UI)

UI can affect all types of individuals but is particularly common among disabled, paraplegic, and older veterans. Despite its prevalence among this population, UI is **NOT** a part of the natural aging process and can be improved through veteran education and quality home care.

Managing and treating UI hinges on the caregivers' ability to recognize its specific causes and signs. Potential causes include urinary tract infections, confusion and forgetfulness, muscle weakness, vaginal and prostate problems as well as wet clothing. Veterans who suffer from UI may wet the bed, leak urine, and/or require protective pads or padded briefs. If you notice a veteran patient's clothing or bedding has urine stains or odors, he or she will most likely require your help dealing with the condition.

Types

UI can take a number of forms and your veteran may experience more than one variety at a time. Although it may not be initially clear which kind(s) of UI a veteran has, home caregivers can often learn this information by keeping track of urinary of urinary habits in a bladder record.

Below are some of the most common types of UI:

1. Functional Incontinence refers to loss of urine in patients whose urinary tract is normal. Affected individuals are unable to maintain continence because of external factors, such as an inability to reach the toilet in time.
2. Overflow Incontinence refers to the leakage of small amounts of urine when the bladder reaches its maximum capacity and becomes extended.
3. Stress Incontinence refers to the leakage of small amounts of urine when intra-abdominal pressure on the bladder increases from movements such as sneezing, laughing, or climbing stairs.
4. Transient Incontinence refers to temporary episodes of UI that are reversible once the cause of the episodes is identified.
5. Urge incontinence (overactive bladder) involves a sudden, strong urge to expel moderate to large amounts of urine before the bladder is full.

6. Mixed Incontinence is the combination of stress incontinence and urge incontinence.

Specific UI Treatments

Depending on the specific circumstances surrounding a veteran's UI, a care plan can be developed that will include at least one of the following service categories: behavioral treatment/physical therapy, medicine, or surgery. While medicine or surgery are largely in the hands of the veteran's nurse and/or primary care physician, the caregiver can contribute to behavioral treatments. These interventions help the veteran control their urine and use the toilet at the right time. There are three types of behavioral UI treatments with which a caregiver can assist:

1. Scheduled toileting which can help veterans who are unable to get out of bed or reach the bathroom alone. Help the resident ambulate to the bathroom every three to four hours, or according to the individualized program.
2. Prompted voiding, which can help a veteran who has a full bladder but does not ask to go to the bathroom. You will need to check these veterans often for wetness, asking them whether they want to use the toilet and assist him or her to the bathroom.
3. Habit training, which can help veterans who tend to urinate around the same time every day. Monitor the veteran to determine the times he or she urinates, recording observations in the bladder record. Take the veteran to the bathroom at those times every day.

In addition to service categories that target the actual act of elimination, there are certain interventions facilitated in part by the caregiver that are more proactive in focus.

Dietary Management

Although there is no dietary treatment for UI, some foods and drinks can irritate the bladder, such as sugar, chocolate, citrus fruits, alcohol, grape juice, and caffeinated drinks. Caregivers may be asked to encourage residents with UI to try eliminating these foods and beverages from their diets and see if their conditions improve.

Assistive Devices

Bedbound veterans who are experiencing UI may need to use a bedpan, urinal, or bedside commode. In this case, home caregivers must ensure these articles are always accessible. In addition, always keep the path to the bathroom – and the room itself – clear and well-lit.

Understanding Bowel Incontinence (BI)

Like UI, treatment and care for BI depends on the specific cause. Some of the most common instigators include incorrect diet or fluid intake, confusion and forgetfulness, injury or weakness of the anal muscles, nerve injury, medication reactions or laxative abuse, diarrhea, paralysis, constipation, and fecal impaction.

Constipation is characterized by a feeling of bloating or intestinal fullness; decreased amounts of stool; the need to strain to have a bowel movement; or the requirement of laxatives, suppositories, or enema to maintain regular bowel movements.

Many factors can cause constipation, but the most common culprits include inadequate fiber or fluid intake, inactive sedentary lifestyle, change in routine, abnormal growths or diseases, damaged or injured muscles, medication side effects, and laxative abuse.

Fecal impaction, is a large mass of dry, hard stool that can develop in the rectum due to chronic constipation. This mass may be so hard that the veteran may not be able to remove it from the rectum. Watery stool from higher in the bowel or irritation from the impaction may move around the mass and leak out, causing soiling.

Specific BI Treatments

Much like the treatments for a UI, those for BI include medicine, surgery, dietary management, and bowel management and retraining. Of these interventions, the caregiver often contributes to dietary management and bowel retraining – two activities that can also relieve constipation.

Dietary Management

Most people can successfully treat their bowel irregularity by adding high fiber foods to their diet, while at the same time increasing their fluid intake. Despite the positive effects such mindful dietary alterations can have, the caregiver should help ensure that the veteran increases fiber consumption slowly to give the bowels time to adjust.

Bowel Retraining

Bowel retraining is executed by designating a specific time each day for the veteran's bowel movement. Home caregivers can maintain a record of the veteran's bowel habits and schedule daily movement according to any identified patterns.

General Toileting Interventions

In additions to the interventions specific to UI and BI, there are several general toileting strategies the home caregiver can apply when caring for veterans with elimination issues.

Vigilant monitoring and diligent reporting

The caregiver's first responsibility upon discovering new onsets of incontinence is to report the occurrence to the veteran's family (if available) or the primary care physician or the physician's staff nurse, so they can determine the cause of the incontinence and develop a tailored care plan.

Compassionate Communications

Many older veterans don't report incidences due to pride, embarrassment and the misconception that the condition is an unavoidable component of aging. Thus, the care giver should take a proactive approach to ensure their veteran understands that incontinence is treatable and encourage them to report incidents, thereby speeding the delivery of effective care.

When facilitating treatments for incontinence, draw upon these specific communication strategies:

- Be patient: Interventions and elimination activities often take time.

- Emphasize your respect for the veteran’s privacy, dignity, and confidentiality by closing the privacy door, even if you must stay in the room.
- Never yell at a veteran for being wet.
- Offer compliments when the veteran is dry.

Safe Transfer Techniques

If the veteran is able to ambulate to the bathroom with assistance, special transfer ambulatory equipment can promote safety. (NOTE: the VA will provide most equipment needed when a prescription is approved by the VA primary care physician.) Raised toilet seats and risers decrease the distance and amount of effort it takes for a resident to lower him/herself to the toilet. Grab bars allow the resident to support their weight before each use. However, caregivers should ensure that all transfer aids are able to support the veteran’s weight before each use.

Catheter Care

Beyond the interventions for UI discussed earlier in this module, another device sometimes used is the catheter. Catheters can cause infections and other damage if not properly maintained. For these reasons, catheters are not recommended in treating most incontinence issues and are often the last resort for cases not related to an obstruction. As a home caregiver, you should regularly check the conditions of the catheters and report any worrisome signs to the VA team nurse or the primary care physician for further actions. (NOTE: If you do not know how to provide catheter care, request training from the VA staff nurse before you assume care of the veteran’s catheter.)

This training was adapted for VDHCB/VD-Respite Caregivers by the Central Texas Center for Caregiver Excellence from HCPRO CNA Training Advisor Volume 13, Issue No. 10 and used by permission.

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Employee Name: _____

Date: _____

Mark the correct response:

1. Which of the following statements about toileting is accurate?
 - a. Promotes incontinence in men and women.
 - b. Is restricted to helping the veteran patient ambulate to the bathroom.
 - c. Involves helping the veteran patient fulfill urinary and/or bowel elimination need
 - d. Consists of a single set of standard interventions.

2. Incontinence is a regular part of the aging process.
 - a. True.
 - b. False.

3. Which of the following care activities would a quality toileting program likely incorporate?
 - a. Identifying the presence or potential of incontinence in a veteran.
 - b. Tracking elimination habits in a bladder and/or bowel record.
 - c. Establishing a customized program of elimination based on the veteran's needs and personal patterns.
 - d. All of the above.

4. Which of the following would ***NOT*** constitute a potential intervention in a toileting program?
 - a. Scheduling regular bathroom trips to facilitate bowel and/or bladder training.
 - b. Scolding a veteran for being wet.
 - c. Monitoring continence patterns.
 - d. Caring for complications stemming from ineffective elimination.

5. Which of the following is NOT a potential cause of urinary incontinence?
- Urinary Tract infection (UTI).
 - Confusion and forgetfulness.
 - Prostate problems.
 - Fever.
6. _____ Incontinence is characterized by the leakage of small amounts of urine when the bladder has reached its maximum capacity and has become distended.
- Functional.
 - Overflow.
 - Stress.
 - Transient.
7. _____ works best for veterans who tend to urinate around the same time of every day.
- Surgery.
 - Scheduled toileting.
 - Habit training.
 - Prompted voiding.
8. _____ is described as the inability to control when and where one passes gas or stool.
- Urinary incontinence.
 - Bowel incontinence.
 - Constipation.
 - Fecal impaction.
9. A common cause of constipation is _____.
- Side effect of medication.
 - An active lifestyle.
 - Consistency in routine.
 - Sufficient fiber and fluid intake.

10. How do raised toilet seats promote toilet safety for veterans who are able to ambulate to the bathroom with assistance?
- a. They decrease the distance to the toilet.
 - b. They decrease the amount of effort it takes to lower onto the toilet.
 - c. They increase the concentration it requires to go to the bathroom.
 - d. Both a and b.

In order to receive your state-required home caregiver CEUs, you must mail this test along with your signed FORM 1732 Management and Training of Service Provider (on the next page) to:

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Score: _____ of 10

Pass – Fail

