

PROMOTING CONTINENCE

VERSION No	4
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NUMBER OF PAGES	5



Policy Statement

This organisation seeks to promote the independence of Residents. It recognises the importance of Residents being in control of their life. Residents feel more comfortable, safe and reassured when they can do things for themselves and this also helps to uphold their self-esteem. This organisation will ensure that the Resident is involved in discussions, decision making and planning and review of their continence needs. Outside professionals such as the Continence Nurse and physiotherapist will be involved in any decision making along with any representative that the Resident chooses. Where the Resident is assessed not to have the capacity to make these decisions a best interest decision will be made by the GP.

This organisation recognises the importance of respecting the person's culture and preferences. In all decisions concerning personal care this organisation respects people for who they are and gives equal opportunities of access in order to promote and retain independence and cultural preferences.

The Policy

To promote choice and preferences and promote a high standard of both personal hygiene and infection Control.

Care or Support plan

When a person's continence needs have been assessed by a continence nurse or advisor or other professional, a support/care plan will follow. The Resident will be actively involved in the plan; relatives, advocates and other professionals may also contribute. The support/care plan will be a detailed written document that gives guidance to staff on how to support an individual with their continence needs. The plan will give information about the person's abilities relating to daily living tasks such as promoting continence, managing hygiene, toileting, mobility and diet. These are all important aspects of supporting the resident to maintain continence or manage incontinence. The plan will promote active participation of the person to promote independence. It is important that staff are very clear about what they need to do in order to support the person. By following the plan staff will support the Resident and promote dignity and respect in these personal tasks. The plan will be reviewed monthly or as the Residents continence needs change

Promotion of continence

This organisation will actively work with other specialists and professionals to ensure each individual's continence needs are met and managed. Individual's preferences and choices will be respected and included in the assessment and plan of care and support.

Managing incontinence

This organisation will actively work with other specialists and professionals to ensure each individual's needs are met. Individual's preferences and choices will be respected and included in the assessment and plan of care and support.

Culture

Attitudes to this very personal topic are very cultural and what is acceptable in one country is not the same as another. If you are working in a multicultural environment then it is imperative you discover how people wish to approach and manage this subject. Guidance on this can be found in the Equality and Diversity Policy part 2

Specific difficulties when working with people with dementia or other mental health problems

Staff will receive training to help support people with dementia or other mental health problems when promoting and managing continence.

Infection Control

This organisation recognises the importance of good personal hygiene not only for the Residents own self esteem but also in preventing infections and cross infections. Residents will be encouraged to maintain good hygiene through their own bathing or washing preferences as documented in their plan of care and support. Staff will be provided with disposable gloves and aprons to wear while giving or supporting personal care. Any appliance used will be cleaned according to manufacturer's instructions or disposed of appropriately. Any issues concerning infection control or faulty equipment must be reported to the Infection Prevention and Control (IPC) Lead or the manager immediately and recorded in the Residents Notes

Appliances

When individuals require or have in place specific appliances such as catheters or stomas, staff will be trained in the use, maintenance and care of the appliance by the appropriate professional before they are allocated to work with that Resident. Where ever possible the role of the care or support worker will be to enable the Resident to manage the appliance themselves with support from the worker.

Dietary advice

This organisation recognises the importance of diet and fluid intake in the promoting of continence. Where ever possible it will encourage both the Resident and any carer involved in their care to provide a nutritious diet and follow any recommendations from Continence nurse/ advisors or other professionals. When required by medical or nursing staff a fluid input and output chart will be put in place and records kept in the Resident's plan of care or support.

Catheter Care: A 'catheter' is a thin, hollow, flexible tube designed to drain urine from the bladder. It is kept in place by a small balloon at the tip that is filled with sterile water to prevent it from falling out. It is inserted into the bladder through the urethra; this is a small opening above the vagina in women and runs along the length of the penis in men. In some people, it may be necessary to insert the catheter into the bladder through an incision made through the abdominal wall.

a) Catheter care when assisting in showering or bathing:

-  Hands must be washed before and after handling the catheter or drainage bag
-  Disposable gloves must be worn
-  The area around the catheter is required to be washed with soap and water at least daily or after every bowel motion
-  Before assisting the resident to shower or bathe, empty the drainage bag but leave it connected
-  Avoid using talc or creams around the catheter.

b) Drainage Bags

-  Leg bags should be worn in a comfortable position against the thigh, knee or calf area (according to resident preference) and secured to the leg by straps or a sleeve or holder. The Belly Bag is worn as a bum bag and is secured by a soft belt around the waist
-  In order to minimise the risk of infection it is essential to wash your hands before and after emptying or changing the bag. Put on disposable gloves before starting the procedure
-  When emptying the bag make sure that the outlet does not come into contact with the toilet or other receptacle and that the outlet tap is dried with a disposable wipe following emptying
-  The drainage bag should only be disconnected from the catheter when absolutely necessary, to reduce the risk of introducing infection. It should be changed every 5–7 days unless discoloured or soiled. When applying a new drainage bag to the catheter it is important to not touch the sterile connector

 All drainage bags are designed for single use only and must not be re-used. If a drainage bag is disconnected from the catheter for whatever reason then a fresh bag must always be reapplied

 At night connect a larger capacity bag onto the leg bag. The outlet tap on the leg bag should be in the open position to allow the urine to flow into the night bag. When removing the protective cap from the night bag do not touch the sterile connector which attaches to the outlet tap. A stand for the night bag will be provided and should be used to promote effective drainage. To disconnect the night bag from the leg bag: wash your hands, close the outlet tap on the leg bag and disconnect the tubing from the tap. Dry the outlet tap with a disposable wipe. Empty night bag into the toilet and dispose of the bag in the dustbin, ensuring it is wrapped in newspaper or a plastic bag. Wash your hands.

c) **Disposing of Drainage Bags:** Drainage bags may be disposed of in the dustbin, provided they have been emptied and wrapped in newspaper or a plastic bag; otherwise dispose into clinical waste bags, if provided

d) **Catheter Valves**

 Catheter valves are used as an alternative for some residents to a leg bag. A catheter valve is a tap that is connected directly to the catheter outlet. It allows drainage of urine from the bladder to be controlled, and it helps maintain bladder muscle tone and a good capacity

 It is very important that the valve is opened at regular intervals throughout the day, every 3–4 hours to allow the bladder to empty. If the bladder is not emptied regularly then abdominal discomfort may be experienced as the bladder becomes full or there may be leakage of urine around the catheter.

i. **Care of the Catheter Valve**

 The catheter valve should be changed every 5–7 days. In order to minimise the risk of infection it is essential to wash your hands before and after emptying, or changing the valve. When emptying the valve try to ensure that the outlet does not come into contact with the toilet or another receptacle and that the outlet tap is dried with a disposable wipe following emptying

 Attach an overnight bag to the valve. Once the night bag is connected the valve should be in the open position to allow urine to drain.

ii. **Disposing of Catheter Valves**

 Catheter valves should be placed in a plastic bag before putting in the dustbin or in clinical waste bags if provided

 It is important for a person with a catheter to have a good fluid intake in order to help prevent infection and avoid constipation; it is important that fluid intake is encouraged therefore. 2 litres is often the standard amount recommended, unless indicated otherwise by a doctor or nurse

 A healthy, balanced diet helps prevent constipation. Constipation can prevent the catheter flowing freely (as a full bowel presses on the catheter) and is a common cause of leakage around the catheter

 Where possible, gentle exercise will help the catheter to drain.

e) **Indicators of a Urine Infection**

 The urine becomes cloudy, contains blood or smells offensive

 The resident complains of a stinging or burning in the bladder or of low back pain.

 This should be reported at once to the RGN in charge who will notify the district nurse or GP. The resident should also be encouraged to have a good fluid intake.

f) **Blockage of the Catheter:** This may occur if the catheter or tubing becomes kinked, there is an irritation in the bladder, a build-up of debris in the catheter or if the resident is constipated. In which case:

 Check the catheter and tubing and release any kinks

 Check the drainage bag is not too full

 Make sure the leg or night bag is positioned below the level of the bladder or waist to allow urine drainage



If no urine is draining then inform your manager and district nurse immediately.

Stoma Care: An 'ostomy' is a surgically-made opening from the inside of an organ to the outside. 'Stoma' is the Greek word for *mouth* or *opening*; the stoma is the part of the ostomy attached to the skin. A stoma bag is then attached to the opening in the case of colostomies, ileostomies and urostomies, so that either faeces or urine drain into this bag. There are various types of ostomies, for example:



Colostomy: an opening from the large intestine to the abdominal wall so that faeces bypasses the anal canal



Ileostomy: an opening from the small intestine to the abdominal wall so that faeces bypasses the large intestine and the anal canal



Gastrostomy and jejunostomy: openings between the stomach and jejunum, respectively, and the abdominal wall, used predominantly for enteral feeding tubes.

a) Reasons for Stomas



Gastrointestinal stomas are used in various disorders, e.g. inflammatory bowel disease, neoplasia and diverticular disease



Stomas may be temporary or permanent. Temporary stomas are typically reversed at a later date, usually allowing the blind loop of intestine to recover.

b) Psychological Effects



Having a stoma is a major event and residents can become very anxious and depressed. Adequate counselling is vital and may need to include mental health specialists. Quality of life can deteriorate for residents following a stoma procedure. The first few weeks post-stoma are the most vital. They may find it difficult to integrate the stoma within their lifestyle, e.g. going out shopping and needing to change the stoma bag without adequate facilities. This can compound their low mood. Supportive family and friends are essential in situations like this



Stoma bags will affect body image and intimate relationships may suffer as a result



During the first few weeks following the formation of a colostomy or ileostomy, patients may experience sudden urges to defecate; this is known as 'phantom rectum' and can be distressing for the person. Reassurance and support are helpful



There may be changes to the amount and consistency of faeces. With ileostomies, faeces are produced about four hours after a main meal, whereas with a colostomy, faeces are produced the following morning. Ileostomies are associated with increased output. Often residents have to change their diet to control wind and malodour, e.g. that caused by fizzy drinks and fish respectively. Flatus filters are also available



Leakage of the contents of the stoma bag can occur and distress residents. Recurrent leakage can lead to skin inflammation from contact.



Before carrying out stoma care the staff member will be trained by a health professional. This will include use of equipment required for the cleaning of the resident stoma as well as recognising any abnormalities that need reporting.

c) Stoma care aims to



Ensure that the skin around the stoma (peri-stomal) is kept clean and dry



Observe the stoma and discourage skin excoriation



Ensure a safe and comfortable application of an appliance



Help a resident in the acceptance of stoma (if a newly-formed and permanent appliance).

d) Proceed as follows:



Assemble required equipment



Inform the resident of the procedure and obtain consent



After asking or supporting the resident to lie down, wash hands and put on gloves and apron to reduce risk of cross-infection



Protect bed and the resident by placing a towel or disposable pads under stoma



Remove soiled appliance, noting amount and consistency of contents to determine any abnormalities

-  Observe stoma size, shape and colour to determine bleeding, prolapse, retraction, necrosis, infection
-  Observe surrounding skin area to determine excoriation, redness, allergy or herniation
-  Wash the stoma and surrounding skin with warm soapy water. Dry thoroughly to ensure that adhesive will stick
-  Fix the appliance into position (different methods being used for a variety of appliances), ensuring that no peri-stomal skin is exposed to body fluids. Ensure also a snug fit so that leakage does not occur
-  Remove gloves and apron then wash hands. Reassure resident and ensure comfort
-  Dispose of soiled materials into the toilet, where possible, or put in a plastic bag before disposal in the dustbin or in clinical waste bags if provided
-  Record results in the care notes. Report any abnormalities as required.

Training Statement

This organisation will ensure that staff receive training on all aspects of promoting continence and managing incontinence. Specific training on catheter and stoma Care will be given in relation to individual Residents.

Related Policies
Assessment of Need and Eligibility
Dignity and Respect
Quality and diversity