Answer Guidance

# Chapter 31: Assisting people with their elimination needs

## Activity answer guidance

### Activity 31.1

 How would you use the Bristol Stool Chart to offer further information on an adult patient’s bowel functioning?

 What would be different if you were undertaking an assessment of bowel function with a patient who was 2 years old?

#### Answer guidance:

*You could use the pictorial chart to ask a patient to identify their stool type to enable you to complete an assessment, and you could in turn use this to document a patient’s bowel function in the care plan so that any treatment can be evaluated. For example, a patient has very loose stools and is scoring a 7 on the chart. Over the duration of the next few shifts, the nurse documents repeated 7’s so the patient is prescribed a drug to resolve this such as Loperamide. Over the following 24 hours, the next nurse documents a 5 and then a 4, demonstrating that the medication has been effective, and the treatment needs reviewing.*

*It may be difficult to assess frequency and stool type if the patient is incontinent and wears a nappy. It would be difficult for them to comprehend when asking them about the appearance of their stools on the chart.*

### Activity 31.2

Reflect on an experience where you have assisted a patient with their elimination needs:

 Where are the patient’s dignity and privacy maintained at all times?

 If you had been the patient, would you have been happy with the care you delivered?

 At the time you assisted the patient with their elimination needs, were you aware of the significance of maintaining their privacy and dignity and communicating effectively with them?

 After reflecting on your experience, would you do anything differently next time you deliver this care?

#### Answer guidance:

*You have been asked to reflect on an experience where you have assisted a patient with their elimination needs:*

 Was the patient’s dignity and privacy maintained at all times?

*Consider what interventions were taken to ensure the patient’s privacy and dignity. For example, taking them to a toilet and locking the door, pulling the curtains around if they are unable to go to the toilet, maintaining professional communication, and ensuring they are covered up and not left exposed. The patient should be given privacy to pass urine or open their bowels, as long as safety is maintained. The nurse should document how privacy and dignity was maintained.*

 If you had been the patient, would you have been happy with the care you delivered?

*Imagine you are a patient in hospital- was every effort made to ensure they could use the toilet as normal or were they just told to use a continence pad? Were they given privacy to meet their elimination needs or did the nurse stay beside them? Was communication professional? How would you feel in this situation?*

 At the time you assisted the patient with their elimination needs, were you aware of the significance of maintaining their privacy and dignity and communicating effectively with them?

*It's important to discuss elimination needs when assessing activities of daily living at admission. The patient can then disclose anything they need such as any aids used or assistance needed. This is a really sensitive subject and many people may never have needed help with this before so will be especially aware of the level of privacy and dignity afforded to them. You could also look at the Care Opinion website and read some patient feedback around elimination.*

 After reflecting on your experience, would you do anything differently next time you deliver this care?

*Upon reflection you may now decide to add additional measures to ensure the care you give around elimination is even more professional and dignified, for example prioritising taking people to the toilet normally where possible rather than reaching straight for a pad, bedpan, or commode.*

### Activity 31.3

Reflect on an experience you have had when incontinence pads have been used as part of a patient’s plan of care:

 Were the issues highlighted in the list above evident in the patient’s care?

 Might you do anything differently in the future?

#### Answer guidance:

*You have been asked to reflect on an experience you have had when incontinence pads have been used as part of a patient’s plan of care. Here is an example:*

***What:*** *I was asked to assist in turning a patient and changing their incontinence pad. The patient was a 76-year-old lady who lived alone in her own home and was usually independent. However, she had recently had a urine infection that had not responded to antibiotics and she had fallen. An x-ray revealed she had not broken anything but had badly bruised herself. She had been on our ward for 5 days but had not yet mobilised.*

***So what:*** *The nurse selected a continence pad from the clinical room. I did not see her check the manufacturer’s guidance, but I assumed she was familiar with its use. She asked me to help the lady turn onto her left side and then removed the continence pad from underneath her, it was only slightly wet. She gave the lady a “freshen up” with a wipe and then applied a new pad. She did not use a barrier cream or talc. She* *said the lady’s bottom looked a bit red, so she said we should reposition the lady onto her side with a pillow to help support her. She disposed of the wet pad in a yellow clinical waste bag. She did adhere to infection control by wearing gloves and an apron and washing her hands before and after the procedure. It did concern me that the nurse did not seek consent before undertaking the task, she just said “come on Ivy, we’re going to change your pad.” The lady asked why she couldn’t go to the toilet as she does at home. And the nurse said it was because she might fall.*

***Now what:*** *On reflection, I think that if I performed this task again, I would first discuss with the patient and explain what I needed to do, before seeking consent. This lady usually walks to the toilet independently and had been cleared of any breaks or fractures. In the future, I think I would like to undertake a moving and handling assessment and support the lady to walk to the toilet or use a wheelchair to take her there. This would enable her to maintain her independence. She is continent and I feel that by expecting her to pass urine into a pad and then turning her to change the pad, we are not meeting her privacy or dignity needs.*

### Activity 31.4

Maintaining dignity has been mentioned frequently throughout this chapter, as attending to our elimination needs is personal and intimate and normally something we undertake in private. The loss of dignity felt by people with continence problems can be devastating and many feel it reduces their self-worth as competent adults.

Receiving assistance with elimination needs can be acutely embarrassing for a patient, but can also be uncomfortable for the nurse providing the care.

 What skills, in addition to accurately performing a procedure, does a nurse need to apply in order to maintain a patient’s dignity when assisting a patient to meet their elimination needs?

 Does the fundamental importance of maintaining a patient’s dignity when assisting with elimination needs alter if the patient is confused, disorientated, or unaware of their surroundings, or is a child?

#### Answer guidance:

*In addition to performing the physical aspects of elimination care for patients, nurses need to use a range of additional attributes in order to support the patient such as demonstrating empathy and compassion. This can include communication skills such as reassurance, speaking softly, and appropriate use of touch (e.g., placing a hand on the shoulder of the patient). It is also important to think about your non-verbal communication. For example, think about your facial expressions. You may be dealing with unpleasant smells for example, but it is vital that the patient does not feel you are disgusted by the procedure you are undertaking.*

*The fundamental aspects of patient care in relation to dignity when assisting with elimination needs are the same regardless of the patient group you are working with. You will, however, have to alter elements of your interaction in order to support and reassure the patient. For example, when working with children, you may need to use different languages to make them feel safe. You may also want to have their parent(s)/guardian(s) in attendance if this is appropriate. If someone is confused, disoriented, or unaware of their surroundings, you may need to take more time to explain things. Repetition of information may be needed. You may also require additional support from other members of the healthcare team to allow you to perform elimination care in a safe manner.*

## Case study answer guidance

### Case Study 31.1: Miss Jones

You and your practice educator, a district nurse, have been asked to make a home visit to assess a patient called Miss Annie Jones, whom you met at the start of the chapter. Miss Jones contacted her GP for advice about changes in her normal bowel routine.

Miss Jones has a past medical history of osteoarthritis in both knee joints which has greatly reduced her mobility over the past three years, mainly due to pain. Annie takes co-codamol 30/500 mg and a non-steroidal anti-inflammatory drug (NSAID) as prescribed, but her pain continues to be a problem and she suffers from one of the side effects of these analgesics—constipation. Miss Jones has discussed this with her GP, who has advised her to eat a high-fibre diet and has also prescribed laxatives when required.

Despite doing this, however, Annie continues to experience constipation. Over the past 72 hours, she has not opened her bowels and has abdominal cramps and a distended abdomen.

 What essential nursing skills do you think will be involved in taking Miss Jones’ history and carrying out an examination within her home?

 What are the signs and symptoms of constipation, why do they occur and how would you describe them to a patient?

#### Answer guidance:

*When entering Miss Jones’ home ensure that you and your mentor have gained consent to carry out an examination. Using effective communication and ensuring person-centred care, maintain Miss Jones’ dignity at all times. When carrying out an assessment using a systematic approach (e.g., Roper, Logan & Tierney’s Activities of Living) ensure the patient understands all the questions and actions that you and your mentor carry out. All information must be documented appropriately and counter-signed by your mentor. When carrying out a physical examination, ensure all infection control precautions have been performed including hand washing and the wearing and disposing of appropriate personal protective equipment. Allow an opportunity for Miss Jones to ask any relevant questions or discuss any issues of her condition.*

What are the signs and symptoms of constipation, why do they occur and how would you describe them to a patient?

*Constipation is a slowing down in the frequency of bowel movements. A normal symptom is the hardening of stools and a feeling of discomfort and straining when defecating.*

*These symptoms can occur when a patient becomes immobile, dehydrated, has inadequate fibre intake, and is due to the use of some analgesics.*

### Case study 31.2: Mr. Paris

Mr. Timothy Paris is a 77-year-old gentleman who lives alone in a two-bedroom, ground-floor apartment. He lives in a semi-rural location, in a small town with good local amenities, and his home is well maintained. His wife, Kathryn, died three years ago. Timothy has an excellent relationship with his two daughters, who live a few miles away. They each spend part of the day with him, assisting him with all of his activities of living, and Mr. Paris spends alternate weekends with them and their families at their homes.

Mr. Paris worked as a civil servant and retired aged 65. He has never smoked and drinks alcohol in moderation. Until recently, he enjoyed playing golf, socialising with his friends, and having meals out with his extended family. His past medical history includes arthritis and high blood pressure (hypertension). His blood pressure is monitored at his local GP surgery and is stable due to the anti-hypertensive medication he takes.

Over the past 12 months, Timothy has experienced frequent episodes of urinary incontinence, which have been managed at home. However, during this time he has been diagnosed with dementia and his physical and psychological condition has deteriorated.

Mr. Paris now needs additional support to care for himself, which is provided by his daughters and extended family, the district nurse, and carers. As a result of his general deterioration, Timothy, his family, and the healthcare team have decided to manage his incontinence through long-term catheterisation.

 What information would you give Mr. Paris and his daughters to assist them to care for the catheter?

 How would you ascertain exactly what catheter care activities Mr. Paris was happy for his daughters to provide and what Mr. Paris’ daughters felt it was appropriate for them to undertake?

#### Answer guidance:

 What information would you give Mr. Paris and his daughters to assist them to care for the catheter?

*They would need to know what a catheter is and how it works, and how to care for it and reduce the risk of infection. They would need to know who can support them with this. They would need to know how to gather the equipment to empty the catheter bag, how to empty it, how to dispose of the urine, and how to dispose of the equipment. They would need to know how to secure the leg bag without causing any pressure damage to Mr. Paris’s leg.*

 How would you ascertain exactly what catheter care activities Mr. Paris was happy for his daughters to provide and what Mr. Paris’ daughters felt it was appropriate for them to undertake?

*To ask Mr. Paris and his daughter and answer any questions or concerns they may have.*