A CLIENT CARE MODULE:
HANDLING INCONTINENCE & UTI’S

PROVIDED BY:

Section 1: 4 Instructor Pages
Section 2: 14 Learner Pages
Section 3: 4 Miscellaneous Pages

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Instructions for the Learner

If you are studying the inservice on your own, please:

- Read through all the attached materials. You may find it useful to have a highlighting marker nearby as you read. Highlight any information that is new to you or that you feel is especially important.
- If you have questions about anything you read, please ask ________________________________.
- Take the quiz. Think about each statement and circle the best answer.
- Check with your supervisor for the right answers. You pass the quiz with at least 8 correct answers! Print your name, write in the date, and then sign your name.
- Keep the inservice information for yourself, and turn in the quiz page to __________________________ no later than ____________.
- Show your Inservice Club Membership Card to __________________________ so that it can be initialed.

Thank you!
A Quick Quiz

Think of your clients, your loved ones or even yourself as you read through these questions.

- Does urine leak out during exercise? Even during activities like walking, climbing stairs or even getting up from a chair?
- Is there urine leakage when sneezing, laughing or coughing?
- Does urine leak out during sex?
- Is there urine loss on the way to the bathroom?
- How about at night? Do you wake up during the night to use the bathroom?
- Are trips or places avoided because there may not be a bathroom available?
- Is there a frequent, strong, sudden urge to urinate that can’t seem to be controlled?
- Do you limit the amount you drink before leaving home so that you don’t have to worry about finding a bathroom?
- Are pads or diapers being worn to prevent clothes from getting wet?

If you answered “yes” to any of the questions, there may be a problem.

Incontinence . . . A “Hidden” Secret.

Think about this . . .

Always an active person, Lizzy, age 49, liked to play tennis and go jogging. It was during one of her jogging sessions that Lizzy felt something dribbling down her leg. She realized that her bladder was leaking urine. Horrified, but not alarmed, Lizzy decided that she should wear a panty liner for future jogging sessions. After all, she thought, she was getting older. So, what would you do? Would you just put up with it and stay silent like Lizzy or would you make an appointment with your doctor?

And think about this . . .

You have turned on the T.V. in the middle of a commercial. On the screen, actress June Allyson is holding up a package of Depends (the adult diaper). She is promoting their wonderful product, but does she mention that she uses them? No, she talks about her mother needing them. Even if she did use them, do you think she would admit it?

Believe it or not, around 17 million Americans suffer from urinary incontinence (UI), which is loss of bladder control. Few of these people will seek help. Instead they will go to great lengths to hide their condition, not wanting anyone to find out about it. Why? Read on and find out.

Incontinence Is . . .

- Embarrassing
- Humiliating
- Serious
- Costly
- Isolating
- Treatable

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Terms You Should Know . . .

**Urinary Incontinence** (or UI for short): UI is the accidental or unwanted loss or leakage of urine...or urinating when you don’t want to. It’s also known as “loss of bladder control”. *(This is the type of incontinence we’ll be talking about throughout this inservice.)*

**Bowel Incontinence** (or BI for short): BI is the accidental or unwanted movement of the bowels. It’s the loss of liquid or solid stool at inappropriate times.

**Kidneys**: Normally, people have two of these organs. They act as filters and get rid of water and wastes like urea and uric acid from the blood. This waste is called urine.

**Ureters**: The kidneys send urine to the bladder continuously through two ureters. Ureters are slender tubes about 9 inches long. They are connected to both the kidneys and the bladder.

**Bladder**: The bladder is a hollow muscle that’s like an elastic “storage tank” for urine. The bladder changes shape depending on how much urine it’s holding. When empty, it’s like a collapsed balloon. When full, it’s pear shaped.

**Urethra**: The urethra is connected to the neck of the bladder. It’s a small, slender tube that acts as a “drainage tube”. It takes the urine from the bladder to the outside of the body.

**Sphincter**: The sphincters are ring-like bands of muscle that close off natural body openings like the urethra. They keep the urethra “pinched” so that urine doesn’t escape the bladder at the wrong time. There are two urinary sphincters that work together as the bladder fills and empties.

**Urinary Tract**: Everyone has an upper and lower urinary tract system. The upper tract is made up of the kidneys and ureters. The lower tract is made up of the bladder, urethra, sphincters—and, in men, the prostate gland. An infection of any part of the urinary tract is called a UTI.

**Prostate Gland**: The prostate is a gland about the size of a walnut. It makes the fluid that carries sperm during ejaculation. The prostate gland becomes larger with age.

**Pelvic Floor**: The pelvic floor is a group of strong and flexible muscles attached from bottom of the spine to the front of the pelvis. It’s often described as a “hammock” because it holds the bladder and other organs in place.

Did you know that . . .?

- The kidneys filter about 42 gallons of blood a day.
- Urine is made up of 95% water and 5% waste products (taken from the blood).
- The bladder holds from 12 to 16 ounces of urine—about as much liquid as in a can of soda pop.
- A person usually feels the urge to urinate when the bladder fills up with 8 to 10 ounces of urine.
- In women, the urethra is short—only one and a half inches long. In men, the urethra is about eight inches long.
Incontinence - What Happens?

For a long time, incontinence was considered a “taboo” subject. No one really talked about it in public or even to doctors—until the 1990's! Times are changing!

First of all, to better understand incontinence, it’s a good idea to know how a healthy bladder and urinary tract works.

- It all starts with your brain. The brain controls the bladder and other parts of the urinary tract system by exchanging “messages” with these body parts using the nerves as messengers.

- As the bladder fills with urine, it’s walls begin to stretch. After a while, you begin to feel an uncomfortable pressure or an urge to empty your bladder. The bladder is sending a message to your brain letting you know that it’s time to go!

- If everything is working right, you can control the urge to urinate until you find a toilet.

- If things aren’t working properly, then an “accident” could happen when you least expect it.

- Many times, the sudden loss of bladder control is the first sign or symptom that there is a problem.

- Keep in mind that the loss of bladder control can happen with just the slightest change in your body!

- Don’t be a victim to the myths of incontinence! (See below.) Get help for your clients, loved ones and maybe even yourself.

How Often Is Normal?

There really isn’t any set pattern of when a person should use the bathroom. Some ranges are:

- Every 4-6 hours to 6-8 hours.
- People over age 65 may urinate more often—around 3-4 hours and once at night.

The Myths of Incontinence

It’s a result of old age — Incontinence is not a normal part of aging, though there are certain physical and medical factors that can affect a person’s bladder (like menopause in women and an enlarged prostate gland in men).

It can’t be treated — In most cases, incontinence can be treated successfully.

Surgery is the only way — Surgery is usually the last option, especially for older people. These days, there are other ways to treat incontinence.

It means you’re losing your mind — Incontinence can happen to anyone not just to people who have dementia or other mental problems.

It’s time to buy diapers — Absorbent products may seem like the answer at first, but they won’t help cure incontinence. It’s important to be diagnosed and treated by a doctor.
The Different Types of Incontinence (and Their Symptoms)

There are two main categories of incontinence... *transient* incontinence and *chronic* incontinence.

- **Transient Incontinence** is a temporary or short-term condition that can be fixed. It’s usually triggered by an illness like a UTI, a medical problem like a stroke, medications or constipation. Once the problem is treated, the incontinence goes away.

- **Chronic Incontinence** is a long-term condition that can be fixed most of the time, but not always. It’s caused by a damaged lower urinary tract and/or a weak pelvic floor. There are five types in this category:
  - **Stress Incontinence** is caused by poor pelvic muscle control. Any extra pressure or stress causes urine to leak out.  
    **Symptoms:** Urine leaks out when coughing, laughing, sneezing, exercising, running, jumping, lifting, sitting, and standing.
  - **Urge Incontinence** is also called “overactive bladder”. The bladder is hyper. Even small amounts of urine can trigger the bladder to “let go”!  
    **Symptoms:** Urge to go is strong and frequent. The bladder can’t “hold it” once the urge is felt and it empties right away—before getting to the toilet. Urine loss is moderate to large.
  - **Overflow Incontinence** is caused by weak bladder muscles or a blockage. The bladder is always full and urine dribbles out constantly.  
    **Symptoms:** Bladder never empties. Urine leaks out all the time. There is a weak stream of urine when using the toilet—only small amounts come out even though the bladder is full. The urine doesn’t want to come out. Sometimes urine backs up into the kidneys which is dangerous.
  - **Functional Incontinence** means not being able to get to the toilet in time because of problems with moving, thinking, and communicating.  
    **Symptoms:** Memory problems like Alzheimer’s Disease may prevent timely trips to the bathroom. Physical conditions like severe arthritis can cause delays with walking or removing clothing. Inconvenient bathrooms and poor toilet equipment (lack of handrails or small doorways) can make it difficult for those who need wheelchairs or walkers to get to the toilet in time.
  - **Reflex Incontinence** means there is no urge sensation to urinate. The bladder just empties when full.  
    **Symptoms:** Loss of urine at inappropriate times. Birth defects like spina bifida, a spinal cord injury or surgery can cause loss of sensation to urinate.

A combination of incontinence types is called **Mixed Incontinence**. Women and older adults tend to have both stress and urge incontinence. However, it’s more common for men to have a combination of overflow and urge incontinence.
Incontinence and Children

- Incontinence in children is mostly in the form of bed wetting—lack of bladder control at night.
- About 5 to 7 million children in the U.S. wet their beds. More boys than girls have this problem.
- Incontinence is a common problem that most children outgrow as their bladders develop. If bed wetting continues past age 5, a doctor should be told about it.
- Only 1% of teenagers over age 16 have trouble with nighttime incontinence.
- Bed wetting tends to run in families—70% of children who have this problem has a parent or close relative who had it when they were children.
- Around 750,000 children with disabilities and birth defects like spina bifida have long-term bladder control problems.
- Incontinence and Adults

- Incontinence can happen at any age and to both men and women, though women have more problems with it than men.
- Women experience incontinence twice as much as men. This is due to pregnancy, childbirth, menopause and the structure of the female urinary tract.
- Stress incontinence is most common in women.
- Most men who experience incontinence do so because of problems with their prostate gland.
- Studies show that men seek help for incontinence after experiencing it for about one and a half years. Women appear to put up with it longer than men, waiting over three years before seeking help!

Incontinence and the Elderly

- Bladder sensations change with age. The elderly may feel the need to urinate only when the bladder is almost full. (Most younger people feel the need to “go” when the bladder is only about half full.)
- As people get older, they produce more urine at night—2/3 of the fluids drunk during the day are made into urine at night. (This is because the kidneys make urine faster when people are lying down and resting.) So, one or more bathroom trips at night are normal.
- As people get older, their bladders shrink a bit, so they can’t hold as much urine.
- Urge incontinence is most common in people over age 60—4 out of every 10 women and 2 out of every 10 men experience it.
- Incontinence is one of the major reasons that elderly people are put in nursing homes. It’s second only to dementia.
Illnesses that Can Cause Incontinence

There are several illnesses that can cause your clients to have bladder problems or incontinence.

Alzheimer’s Disease and Dementia
- Alzheimer’s disease is a disorder of the brain. The main characteristic is dementia, which is the loss of mental abilities like memory, language, learning, judgment and the ability to do everyday activities. Incontinence usually happens in the later stages of the disease.
- People with Alzheimer’s may not remember how to remove clothing or to recognize a full bladder. They may forget where the toilet is located or even how to use it.

Stroke
- A stroke happens when a blood vessel that “feeds” the brain gets clogged or bursts. The affected part of the brain can’t work.
- Many stroke clients can’t sense a full bladder—or control it. Sometimes, if speech is affected, they can’t communicate their need to use the toilet.

Parkinson’s Disease (PD)
- PD is a progressive, brain disorder that affects the central nervous system. The main symptoms are shaking, rigidity (stiffness), slowness, and unsteadiness.
- The rigidity of muscles makes it difficult for PD clients to make it to the bathroom in time. Muscle weakness can affect the sphincter muscles causing incontinence. Walkers and wheelchairs also make trips to the toilet difficult.

Diabetes
- Diabetes is a disease in which the body can’t control the amount of blood sugar. It can cause frequent urination and UTI’s. Over time, there may be nerve damage that affects the bladder. Diabetics may lose the sensation to empty their bladders.
- Your diabetic clients may not realize that they have a full bladder because they can’t feel the urge to go.

Arthritis
- This term refers to sore or swollen joints, which can cause terrible pain and stiffness. Arthritis makes it difficult for people to move around.
- Clients with arthritis may move very slowly because of painful joints. They may have trouble making it to the bathroom in time and they may have difficulties working with buttons and zippers on clothing.

Multiple Sclerosis (MS)
- MS is another chronic disease of the nervous system. There are many symptoms, but the main ones are loss of muscle coordination and strength, along with bladder problems.
- About 80% of people with MS have some sort of bladder trouble—from mild to serious. They may have urinary retention (the bladder doesn’t empty all the way), urge incontinence, and UTI’s.

Interstitial Cystitis (IC)
- IC is a bladder condition found mostly in women. The bladder is tender, easily irritated and even painful. It can get worse with time.
- IC clients have urgent and frequent urination, lower abdominal pain, pressure and incontinence.

A Reminder!
If you notice any changes in your client’s symptoms, let your supervisor know about it right away!
Incontinence and Urinary Tract Infections

- A urinary tract infection (UTI) is often called cystitis or a bladder infection.
- It’s a very common problem—only respiratory infections happen more often.
- Each year, about 10 million people visit the doctor for a UTI—most of them are women. This is because women have a much shorter urethra than men making it easier for bacteria to spread through the urinary system.
- Having a UTI is a sign that there is a bacterial infection somewhere in the urinary tract system. The infection irritates the bladder lining causing many problems. Once discovered and treated with an antibiotic, the symptoms usually go away.
- If left untreated, the infection can damage the bladder and kidneys.
- For many elderly people, incontinence is the only symptom of a UTI.

Symptoms of a UTI

- Pain or burning when urinating
- Pain in the lower abdomen, stomach or back
- Chills, fever, sweats
- Nausea and vomiting
- Frequent need to urinate, incontinence, strong-smelling urine, blood and/or pus in urine.

- For women, a UTI may be caused by not urinating often enough, poor personal hygiene, menopause, diabetes and other diseases. Men may get a UTI due to an enlarged prostate gland.
- Many incontinent clients have chronic UTI’s because they are always wet—causing bacteria to grow. The use of catheters to help control incontinence can also cause UTI’s.

Incontinence Risk Factors
(Conditions that may lead to incontinence.)

- **Pregnancy and delivery**— strain of labor and delivery can damage muscles and nerves.
- **Menopause**— loss of the hormone estrogen weakens the bladder and other muscles.
- **Medications**— use of pain killers, sleeping pills, narcotics, diuretics, or using many medications at the same time can dull bladder sensations—the urge to urinate can’t be felt.
- **Smoking**— constant and violent coughing (smoker’s cough) may damage and weaken the muscles that support the bladder and urethra.
- **Obesity**— being overweight causes extra pressure on the bladder and urethra.
- **Constipation**— hard stools put extra pressure on the bladder.
- **Low fluid intake**— not drinking enough fluids irritates the bladder and causes concentrated urine (urine is dark yellow and strong-smelling).
- **High-impact exercise**— like gymnastics, karate, tennis, handball, jogging and running can cause extra abdominal pressure that pushes on the bladder.
Ways to Treat Incontinence

- To diagnose incontinence, doctors will do a complete physical exam that includes a lot of questions about past surgeries, pregnancies and other health conditions like diabetes.

- Doctors may also order several kinds of tests, including:
  1) **Stress test** — the person coughs while the doctor looks for signs of urine loss
  2) **Urinalysis** — a urine sample is tested for signs of infection
  3) **Blood tests** — blood is tested for diseases that may cause incontinence
  4) **Ultrasound** — sound waves are used to look at the urinary tract
  5) **Cystoscopy** — a tiny camera is used to see the bladder and urethra.

- Treating incontinence depends on what type each person has and how bad the symptoms are.

- Surgery — Doctors usually do this as a last resort. There are many surgeries — some are more complicated than others. In one way or another, these operations support the bladder and urethra or put them back into their original position within the abdomen.
  
  *Side effects:* Chance of infection, damage to the urinary tract, urine retention, and leakage of urine. For several weeks after surgery, a Foley catheter (inserted by a doctor or nurse) is needed. Even after it’s removed, many people still need to use catheters by themselves to manage their incontinence. (See page 11.)

- Medications — There are many drugs to help control incontinence — too many to list! Some common brand names are: Detrol, Ditropan, Tofranil. These drugs relax the bladder muscle. (Estrogen may help women by making the bladder and urethra less sensitive.) Drug therapy may help urge or stress incontinence. It also helps with an overactive bladder.
  
  *Side effects:* Dry mouth and eyes, headache, constipation, indigestion, blurred vision, changes in heart rhythm, nervousness, and low blood pressure.

- Behavioral Therapy — Behavior training programs teach people how to control their bladders and to use the toilet at the right time. These methods include:
  1) **Bladder retraining** — to teach normal toileting patterns.
  2) **Scheduled Toileting** — to set up timed toileting on a fixed schedule (whether or not the person has to go).
  3) **Habit Training** — to match the toileting schedule to a person’s needs and habits.
  4) **Prompted Voiding** — to make people more aware of their need to urinate and to ask for help from a caregiver. (The last three are especially useful for frail, ill people who receive home care or live in nursing homes. See page 10.)

- Exercises — Special exercises to strengthen pelvic floor and sphincter muscles are called Kegel exercises. They can help prevent or eliminate stress and urge incontinence.

- Biofeedback — This teaches people how to listen to their bodies and change their habits by using computer equipment and measuring devices. It can be done at home or in the hospital.
Resources...Finding Help!

For more information, contact the following groups. They are dedicated to educating the public on incontinence. *(All phone numbers are toll-free.)*

- **Agency for Health Care Research and Quality (AHRQ)**
  Urinary Incontinence Guideline
  540 Gaither Road, Suite 2000
  Rockville, MD 20850  1-800-358-9295  Web:  www.ahrq.gov
  *(This agency established urinary incontinence guidelines in 1989. A new version of the guidelines was released in 1996.)*

- **American Urological Association Foundation**
  Bladder Health Council
  300 West Pratt Street, Suite 401
  Baltimore, MD 21201  1-800-242-2383  Web site:  www.urologyhealth.org
  *(AUAF provides current information on the prevention and cure of diseases involving the urinary tract.)*

A Few Interesting Facts

- Incontinence can be treated successfully 85% to 90% of the time—that’s almost 9 out of 10 cases!
- Believe it or not, about 20 million Americans experience some sort of incontinence during their lifetimes.
- About 50% of incontinent people are living in nursing homes.
- Fewer than 50% of people with incontinence will get help—*because of embarrassment.*
- In 1995, incontinence cost the U. S. health economy $26 billion.
- Some studies show that 2/3 of people suffering from incontinence are unhappy with their treatment.

Can you unscramble this sentence?
NTCEICNENOIN SI TON UORY LT’SNEI

**Answer:**
Incontinence is not your client’s fault!
**Tips for Handling Incontinence**

- Be patient and understanding with your incontinent clients. They can’t help having accidents. There is a reason behind their urinary problems. Remember that they don’t do it on purpose just to annoy you!

- When a client asks for help to get to the toilet, don’t delay! Your promptness may prevent an accident. Not only will preventing an accident save you time, it’s better for your client! It will save them embarrassment and keep them healthy.

- Remember, it’s important to toilet your client on a regular schedule. For example, good care in nursing homes means that each client is toileted on a regular schedule according to an Individualized Care Plan (ICP), special to that client. So, if a certain client needs toileting every 1-1/2 to 2 hours, then it must be done.

- For those clients who can self-toilet, be sure to clear a direct path to the bathroom. It will prevent falls and help them make it there in time!

- It’s a good idea to help your clients prevent falls by placing night lights along the path to the bathroom.

- Make sure your clients can easily use the toilet—provide grab bars and a raised toilet.

- Encourage your clients to wear clothing that’s easy to remove! Suggest elastic waistbands for slacks and skirts and velcro instead of buttons, snaps, and hooks.

- For clients with Alzheimer’s disease and dementia, it’s a good idea to place the word “toilet” with a picture on the bathroom door so they know where it’s located. You may have to remind them to use the toilet every 2 to 3 hours and help them with their clothing.

- If your clients must use absorbent products, be sure to change their pads or diapers regularly to prevent skin breakdown. If left in a wet diaper, your client may get rashes, pressure sores and infections like UTI’s. These problems will hurt the client’s health and add more work to your day!

- Changing your client’s pad or diaper on a regular schedule will also help prevent the smell of urine from being in your facility. If you can smell urine, then you know that every client is not getting the toileting help they need.

- Take extra good care of your client’s skin. Incontinence can cause many skin problems like pressure sores, rashes and infections. It’s important to wash the skin with a mild soap like Dove after each urine or bowel occurrence.

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**Products That Help!**

- Raised toilet seats
- Grab bars
- Alarms clocks
- Portable (bedside) toilets
- Bedpans (regular and inflatable)
- Handheld urinals
- Velcro (to replace snaps & buttons)
- Incontinence clamp for men (clamps onto penis)
- Support devices for women (called pessaries—inserted like a diaphragm)
- Absorbent products—incontinence pads, guards, briefs, undergarments, underpads/bedpads (disposable and reusable) made for men and women

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Most diaper companies make both baby and adult diapers. Which kind do you think sells more? The answer is adult diapers. They bring in over 75% of the profits!
More Tips for Handling Incontinence

- After washing your client, it’s best if you let their skin air dry rather than rubbing it with a towel—this will help avoid skin tears and irritation that my cause sores or infection.

- Remind your client to use the bathroom right before bedtime. This may help prevent nighttime accidents.

- To cut down on odors, it’s a good idea to open the windows for fresh air (if possible) and to use deodorizers. Keeping your client as dry as possible will help with odors, too.

- To prevent infections like UTI’s, always clean your client carefully after each bowel movement—wipe front to back to prevent germs in the stool from getting near the urethra.

- If your client uses a bedpan, try warming it by running warm water inside and along the rim before use. Also, sprinkle some talcum powder or cornstarch on the edges to make sliding onto it easier.

- Help clients who use daily catheters avoid infection by washing their catheters in hot, soapy water and rinsing them well in hot water. Store catheters in a plastic bag or container. *(Please note: catheters can be boiled, but not microwaved!)* Notify your supervisor if a urinary catheter is cracked or brittle. It’s time to have it replaced.

- Encourage clients who self-catheterize not to let the bladder get too full before emptying it and to empty it all the way. This will help prevent bladder infections. *(FYI—clients who have to use catheters to manage incontinence are those who have suffered from a stroke, spinal cord injury or who have spina bifida, MS, diabetes or a blocked urethra.)*

- Be alert! If your client has a Foley catheter, watch for signs of a UTI *(chills, fever, lower back pain, cloudy or red colored urine)* and for leakage or swelling around the area where the catheter is inserted. Let you supervisor know right away if there are any changes!

- Encourage your client to drink plenty of liquids—at least 6 to 8 glasses of liquid a day. Suggest that they drink throughout the day, not all at once! Too much fluid at one time can stress the bladder.

- Remind your client that drinking fewer fluids won’t get rid of incontinence, but in fact will make it worse. It can lead to both UTI’s and constipation. (Constipated bowels put pressure on the bladder and make urinary incontinence worse.)

- If you cook for your clients, fix them foods with high fiber content like bran, whole grain breads, fresh fruits and vegetables, and leafy greens. Try to limit gassy foods like apricots, bananas, beans, cabbage, onion, milk and milk products, prunes, and raisins. *(Gas in the bowels can put pressure on the bladder, too.)*

### Foods That Can Cause Urine Leakage

- Alcoholic drinks—includes wine & beer
- Carbonated drinks—soda pop, tonic water
- Citrus fruits & juices—grapefruit, oranges
- Spicy foods
- Artificial sweeteners
- Tomatoes
A Few More tips for Handling Incontinence

- Constipation is bad for another reason, too. Straining to have a bowel movement can cause damage to the pelvic floor muscles and nerves. Try setting up a routine bowel schedule such as 20 minutes after breakfast and dinner.

- If a client is having trouble with constipation, suggest a glass of warm water to help move the bowels. Remember, laxatives and enemas should only be used as a last resort.

- Encourage your client to pay attention to their urge to have a bowel movement—waiting too long can cause constipation and/or an accident! It’s so important to toilet clients when they ask for help. Even if you are busy with another task, take the time to toilet a client. It will take you less time to help a client use the toilet than it will to clean up a big mess!

- Encourage your clients to limit caffeine intake. Caffeine is a natural diuretic (like a “water pill”) and it irritates the bladder. Drinking a lot of coffee and tea will cause frequent trips to the bathroom. (Keep in mind that caffeine is in chocolate, soft drinks, and over-the-counter medications, too.)

- Be aware! Depression is a common problem for incontinent people. Signs of depression include weight loss or gain, lack of energy, overwhelming feelings of sadness, anxiousness, sleeping more or less than usual, loss of interest in usual activities, and thoughts of suicide.

- Help your client remember when to take their medications and let your supervisor know if your client is having trouble keeping track of their medications. FYI—the average person over age 65 takes two to three different drugs a day. Sometimes prescribed drugs can cause incontinence in the elderly!

- Exercise is important too! After checking with your supervisor, try exercising with your client. Take a walk around your client’s home, within your facility or even outside.

- If your client has been told to practice Kegel exercises, encourage them to do so. They help mild to moderate stress incontinence up to 80% of the time.

- Nursing assistants are responsible for meeting the personal care needs of their clients. Your job can be overwhelming, especially when you have twenty-five clients (or more) to look after. Do your best to help each of your clients manage his or her toileting needs. But remember...accidents will happen no matter how hard you try to prevent them. Be patient, take a deep breath and move on!

Prevent UTI’s by:
- Washing your hands before providing personal care (and helping your clients wash their hands, too).
- Wearing gloves when cleaning the genital area.
- Cleaning from “front to back” so germs from the bowels don’t get into the urinary system.

How do you feel about this . . .?

Studies have shown that about 39% of people who move into a nursing home become incontinent within a few weeks. Why? They are in a strange place and the staff doesn’t get them to the bathroom on the same schedule they’re used to.
Quiz

Circle the best choice and then check your answers with your supervisor!

1. True or False
Incontinence only happens to old people in nursing homes.

2. True or False
Incontinence is a normal part of growing old.

3. At 85, Mrs. Smith has always had control over her bladder, but just yesterday she wet her pants on the way to the bathroom. You should . . .
   A. Put her in diapers from now on.
   B. Help her clean up and then report the problem to your supervisor.
   C. Pretend you don’t notice so that Mrs. Smith isn’t embarrassed.
   D. Remind Mrs. Smith not to wait so long to go to the bathroom.

4. Mr. Jones, age 69, complains that his bladder never feels empty and he is leaking urine all the time. You should tell your supervisor because Mr. Jones could have:
   A. Stress Incontinence.
   B. Kidney stones.
   C. Overflow Incontinence.
   D. Alzheimer’s disease.

5. True or False
Incontinence is treatable.

6. True or False
There are many different types of incontinence.

7. True or False
More men than women have problems with incontinence.

8. True or False
Incontinence can be a symptom of a urinary tract infection.

9. True or False
People who are incontinent should drink less fluids to keep their bladders from getting full.

10. True or False
Adult diapers should be used only when other treatment methods have failed.

I understand the information presented in this inservice. I have completed this inservice and answered at least eight of the test questions correctly.

Employee Signature________________________________________  DATE____________________

Inservice Credit: 60 minutes

Supervisor Signature________________________________________  Self Study ________

Group Study ________

File completed test in employee’s personnel file.