

URINARY

Alert

Report immediately to the registered nurse

Resident who displays these signs and symptoms

- Increased respiratory rate
- A resident who is shivering and cold
- A resident who is aggressive, agitated and/or at risk of harming themselves or others
- Increased heart rate, above 90 bpm

URINARY INCONTINENCE

The complaint or observation of involuntary leakage of urine at any time

URINARY TRACT INFECTIONS

A urinary tract infection (UTI) is an infection in any part of your urinary system (kidneys, ureter, bladder and urethra).



INCONTINENCE



Signs and symptoms

- Frequent wet underwear
- Dribbling/leaking or flooding on standing
- Frequent passing of urine at night
- Regular trips to the toilet and leaking urine on the way (urge incontinence)
- Frequent falls in or accessing the toilet
- Current continence products not absorbent enough



INCONTINENCE



TYPES OF INCONTINENCE

Stress incontinence

The leaking of urine that may occur during exercise, coughing, laughing and lifting. The leakage of urine occurs due to the pressure on the bladder causing it to leak urine. This is more common in women, although it can occur in men. In women, pregnancy, childbirth, menopause and being overweight are the main contributors. In men, this is often caused by prostate issues.

Urge incontinence

A sudden and strong need to urinate with involuntary urine leakage. The bladder muscle becomes irritable and leakage occurs on the way to the toilet. It is associated with frequency day and night, and is often due to having an over-active or unstable bladder, neurological conditions, constipation, enlarged prostate or a history of poor bladder habits.

Mixed incontinence

A combination of stress and urge incontinence and is most common in older women.

Overflow incontinence

A result of bladder outflow obstruction or injury. Constipation, an enlarged prostate and some neurological conditions can cause an increase in the number of bladder accidents.

Functional incontinence

Associated with limitations in thinking, moving and communicating about the need to reach the toilet.



INCONTINENCE



ACTION

Assessment

- **New or worsened urinary incontinence** – report to the registered nurse
- **Dipstick for urinary tract infection**
- **Bowel chart** – constipation can cause urinary retention, overflow and urgency by aggravating bladder function
- **Vital signs.** See Delirium Guide

Assess mobility, resident can take themselves to the toilet or requires assistance and supervision



RECORD

RESIDENT CARE PLAN

- **Skin integrity** – cleaning and monitoring of skin integrity to prevent skin breakdown
- **Scheduled toileting regime** (reduces the frequency, urgency and thereby the level of incontinence)
- **Ensure call bell is always in easy reach**
- **Reduce caffeine intake** – this can irritate the bladder
- **Maintain good fluid intake** – concentrated urine can irritate the bladder
- **Easy access to the toilet**, commode or urinal; improve access to and provide supervision or assistance, if required
- **Monitor** for constipation and report to registered nurse

URINARY TRACT INFECTIONS



Signs and symptoms

RED FLAGS

1. **Acute dysuria** – pain passing urine
2. **Fever** > 37°C
3. **Flank pain** – lower back pain
4. **Suprapubic pain** – location – lower stomach
5. **Haematuria** – blood in the urine
6. **New/increased incontinence**, urgency and frequency

GENERAL

- Confusion and disorientation
- Increased difficulty with showering, dressing, grooming
- Aggression – verbal and physical
- Weakness
- Sleepiness
- Nausea/vomiting
- Smelly urine, discoloured urine, visible blood
- Mobility – falls, unsteady
- Fever/cold

RESIDENT COMPLAINS OF THESE SYMPTOMS

- "I don't feel well"
- Burning and stinging when passing urine
- Pain in back or stomach



Assessment (suspected UTI)

- Dipstick urine – only to rule out UTI – report results to registered nurse
- Vital signs – pulse, blood pressure, respiratory rate, temperature, oxygen saturations

URINARY TRACT INFECTIONS



ACTION

Report immediately to the registered nurse

RESIDENT WHO DISPLAYS THESE SIGNS AND SYMPTOMS

- Difficult to wake, sleepy
- Temperature below 35°C and/or 37°C
- Low blood pressure
- Increased heart rate, above 90 bpm
- Increased respiratory rate
- A resident who is shivering and cold
- A resident who is aggressive, agitated and/or at risk of harming themselves or others

INTERVENTIONS

- Close supervision and monitoring of resident who has delirium due to a UTI
- Monitor urine output, report if resident is not passing urine or urine is cloudy
- Encourage fluids, record on fluid chart
- Ensure residents with an indwelling catheter have the catheter emptied each shift and amount is recorded as per infection control standards



URINARY TRACT INFECTIONS



CARE AND MANAGEMENT

- **Hydration** – good fluid intake each day – aim for 1.5 litres a day unless on a fluid restriction
- **Good hygiene** – thorough washing and rinsing around the genital area, regular changing of underwear
- **Good cleaning after an episode** of urinary and/or faecal incontinence
- **Good cleaning practice** after moving bowels – women wipe from front to back to avoid contamination
- **Avoid constipation**
- **Good nutrition**
- **Regular two hourly toileting** regime if reliant on health care assistants to help to and from the toilet
- **Prompt toileting assistance**

Observe the resident's behaviour

Identify any changes in health status or abnormalities

Report new signs and symptoms to the registered nurse, nurse practitioner or general practitioner

Record and document changes in health status – new signs and symptoms in the progress notes

