

Urinary Incontinence Case Study: Mrs. Kingsley

A Case Study for Nursing Staff

- Goals:
- 1) Raise awareness of value of UI assessment
 - 2) Raise awareness of resident quality of life related to UI
 - 3) Raise awareness of improving dialogue between all levels of nursing staff and residents pertaining to UI
 - 4) Raise awareness of the value of toileting programs for residents

Part I

Mrs. Kingsley moved into Gardens on the Green Care Center this afternoon. Her husband of 54 years suffered a heart attack and died a month ago. Mr. Kingsley was Mrs. Kingsley's primary care giver for the last 3 years after Mrs. Kingsley had a stroke which resulted in limited mobility of her right arm and a slow gait. Mrs. Kingsley enjoys using her mind and enjoys being around other people, but she has been generally physically slower after her stroke. The Kingsleys have 3 children. The 3 adult children live out of town. They tried to coordinate home care for their mother over the last month after their father, Mr. Kingsley, died. But the care was fragmented at best. The children offered to have Mrs. Kingsley move in with them, but Mrs. Kingsley did not want to leave Evansville, the city where she grew up and where she raised her family.

Mrs. Kingsley needs assistance with her activities of daily living. She needs assistance with dressing because of limited mobility in her right arm. She can feed herself on her own slowly, but does need help with meal preparations. She is able to walk with a cane, but moves slowly. Mrs. Kingsley is considered "usually continent" – she has approximately one episode of incontinence once every three weeks or so simply because she cannot get to the bathroom quickly enough. Before he died, Mr. Kingsley reminded her to use the bathroom every 2-3 hours and then took her to the bathroom once in the middle of the night.

On her first evening at the nursing home, the certified nurse's aide, Sue, met Mrs. Kingsley. As Sue was helping Mrs. Kingsley get ready for bed, Sue set up pads on Mrs. Kingsley's bed and explained to her that she will just put the pads on her bed in case Mrs. Kingsley has an accident at night. Mrs. Kingsley was nervous because this was her first night at Gardens on the Green. She did not say anything, but she wondered why she needed these pads. After all, as long as she went to the bathroom once during the night before 3 am she never had a problem with "accidents" as Sue called them. She did not want to seem like a pest and ask too many questions on her first night. Sue's charge nurse did not suggest that she wake Mrs. Kingsley at night therefore Sue was just doing what she knew to do.

The next morning, Sue was gone and another certified nurse's assistant named Kelsi was helping Mrs. Kingsley get dressed and asked her to wear a Depends just in case she could not get to the bathroom in time. The charge nurse was busy and Kelsi did not receive any other instruction about Mrs. Kingsley's toileting habits. Kelsi did not ask her if Mrs. Kingsley wanted to wear the Depends and did not ask her about her bathroom habits. Mrs. Kingsley wanted to talk about it, but Kelsi seemed rushed and Mrs. Kingsley did not want to be a bother on her first day. After Kelsi left the room, Mrs. Kingsley sat and cried softly.

(End of part 1)

Questions – Part I:

- How do you handle urinary incontinence with new residents who move into your nursing home?
- How can you improve dialog with residents on the topic of urinary incontinence?

Part II.

A month later the same routine continued with Mrs. Kingsley. She used pads on her bed at night and wore Depends during the day. She was no longer “usually continent”. She was now classified as “occasionally incontinent” – having a few episodes of incontinence each week. Her husband was no longer around to remind her to use the restroom and it was hard for the nurses’ aides to remember to remind her. Mrs. Kingsley was very self-conscious about her incontinence episodes and wanted to stay in her room close to the bathroom in case she had to use the bathroom. As a result, she was not attending activities and she was showing signs of depression. Mrs. Kingsley felt helpless.

(End of part 2)

Questions – Part II:

- From this story, we only know some basic information on Mrs. Kingsley’s continence patterns. What type(s) of incontinence could Mrs. Kingsley have and explain your thought process?
- What type of toileting program could you suggest in order to help Mrs. Kingsley?
- How would a toileting program impact Mrs. Kingsley quality of life?
- How would a toileting program for Mrs. Kingsley impact your quality of life as a caregiver?