Case Study: Mrs. Kingsley

A Case Study for Occupational Therapy 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 staff and residents pertaining to UI
4) Raise awareness of the value of toileting programs for residents

Part 1

Mrs. Kingsley moved into Gardens on the Green Care center this afternoon. Her husband of 54 years had a heart attack and passed a month ago. Mrs. Kingsley's husband had been her primary care giver for the last 3 years. Mrs. Kingsley is status post 3 weeks left cerebral vascular accident which resulted in moderate dysfunction in her daily activities. Mrs. Kingsley's right upper extremity exhibits a decreased active range of motion in shoulder flexion. She can flex her shoulder to 50˚ (normal range of motion is the shoulder is 170˚). Because of upper extremity spasticity Mrs. Kingsley cannot fully extend her elbow averaging an elbow extension of 80˚ (average extension measures 0˚). She also has increased shoulder spasticity. During ambulation, Mrs. Kingsley's gait achieves 73 seconds on a 10m gait test (an individual is considered safe to ambulate only in and around the home if it takes50 seconds or more to walk 10 meters and are not considered safe to ambulate outside of the home). Mrs. Kingsley uses a walker due to fall risk, but still experiences some difficulty as she has decreased sensitivity and proprioception in her right lower extremity. According to her initial evaluation, Mrs. Kingsley has always enjoyed being mentally and socially active. Since her CVA Mrs. Kingsley functions at a FIM level of 5 for all areas of cognition (a FIM level 5 requires verbal cues for initiation and attention or others to prepare the environment). Additionally Mrs. Kingsley is experiencing minimal expressive aphasia scoring a FIM level of 6 (a FIM level 6 is considered modified independent but may require additional time or the use of assistive devices). Since Mrs. Kingsley can still speak, just more slowly than she used to, she is more frustrated by her decreased speech patterns and takes quite a bit of time to communicate her needs.

Mrs. Kingsley has 3 children who live out of town. They tried to coordinate home care after Mr. Kingsley died but Mrs. Kingsley was often left with only occasional 'check in' from a neighbor. The children offered to have Mrs. Kingsley move in with them, but Mrs. Kingsley does not want to leave Evansville, the city where she grew up and raised her family. She is convinced that she will return to her home and care for herself in the near future.

According to her children, before the CVA, Mrs. Kingsley was modified independent with dressing and feeding herself, requiring only additional time. Mrs. Kingsley now measures a FIM level 4 (FIM Level 4 requires assistance with up to 25% of the task) with most of her activities of daily living. She requires minimal assistance with dressing and hygiene because of decreased active range of motion and motor control in her right upper extremity. She can feed herself with set up but requires moderate assistance with meal preparation. Mrs. Kingsley had been "always continent" (has had 0 episodes of incontinence in five days time) according to the MDS 3.0 scale, while she was at home. Before he died, Mr. Kingsley reminded Mrs. Kingsley to use the bathroom every 2 to 3 hours and then took her once during the night. Since her husband passed, Mrs. Kingsley has a few episodes of incontinence every week as she sometimes forgets to toilet herself. Then, when it becomes urgent she cannot always make it to the bathroom fast

enough. This changes her MDS 3.0 rating to "occasionally incontinent" (having less than 5 episodes of urinary incontinence per week).

On her first evening at the nursing home, Sue, the certified nursing assistant, attended to 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 was going to put the pads on her bed "just in case" she had an accident in the night. Mrs. Kingsley was nervous because this was her first night at Gardens on the Green. She did not say anything, she firmly believed that toileting issues were not something one discussed with others, but wondered why she needed these pads. Sue seemed very busy and it would take a good deal of time for Mrs. Kingsley to make herself understood. Sue's charge nurse did not suggest that Sue wake Mrs. Kingsley during the night to help her toilet, therefore Sue was just doing what she knew to do.

The next morning, Sue was gone. Mrs. Kingsley now understood about the bed pad as no one had taken her to the toilet during the night. Mrs. Kingsley was embarrassed about soiling the bed and somewhat angry that no one was helping her stay dry, like she had been at home with her husband. There were plenty of people around, she thought, why should it be difficult to wake her so she did not soil herself? Kelsi, a certified nursing assistant, came to change the bed and help her dress in the morning. Before dressing, Kelsi informed Mrs. Kingsley that she would first need to put on an incontinence brief just in case she could not get to the bathroom in time. The charge nurse was busy and Kelsi did not receive any other instructions about Mrs. Kingsley's toileting habits. Kelsi did not ask Mrs. Kingsley if she wanted to wear the incontinence brief, and did not ask her about her bathroom habits. Again Mrs. Kingsley felt that Kelsi seemed rushed and she could not express herself adequately. Why should she wear a diaper when all she needed was an occasional reminder during the day? After Kelsi left the room, Mrs. Kingsley sat and cried softly.

(End of Part 1)

Questions – Part 1:

- From this story, we only know some basic information on Mrs. Kingsley s continence patterns. What types of incontinence could Mrs. Kingsley have? Explain your thought process.

- Is your facility especially mindful of the resident's previous routines and preferences both in and outside of occupational therapy?

- As occupational therapy practitioners, we understand that our clients' daily patterns are a key factor to establishing their independence and preserving self-esteem. While assessing toileting skills, how do you address toileting preferences or habits?

- How would a toileting program for residents like Mrs. Kingsley impact the productivity for nursing? How might you present this to nursing staff you currently work with?

Part II

A month later the same routine continued with Mrs. Kingsley. She used pads on her bed at night and wore incontinence briefs during the day. When the occupational therapist assessed her toileting, she required moderate assistance with clothing management and moderate assistance with hygiene as her sitting balance was an issue. The therapist did not ask her to voice

concerns or how she felt about no longer having a toileting routine. She was no longer "occasionally incontinent." She was now classified as "frequently incontinent" (having a few episodes of incontinence each week.) The therapist mentioned she had noticed some skin breakdown on her sacral area, but Mrs. Kingsley insisted it was "nothing", because she did not feel comfortable discussing the condition of her private parts. Mrs. Kingsley was very self conscious about her incontinence episodes and wanted to stay in her room close to the bathroom in case she needed to use the toilet. As a result, she was attending fewer social and recreational activities and was showing signs of depression. Mrs. Kingsley felt helpless. She wondered why no one seemed to think it was a priority that she toilet herself like everyone else.
(End of part II)

Questions – Part II

- If it had been addressed Mrs. Kingsley may have expressed a strong desire to toilet herself rather than wear an incontinence brief. If self-toileting was a goal of Mrs. Kingsley, how might you integrate that goal into your OT treatment plan?
- What goals need to be set so that the residents can increase independence with toileting? What goals need to be set to decrease urinary incontinence?
- Mrs. Kingsley seems reluctant to express her feelings due to the increased time it takes to be understood. How would you approach including goals for initiating conversations with care staff regarding toileting preferences?
- What do you already know about dysfunction and its psychological and physiological implications on wellness? Do you feel that a shift in the residents' continence patterns can affect their volition and social participation?
- What impact might this information have on other departments in your facility? What steps can you take to communicate this to colleagues?
- Is it likely that Mrs. Kingsley will be independent with her toileting? How might that change your discharge goals?