Difficulty Using the Toilet/Incontinence

<u>Id</u> entify the Problem	PROBLEM : Difficulty Using the Toilet/Incontinence (wetting, accidents)
	GOAL/EXPECTED OUTCOME: To reduce difficulty with toileting/incontinence
<u>E</u> ducate	ASSESS FURTHER:
Yourself	Understand the possible triggers of the problem:
	 Does the person have pain or an infection, such as a urinary tract infection (UTI)?
	 Is the person constipated?
	 Is the person getting enough to drink or drinking too much?
	Has the person had a change in medications?
	 Does the person have a chronic illness, such as diabetes, Parkinson's, stroke?
	 Does the person have trouble with vision or moving around that makes it hard to get to the bathroom in time?
	 Is the person too far from the bathroom or is the bed too high up?
	 Is it hard for the person to undress in time to use the bathroom?
	 Does the person not remember what to do once he/she is in the bathroom?
	 Is the task of going to the bathroom too hard for the person?
	Understand the possible meaning of the problem to the person with Alzheimer's:
	 Is the person embarrassed? Is there not enough privacy?
	Understand the possible meaning of the problem to the caregiver:
	 Is the caregiver frustrated?
	 Is the caregiver worried?
	 Is the caregiver embarrassed?
<u>A</u> dapt	TEACH PROBLEM-SOLVING STRATEGIES TO CAREGIVER:
	 Use a bedside commode to make toileting easier
Problem solve with	 Install grab bars or raised toilet seats to make toileting easier and safer
interventions	 Maintain proper hygiene: ensure the person has wiped properly, that skin
and actions	is clean and dry, and that hands are washed
	 Immediately after an accident, make sure skin is washed and dried and
	clothes are changed, to avoid rashes and sores
	• Try to make the bathroom visible from where the person sits or sleeps.
	Keep the bathroom door open with a light on.
	 Assist the person to the bathroom regularly, before there is an accident
	Try keeping a regular bathroom schedule of after meals and before bed
	 Be sure the person is drinking enough fluids, but limit fluid intake in the evening
	 Make steps simple and give one at a time. Explain clearly and in a gentle tone

• Make clothing easy for the person to get on and off to use the bathroom, such as elastic waistbands and Velcro
Use protective "undergarments" if needed. Change them regularly to avoid
harming the person's skin
 Try to avoid getting frustrated or angry with the person when there are accidents
Give the person as much privacy as possible
CLINICAL SUPPORT:
 Refer to PCP to evaluate for any possible infections or medications that may be contributing to the incontinence
 If the person has a fever for more than 24 hours report it to the doctor
immediately. UTIs are often accompanied by fevers and can be dangerous when untreated
 If the person is on a diuretic, speak to the PCP about dosage and time of day it is administered
Refer to PCP to place Durable Medical Equipment (DME) order as needed
 Refer for Occupational Therapy evaluation
CAREGIVER SUPPORT AND COMMUNITY RESOURCES:
 Listen empathically to caregiver and evaluate for level of distress
Refer to IHSS
Refer to MSSP
Refer to Alzheimer's Greater Los Angeles for support groups, disease
education and care consultation
 ALZ Direct Connect referral
 Provide 24/7 Helpline #: 844.HELP.ALZ 844.4357.259
 Website: www.alzgla.org
Send literature:
 Topic Sheet – "Incontinence"
FOLLOW UP:
Schedule a phone call with caregiver to discuss outcomes and provide
additional support
NOTES: