

Bowel and Bladder Management of Stroke Patients Across the Continuum of Care in the NE

Susan B. Fowler, PhD, RN,
CNRN, FAHA

Central NJ Chapter of AANN

[Nothing to Disclose]

Stroke Systems of Care Model Priority Area(s)

- Acute treatment of stroke
- Subacute and secondary prevention for stroke
- Rehabilitation of stroke patients

[Purpose & Significance of Project]

- Purpose: To describe bowel and bladder management practices of nurses caring for stroke patients from acute care to rehabilitation in the Northeast United States.
- Significance: Nurses are primarily responsible for assessing, developing-
implementing-and evaluating a plan for bowel and bladder management based on the nursing diagnosis Alteration in Elimination.

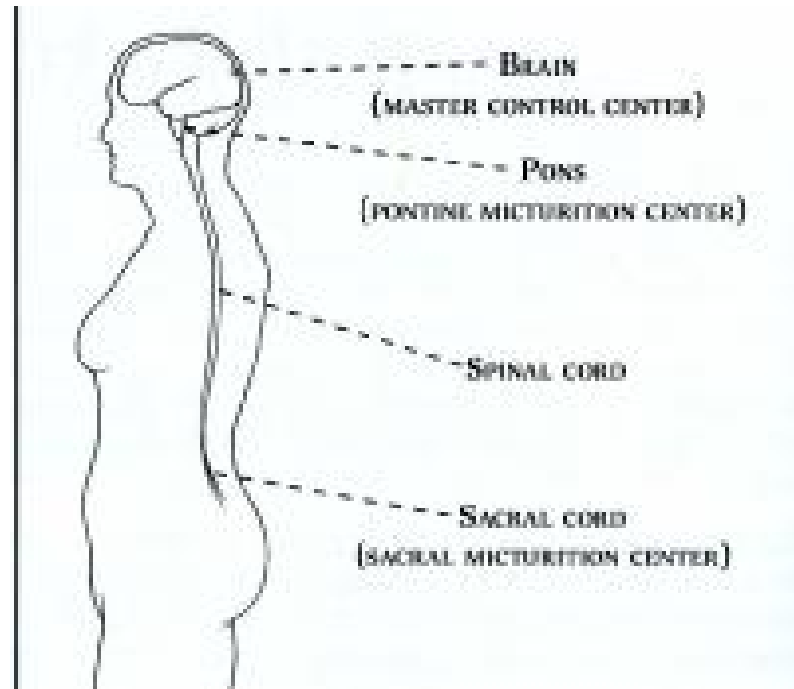
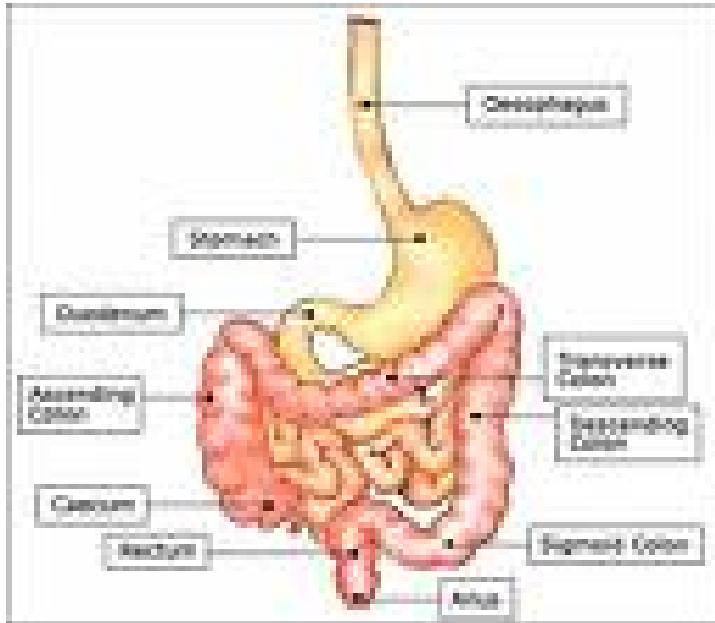
Impetus for this Project

- ***AANN Best Practices Task Force: Susan Bell, MS RN CNRN CNP; Susan B. Fowler, PhD RN CNRN FAHA; Janice L. Hinkle, PhD RN CNRN; Laura Mcilvoy, PhD RN CNRN CCRN***
- **Published a series of short research reviews. The intention was to update AANN members about evidence on best practices of particular relevance to neuroscience nurses. It was not possible to exhaustively review all the available information on a specific topic but we attempted to provide an introduction and indicate areas that require further investigation.**
- **The task force reviewed the evidence that appeared in the literature during the last 5 years. The articles provided a definition of the subject and briefly outlined its significance to neuroscience nursing, as well as the incidence, interventions, a take-home message, and references.**

AANN Best Practices

- **SYNAPSE Official Newsletter of the American Association of Neuroscience Nurses**
- **May 2006, Volume XXXIII, Number 3 (Prevention: Aspiration Precautions)**
- **July 2006, Volume XXXIII, Number 4 (Secondary Stroke Prevention)**
- **September 2006, Volume XXXIII, Number 5 (Prevention: Deep Vein Thrombosis)**
- ***March 2007, Volume XXXIV, Number 1 (Prevention of Constipation)***
- ***September 2007, Volume XXXIV, Number 5 (Prevention of Urinary Complications)***
- *Consultation with experts as needed such as Tamara Dickinson, RN CURN CCCN BCIA-PMDB, President-Elect, Society of Urologic Nurses and Associates (SUNA).*

[Bowel & Bladder]



[Methodology]

- Design: Descriptive study using survey developed from a review of the literature for best practices in bowel and bladder management in stroke.
- Sample: Certified primary and rehabilitation stroke centers.
- Procedure: IRB approval was obtained; surveys were mailed to Joint Commission (JC) and State Primary Stroke Centers & rehabilitation centers certified by the JC for stroke rehabilitation or CARF in brain injury inpatient or general inpatient throughout the NE. Addressee was stroke coordinator or (nurse) manager.

[Results - Demographics]

- 163 surveys were mailed with 37 returned (23% response rate)
- Type of centers responded included:
 - 17 - JC certified primary stroke centers
 - 21 - state certified
 - 4 – JC stroke rehab certified
 - 7 – CARF accredited
 - 8 were both JC and state certified
 - 2 were both JC and CARF certified
- States represented included:
 - NY (17), NJ (10), MA (5), CT (4), and ME (1).
- 12 facilities identified themselves as Magnet designated.

Questionnaire (sample)

■ Questions (26)

- *Please check all that apply regarding your usual nursing practices related to **bowel** management in the stroke patient at your facility.*
- ___ obtain a history of bowel patterns
- ___ obtain a history of toileting habits
- ___ obtain a history of dietary habits
- ___ obtain a history of health and medications

■ Questions (29)

- *Please check all that apply to your usual practice of **bladder** management of stroke patients at your facility.*
- ___ identify risk factors including abnormal anatomy, inadequate functioning of the urinary tract and nervous system, impaired physical and psychological abilities, impaired fluid intake, impaired bladder filling, impaired bladder emptying, stroke
- ___ obtain a history of previous elimination patterns/habits
- ___ assessment of contributing factors including medications, infections, motor and speech impairments, cognition/behavior

[Bowel]

- Bowel care practices used by >50% of respondents (12 of 26) included:
 - **obtaining a detailed history**
 - **encouraging prompt defecation**
 - **education (fiber, fluids & physical activity)**
 - **use of bulk laxatives**
 - **stool softeners & stimulants**
 - **identifying patient goals.**
- Obtaining a detailed history of bowel practices was used by 100% of the facilities.
- No one used acupuncture as a tx.
- Three of 12 best practices focuses on medications.

[Bladder]

- **Bladder care practices used by >50% of respondents (18 of 29) included:**
 - **identification of risk factors**
 - **obtaining a detailed history & contributing factors**
 - **assessment of intake and bladder function**
 - **use of an indwelling catheter & securing it**
 - **handwashing**
 - **maintaining a closed drainage system with unobstructed flow**
 - **catheter removal without prior clamping within 48 hours & not using a specific change schedule**
 - **cleaning the catheter insertion site**
 - **using a standard protocol**
 - **emptying the draining bag before it is full**
 - **encouraging prompt voiding**
 - **consulting a specialist prn.**

[Bladder (con't)]

- 100% of the facilities assessed fluid intake.
- No facility reported using acid bladder washouts or citric acid maintenance solutions.
- Higher use of best practices (62%) with bladder management than bowel mgt. (46%).
- 11 of 18 best practices focuses on the indwelling catheter itself.



[Conclusions/Implications]

- Nurses *do use* best practices when managing bowel and bladder issues in stroke patients.
- Nurses who responded to the survey indicated that they primarily focus on *assessment* of patient bowel and bladder related practices.
- Interventions for bowel management focus on basic medications and for bladder management, care of an indwelling catheter.
- The sample size for rehabilitation facilities was too small to compare practices between rehab and acute care.

[Recommendations]

- If anyone in attendance or reading the website would like to participate, please email the investigator and an electronic copy will be sent (susan.fowler@atlantichealth.org).
- Continue or replicate study with greater emphasis on rehabilitation centers.