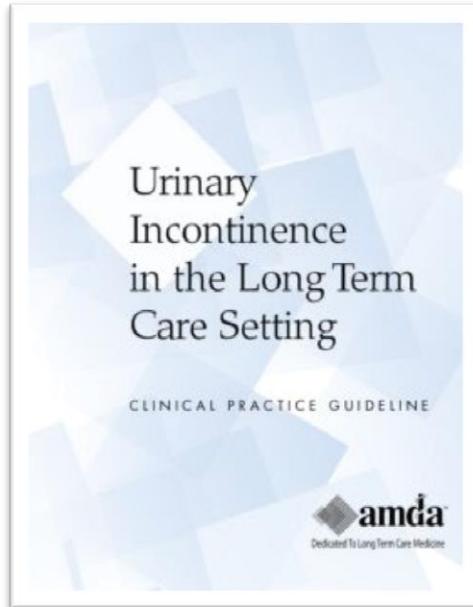


# **Urinary Incontinence in the Long-Term Care Setting Clinical – Clinical Practice Guideline**



## **Continuing Professional Education Self-Study Course**

Written by Liz Friedrich, MPH, RD, CSG, LDN, FAND

Edited by Becky Dorner, RDN, LD, FAND



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[www.beckydorner.com](http://www.beckydorner.com)  
[info@beckydorner.com](mailto:info@beckydorner.com)  
800-342-0285

546 Scotland Street  
Dunedin, FL 34698

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**Continuing Professional Education Program Self-Study Course**

Written by Liz Friedrich, MPH, RD, CSG, LDN, FAND  
President of Friedrich Nutrition Consulting in Salisbury, NC

Edited by Becky Dorner, RDN, LD, FAND  
President, Becky Dorner & Associates, Inc.  
Dunedin, FL

**Thank you to the following expert reviewers for carefully reviewing this course:**

Mary Ellen Posthauer, RDN, CD, LD, FAND  
President, M.E.P. Healthcare Dietary Services, Inc.  
Evansville, IN

Rose Hoenig, RD, CSG, LD  
Consultant Dietitian  
Davenport, IA

Mary (Marne) E. Keeler, RDN, LD  
Director of Clinical Services, Abshire Dietary Consulting, LLC  
El Campo, TX

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## **Professional Approvals**

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This course and test must be completed prior to the expiration date. To obtain your continuing education certificate, you must review the material provided, take and pass an online test, and complete a simple evaluation. You may re-take the online test as many times as needed prior to the expiration date. If you are interrupted and cannot finish the test, you can save the test and come back later to finish it.

Carefully review the contents of this program. Keep in mind the practical applications it has for you in your individual setting. The focus is to increase your knowledge and application of the subject matter. For multiple choice questions select the one best answer from the choices given.

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CPE Self-Study Course**

<b>Course Expiration Date</b> Must be completed prior to this date	<b>Continuing Education Hours</b>	<b>CDR Level</b>
<b>June 11, 2020</b>	1	<b>II</b>

**Course Description**

The AMDA Practice Guideline *Urinary Incontinence in the Long-Term Care Setting* outlines ways to recognize and manage urinary incontinence (UI), which is one of the most common conditions among patients residing in LTC facilities. The Guideline will help the reader identify individuals with urinary incontinence and develop care plans for treatment.

Urinary incontinence (UI) is one of the most common conditions among patients residing in long-term care (LTC) facilities, affecting more than 59% of all such patients. If left untreated, UI may be associated with negative outcomes including falls, skin problems, urinary tract infections (UTIs), numerous psychological effects, and dependence that often lead to placement in an LTC facility. Nutrition assessment can help identify nutrition interventions that might help manage urinary incontinence.

**Course Learning Objectives**

After completion of this continuing education program, the learner should be able to:

1. Know several risk factors for urinary incontinence.
2. Understand management of urinary incontinence.
3. Understand the relationship between fluid intake in urinary incontinence.

**Suggested CDR Learning Needs Codes**

- 3000 Nutrition assessment and diagnosis
- 3040 Food consumption, food balance
- 5040 Long-term care, intermediate, assisted living
- 5100 Elderly

**Additional CDR Learning Needs Codes that may apply:** 3070, 5110, 5190, 5300, 5410, 5430

**Suggested CDR Performance Indicators**

8.1.5 Applies medical nutrition therapy in disease prevention and management.

10.2.9 In collaboration with the client and interdisciplinary team (including NDTRs), selects and implements current and evidence-based nutrition interventions and patient education.

**Note:** Numerous Other Learning Needs Codes and Performance Indicators May Apply.

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**Continuing Professional Education Self-Assessment Test  
and Answer Key**

Mr. Andrews is an 89 year old man that was recently admitted to a skilled nursing facility. He lived independently until a recent hospitalization for a declining mental status, urinary incontinence, and a fecal impaction. Mr. Andrew's height is 69 inches, his weight is 125 pounds, and his BMI is 18.5, classifying him as underweight. His admitting diagnosis to the facility include: Alzheimer's dementia, UTI, COPD, diabetes mellitus with neuropathy, essential hypertension, and constipation. His long-term medications include Lantus insulin, Lasix, Lisinopril, Colace, and KCl. Meds added in the hospital include Levaquin.

1. Which of the following medical problems might be contributing to Mr. Andrew's urinary incontinence?
  - a. COPD
  - b. BMI of 18.5
  - c. Diabetes mellitus (page 2, table 1 and table 4, page 8)
  - d. Hypertension

Mr. Andrew's constipation and urinary incontinence began to get worse after his admission to the skilled nursing facility.

2. Is there a connection between Mr. Andrew's constipation and urinary incontinence?
  - a. Yes, because clinically significant constipation can inhibit adequate bladder function (p 10).
  - b. Yes, because clinically significant constipation can cause functional incontinence.
  - c. No, because there is no connection between constipation and urinary incontinence.
  - d. No, because almost all urinary incontinence is caused by functional problems.
3. Which component of some food and beverages is a bladder irritant and could contribute to Mr. Andrew's urinary incontinence?
  - a. Water
  - b. Caffeine (Table 3, page 5)
  - c. Vitamin C
  - d. Vitamin D

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4. Individualized assessment by a registered dietitian nutritionist can assure \_\_\_\_.
- Sufficient fluids are provided to promote adequate urine flow (page 10).
  - Proper assistive devices for toileting are available.
  - Bacterial infections are properly treated with antibiotics.
  - Staff is reminding Mr. Andrews to toilet.

Mr. Andrews has triggered on the MDS 3.0 as being at risk for dehydration but he is resistant to drinking more fluids because of his incontinence.

5. Is this information important to relay to the physician and/or nurse practitioner?
- No, because fluid intake is not related to urinary incontinence.
  - No, because he gets two beverages on every meal tray.
  - Yes, because he may have altered lab values due to poor fluid intake.
  - Yes, because changes in fluid intake could be related to changes in urinary status (page 8, step 5).