Continence Promotion.
CHARACTERISTICS OF URINE

A liquid excrement consisting of water, salts, and urea, which is made in the kidneys then released through the urethra.

Colour: Yellow/amber colour, depending on diet.
Smell: The smell of urine may provide health information. E.g. Urine of diabetics may have a sweet or fruity odour due to the presence of ketones. Fresh urine has a mild smell but aged urine has a stronger odour.
Acidity: The pH of normal urine is generally in the range 4.6 - 8, with a typical average being around 6.0. Much of the variation occurs due to diet. E.g. high protein diets result in more acidic urine.
Turbidity: The turbidity of the urine sample is gauged subjectively and reported as clear, slightly cloudy, cloudy, opaque or flocculent. Normally, fresh urine is either clear or very slightly cloudy.
Urinary tract infections (UTIs) are very common. They can be painful and uncomfortable, but they usually pass within a few days or can be easily treated with a course of antibiotics.

- UTIs are more common in women than in men. It's estimated that half of all women in the UK will have a UTI at least once in their life, and 1 in 2,000 healthy men will develop one each year.

If you develop a UTI, you're likely to feel:
- Pain or a burning sensation when urinating (doctors refer to this as dysuria)
- A need to urinate often
- Pain in the lower abdomen (tummy)
- Confusion/Disorientation (elderly)
- Fever/Temperature
Most urine infections are caused by germs (bacteria) that come from the bowel. They cause no harm in the bowel, but can cause infection if they get into other parts of the body.

Some bacteria lie around the back passage (anus) after you pass a stool (faeces). These bacteria sometimes travel to the urethra (the tube from the bladder that passes out urine) and into your bladder. Some bacteria thrive in urine and multiply quickly to cause infection.

A urine infection is often called a urinary tract infection (UTI) by doctors. When the infection is just in the bladder and urethra, this is called a lower UTI. If it travels up to affect one or both kidneys as well then it is called an upper UTI. This can be more serious than lower UTIs, as the kidneys can be damaged by the infection.
Urinary catheterisation is a medical procedure used to drain and collect urine from the bladder.

- A thin, flexible tube called a catheter is inserted into the bladder, usually along the tube through which urine naturally passes (urethral catheter), or through a hole in your abdomen directly into the bladder (supra-pubic catheter).
- The catheter usually remains in the bladder, allowing urine to flow through it and into a drainage bag.
Catheter care

- Always use good hand hygiene.
- Wear clean medical gloves.
- Position drainage bag and tubing: Allow gravity drainage, (do not kink tubing)
  Drainage bag lower than waist,
  Keep the bag off the floor.
- Empty every 3-6 hours or when 1/2 to 2/3 full.
- Leg drainage bag should be changed every 5-7 days.
- Night drainage bag should also be changed every 5-7 days, or disposable, daily.
- Clean tubing with mild soap and water, downward strokes.
- Clean site with disposable wipes, mild soap and water.
- Place gauze around site, if instructed by DN
- Wash hands
- Medical Gloves.
- Empty Contents into a container.
- Dry tap with disposable tissue.
- Record output.
- Dispose of contents down toilet.


Contd.

- MEN – under their foreskin
- WOMEN – front to back to prevent anal contamination

Avoid strong soaps, talc, creams, antiseptics, antiperspirants etc.
Suprapubic Catheter Care

- Wash hands and put on clean medical gloves.
- Gentle remove bandage/gauze around area if used.
- Observe skin integrity, look for skin injuries, red spots and swelling.

- Hold the end of the catheter tube near the insertion site, and wash the tubing away from the site.
- Use disposable non-perfumed wipes to clean area.
- Ensure tubing is not kinked or blocked.

- Use either G-strap or Stat lock to secure catheter tubing.
Changing a stat lock

1. Using adhesive remover sprayed onto the stat lock and peel away from the skin as you spray
2. Clean the area and spray on the barrier spray ensuring all glue is removed
3. Wipe with the prep pad
4. Need to apply the new stat lock to a different area each time either the stomach or the leg
5. Peel off the backing of new stat lock and apply to skin making sure it is flat and secure
6. Stat locks are changed either according to prescription or the service users Care Plan.
Problem solving

Urine not draining?
1. Check the position of the catheter. The tubing may be kinked/ bent.
2. Is the drainage bag lower than the bladder?
3. Is the patient/client in discomfort?
4. Is the tubing blocked- try changing the bag.
5. Check how long ago the bag was emptied to establish how long drainage has seized.

Perform these checks before calling DN.
Leakage or by-passing

1. Check position of the catheter. The tubing may be kinked.
2. Is the bag too full of urine and need emptying?
3. Check for constipation
Catheters

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Male catheterisation
Drainage bags

Figure 30-7 A leg bag collects urine from a catheter but is concealed under clothing.

Conveen
conveens

Rubber Sheath
Procedure for use of urinal:

- Use a protector under the person's hips.
- Give the person the urinal. If he is helpless, place it between his legs in a position to collect the urine.
- Provide for privacy by replacing covers, leaving the room if safe to do so.
- Rinse the urinal with cold water.
- Wash urinal, cover and store
Urinal
Stoma care
What is a Stoma?

- A stoma is an artificial opening to or from the intestine (which is also known as the gut or bowel) on the abdominal wall created by a surgeon.

- Occasionally, it is an artificial opening in the urinary tract, called a urostomy.
Formation of a stoma

The formation of a stoma

- intestine
- opening in abdomen
- stoma
- stitches attach intestine to abdomen

The end of the intestine is pulled through an opening made in the abdominal wall (top). The intestine is then folded outwards onto itself (bottom) and attached to the abdomen with stitches.

A colostomy

- colon (large intestine)
- small intestine
- colostomy
Stomas can be formed for a number of reasons including:

- Cancer
- Congenital disorders
- Injury
- Crohn's disease or Ulcerative Colitis
- Inflammatory bowel disease

The stoma has no nerve supply so should not be painful but as a result it cannot be voluntarily controlled, which means a pouch or bag must be worn to collect the urine or bowel contents (faeces).
Ileostomy

During the operation, part of the ileum is brought to the surface of the abdomen to form a stoma, usually on the right hand side. This is where the faeces will now pass from the body. The bowel contents from an ileostomy will be more liquid and semi-solid. You can have either an end ileostomy or a loop ileostomy and they are both treated and are cared for in the same way. An ileostomy may be temporary or permanent.
Urostomy

The most common type of urostomy and it is usually sited on the left side of the abdomen. This involves using a short segment of the small bowel (ileum) being used as a tube or conduit to form a stoma through which urine from the ureters is diverted. This is usually after a person's bladder and/or urethra have been removed and is permanent.
Colostomy

During the operation part of the large bowel is brought to the surface of the abdomen to form the stoma, usually on the left hand side of the body. This is where the faeces will now pass from the body.

You can have either an end or a loop colostomy but both function and are looked after the same way. A colostomy can be permanent or temporary.
STOMAS