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Improved Urinary Continence for Stroke Survivors in Inpatient Rehab

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Background

• Impaired mobility and not being able to ambulate independently after a stroke is devastating.
• Being newly incontinent can cause an increase in anxiety, depression, stress, humiliation, social isolation, and higher risk of urinary tract infection.
• Research shows that routine toileting of incontinent stroke survivors can:
  • lengthen the time between bathroom trips,
  • increase the amount of urine the bladder can hold,
  • improve control over the urge to urinate, and
  • prevent skin breakdown from maceration, and increase continence.

Purpose

• An acute rehabilitation unit aimed to improve urinary continence in their patients with recent stroke by developing a workable protocol for prompted voiding.
• Goal: increase average Overall Bladder Functional Independence Measure (FIM) score for patients with recent stroke at discharge.

Methods

• Patients were selected for the prompted voiding protocol if they had stroke as primary diagnosis, urinary incontinence at least some of the time, and required no more than one person’s assist for toileting.
• A prompted voiding audit tool was created to aid nurse, physical therapy and occupational therapy staff in prompting and documenting voiding for participants on a schedule of Q2 hr from 0800-2000, and Q4 hr 0000-0800.
• We had 14 participants for our data collection.
• Average Overall Bladder FIM score for discharged patients with stroke was measured before, during, and after the prompted voiding program was implemented.

Results

• The average Overall Bladder FIM score for patients with stroke discharging from this acute rehab unit increased from 5.125 to 6.786, indicating greater independence with functional bladder control.

Discussion/Implications

• Stroke survivors benefited from this structured management of urinary incontinence in several ways:
  • Improved quality of life
  • Decreased caregiver burden
  • Decreased incidence of skin breakdown
• Next steps: Educate other units to use the program to include more patients and families.

References

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