

## **Real-Life Examples of Common Problems Related to Incontinence, Pressure Sores and Quality Care, and Tips on What You Can Do**

### **Not being taken to the bathroom when the resident needs to go leads to incontinence.**

You find your mother wet when you visit her. While you may be angry, first stop and ask yourself a few questions. Have you ever found her wet before? If the answer is no, then simply ask the staff to help clean and dry her. But if this is a common occurrence, you must take action.

#### *Ask yourself these questions:*

- How often do you find her wet?
- Does she smell?
- Examine her buttocks or clothes; have dried urine or feces been there for awhile?
- Has she only begun wetting herself recently? Have staff checked her for infection in the bladder? Are there enough staff to toilet her?

#### *How do you know if help is needed and whether it's available:*

- Can your mother get to the toilet herself? If not, does anyone help her?
- Does she know when she needs to go to the bathroom? If not, does someone remind her?
- Are staff following her own lifelong schedule of going to the bathroom?
- When do you usually find her wet?

#### *What should you do?*

- Share your findings with staff:  
Your mother is nearly always wet when you come in. She smells. There is a ring of dried urine on her clothes. Your mother needs help to get to the toilet. At home, she went to the bathroom about every three hours. You notice staff only toilet her when she asks.
- Ask staff how they will help your mother.  
Staff should help her to the toilet according to her needs, rather than their schedule. Thus, they might check with her every three hours to see if she needs assistance in toileting.
- Watch for signs to be sure staff do what they say they will.  
Your mother should not smell or be wet when you visit. If she is, then call for a careplanning conference. At the meeting, request a written plan indicating how staff will help your mother regain continence. Decide when you will meet again to assess their progress.

**No preventive skin care leads to pressure sores.**

Your father always loves to have his back rubbed. One day you notice a little break in his skin right at the end of his backbone. You report it to the nurse. A week later when you give him a back rub, you discover a bandage on the skin break. Your father appeared to wince when you rubbed near it. You ask the nurse about it. She says they're treating it. You're concerned, but try to collect yourself and assess the situation before taking further action.

*What you need to know about pressure sores:*

- Pressure sores usually are preventable.
- Poor nutrition, insufficient fluids, unclean skin, and the inability to move without help increase the chance that pressure sores will develop.

*Ask yourself these questions:*

- Is your father left sitting in his own urine or feces?
- Is he getting enough to drink?
- Is he eating properly?
- Is he unable to move and reposition himself without help?

*How do you know if help is needed and if it is available?*

- You have already learned what to ask about incontinence, dehydration, and malnutrition which could explain the first three observations in the preceding list.

If your father is unable to move himself, ask:

- Do staff get him out of bed, into a chair every day? Is his chair comfortable?
- Do they turn or reposition him often enough to prevent sores?

*What should you do?*

- Share with staff what you know.  
Your father isn't able to move by himself very well anymore. He sits in a chair for long periods during the day. He rarely changes positions while he's in bed. He drinks and eats well. Every now and then he soils himself. He says sometimes the night staff are so busy they don't answer his bell when he needs to go to the bathroom.
- Ask staff how they will cure the sore at the end of his backbone and prevent future pressure sores.  
The sores are forming because your father is remaining in one place for long periods of time. Thus, staff should come up with a schedule for moving or repositioning your father at least every two hours. He should not lie on his back at all while the sore heals. You should be told approximately when your father will be repositioned and by whom.
- Monitor your father's care.  
Visit at various times, even late at night, to see that your father is being turned as promised. The sore on his backbone should heal within a reasonable period of time, and no new sores should develop.