

Update of the German nursing Guideline

The expert standard “Promoting continence in nursing”

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Background

Incontinence, both urinary and fecal incontinence, is widespread worldwide and socially taboo. It is one of the most common illnesses in outpatient care and affects people of all ages as a serious health problem. The consequences are diverse and include a significant impairment of quality of life as well as physical, psychological and social effects. Conservative treatment options with lower risks than surgical interventions are available; their implementation is often the responsibility of nursing professionals, who may, however, experience uncertainty. Guidelines offer evidence-based knowledge, but are often medically focused and rarely address nursing staff.

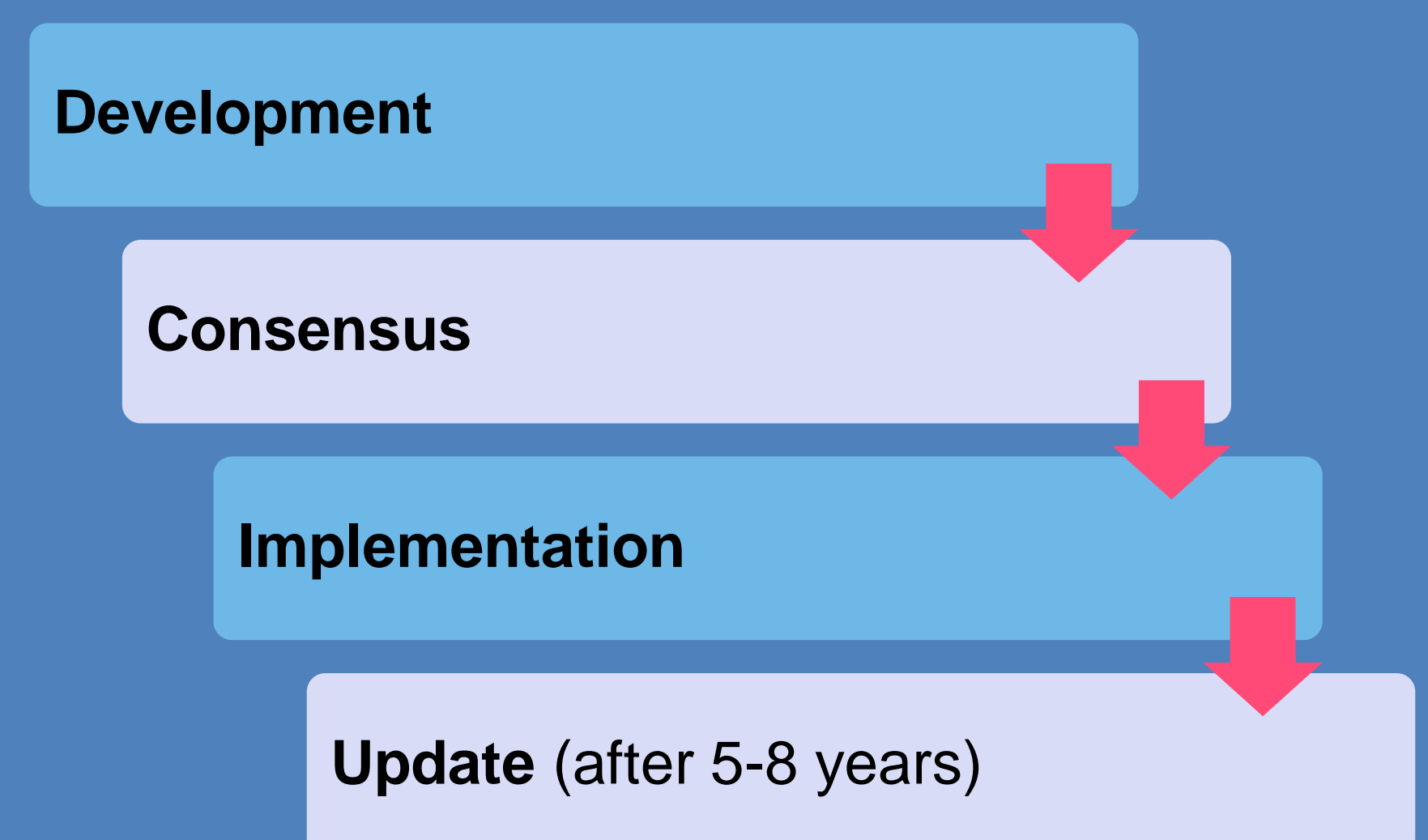
Methods – Literatur review

- **Systematic literature research – PRISMA Guidelines** (2 Independent Researcher)
- Using **RefHunter Manual Version 3.0**
- **Research:** September – December 2022
- **Database:** Medline via PubMed, CINAHL via EBSCO, and Cochrane Library
- **Including criterias:**
 - **Scientific Publications:** Urinary & Fecal incontinence
 - **Language:** German, English
 - **Study Population:** Over 18 years
 - **Years of publication:** from 2012
- **Critical Appraisal:** DELBI – German guidelines assessment tool, Scottish Intercollegiate Guidelines Network (SIGN) checklist, Critical Appraisal Checklist for Qualitative Research - JBI (2 Independent Researcher)

German Network for Quality Development in Nursing (DNQP)

The development of the expert standards by the DNQP is based on international rules for the development of standards and guidelines. A team of nursing scientists conducts systematic literature research and analyses the results. A group of eight to twelve experts from nursing practice and science derives recommendations for key nursing interventions from this. In a broad consensus process, these recommendations are critically examined and agreed upon by specialists. The expert standard is being implemented in around 25 healthcare facilities in order to test the practical suitability and acceptance of the instrument.

Methodological approach Development of expert standard



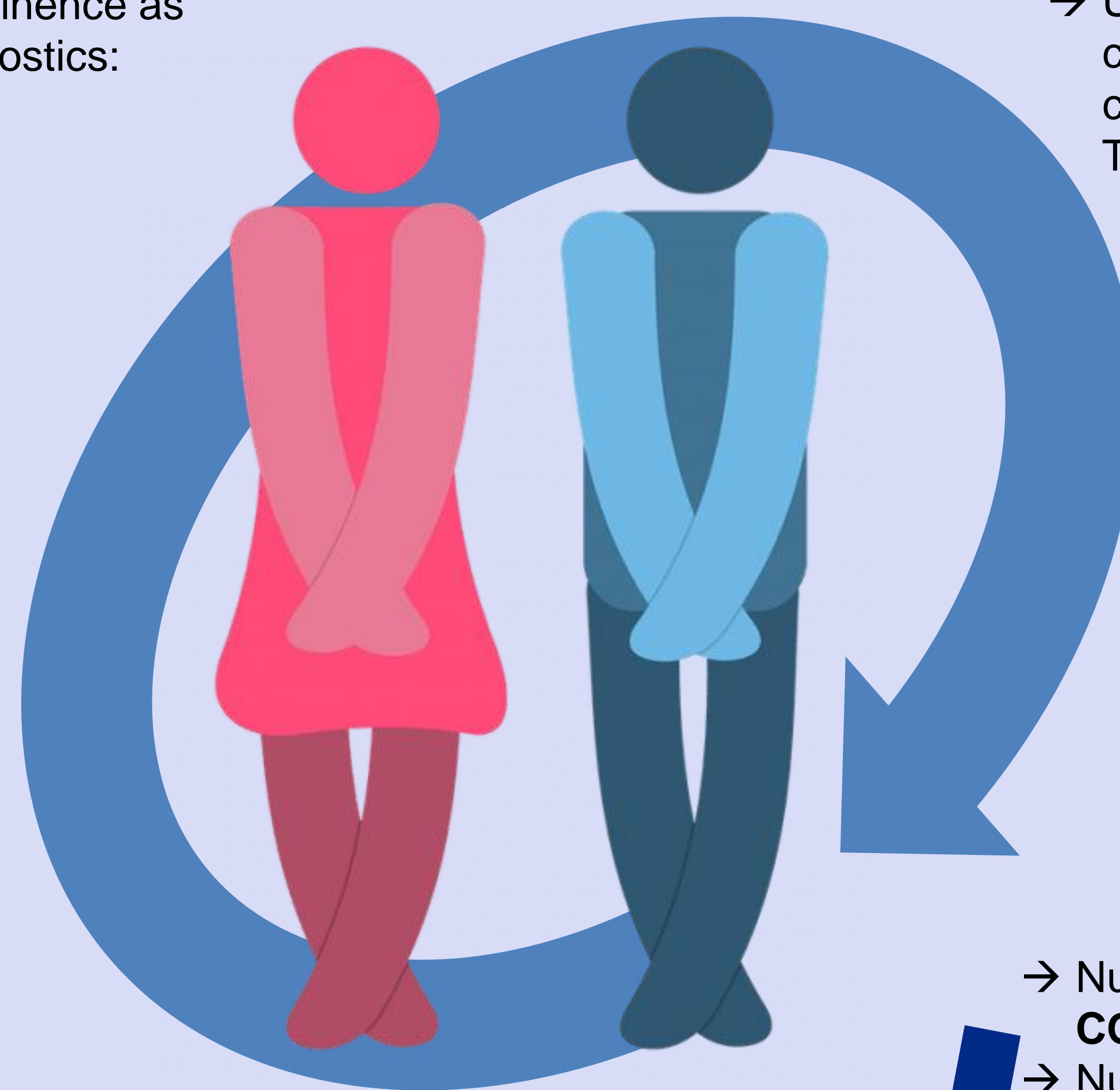
Results: Promoting Continence

I. Initial Assessment

→ Assessment of the form and extent of urinary and/or fecal incontinence as well as the identification of patients who require advanced diagnostics:

Initiale Questions:

- (1) Are you losing urine/bowel movements unintentionally?
- (2) Do you have problems controlling or emptying with your excretion?
- (3) Do you wear pads or other aids to catch urine/bowel movement?
- (4) Are there problems with dirty laundry?



II. Differentiated Assessment

→ Urinary and fecal incontinence are multifactorial events caused by reversible and irreversible factors that should be considered systematically and, if possible, interdisciplinary., This includes e.g.:

- (1) Anamnesis
- (2) Survey of Medications
- (3) Physical examination
- (4) Fluid and diet history
- (5) Urinalysis and residual urine measurement
- (6) Micturition protocol and template test
- (7) Yellow- & Red-Flags
- (8) Subjective experience of incontinence (ICIQ-UI short form; KHQ; CCS)

→ **Identification Continence Profile**

III. Nursing Measures

→ Nursing measures should always take place as part of **CONTINENCE COUNSELING**
→ Nursing **CONTINENCE COUNSELING** and all other measures should be understood as an offer

Active measures

- Hydration & Nutrition
- Maintaining independence
- Body training
- Improvement of underlying and comorbidities
- Pelvic floor training
- Bladder & bowel training

Compensatory measures

- Mobile toilet aids
- Pessaries
- Derivative aids
- Absorbent body-hugging aids
- Other aids for fecal incontinence

IV. Evaluation

- Measures to promote continence or compensate for incontinence must be checked for their effectiveness at individual, appropriate and nursing-based intervals
- The responsible nursing staff is responsible for carrying out the evaluation of the measures to promote continence or compensate for incontinence
- Checks are carried out at individual and setting-specific intervals

→ The affected person has knowledge of maintaining and promoting continence, as well as of preventing or dealing with incontinence, in line with his or her needs and requirements

Conclusion

✓ **Early detection & implementation of interventions:** Early intervention can have a significant impact on the success of treatment and the quality of life of those affected

✓ **Open communication:** Fear & shame are common barriers that make it difficult to access the right treatment

✓ **Individual care planning:** Adapting the action plan to the individual needs of those affected is crucial. Standardized approaches should be handled flexibly

✓ **Role of nursing:** We as nursing staff play a central role in the prevention and treatment of incontinence. Expertise and empathy are essential for success

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QR to References:

