Bladder and bowel dysfunction are common problems in patients with underlying neurologic conditions, such as stroke and multiple sclerosis (MS) [1]. It is not well documented but noted in individuals with traumatic (TBI) and acquired brain injury (ABI) [2]. Assessing the nature and extent of bladder and/or bowel (B&B) symptoms at admission to an acute rehab facility or community-based care is integral to the success of rehabilitation of the neurologic patient population throughout the care continuum. The nursing assessment and ongoing documentation should accurately report the patients’ perceptions of their dysfunction, resulting in an appropriate nursing plan of care to achieve successful bladder and bowel control [3].

AIM & HYPOTHESIS

AIM: To determine if there were discrepancies between the patients’ perception and/or reporting of B&B symptoms and the nursing documentation of B&B symptoms as recorded in the patients’ medical record (MR) in the rehabilitation setting.

HYPOTHESIS: The B&B symptoms and perceptions will not be well described and/or will be absent from the documentation.

DATA COLLECTION TOOLS

The questions on the B&B symptoms tool were adapted from standardized and validated questionnaires used in clinical practice, in research of lower urinary tract symptoms and from the International Consultation on Incontinence Questionnaire Bowel (ICIQ-B). Cognition was assessed using the Mini-Cog® Short Version but no one was excluded based on score. The Functional Independence Measure (FIM) tool, used to determine outcome measures on patients newly admitted to rehabilitation centers, was collected on day of chart review.

RESULTS

A total of 140 patient interviews/chart reviews were completed. Mean age was 64.6 (range 26-94). The gender and ethnicity is seen in FIGURE 1. TABLE 1 notes diagnoses of which stroke was the most prevalent (n=115). FIM scores varied with burden of care scores in the moderate range (see TABLE 2). Based on Mini-cog results, 41% of the sample had cognitive issues (see TABLE 3). Surprisingly, for this neurologic population, only 14 patients had documentation in their medical record of having undergone urodynamic tests performed within the past year. Four statistically significant differences were found between the MR and self-report. Bladder history, bladder management (p = .002) and Use of urinary incontinence products differed (p = .0001) Bowel-specific questions, Use of laxative for BM (p = .029) and Use of absorbent product for bowel leakage (p = .0001) (see TABLE 4).

CONCLUSIONS

Striving to improve consistency between the patients’ perception/reporting of B&B symptoms and the nursing documentation is necessary before an effective nursing care plan for patients with neurologic diseases. This study demonstrates the need for continued work to identify and validate comprehensive B&B assessment tools and documentation requirements within the field of rehabilitation nursing. It also shows that nurses need to consider the patient’s cognition, comprehension and communication abilities when collecting B&B symptoms for nursing assessment.

REFERENCES


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