

TOPIC: ELIMINATION

1. **Elimination is the process of ridding the body of waste through urination and defecation.**

- a. Urine – a liquid waste secreted by the kidneys every two to eight hours. Normal urine is pale yellow, clear and free of particles, blood and pus. The act of urination may be called voiding.
- b. Feces (stool, bowel movement) – a semisolid waste from the digestive tract passed through the anus as frequently as one to three times per day or as infrequently as two times per week. Feces should be medium brown and free of blood or mucous.

2. **To assist the client to maintain normal elimination:** A. Provide and properly use equipment (urinal, bedpan, fracture pan, bedside commode, toilet). B. Assist the resident to a position that is as normal as possible (Raise head of bed to sitting position. Have men stand to urinate if possible). C. Check residents frequently for elimination needs. D. Provide privacy and enough time to eliminate. If the resident is stable leave the immediate area. E. Report complaints or observations of diarrhea or constipation. F. Encourage good nutrition, and adequate fluids and exercise. G. Always wipe from cleanest to dirtiest (front to back).

3. **Incontinence** is the inability to control bowel and/or bladder function. Causes include injury, disease, infection, certain medications and lack of access to toilet facilities.

To meet the needs of the incontinent resident the LNA must: 1) Check client often for wetness and soiling. Provide frequent perineal care and skin care. 2) Use incontinence briefs according to manufacturer's guidelines. Check for fit and keep plastic side away from skin.

5. A **urinary catheter** is a tube inserted by a nurse through the urethra into the bladder to drain urine. An indwelling catheter is left in the bladder continually. The LNA's should:

- a. Keep drainage bag below level of bladder to allow gravity flow.
- b. Check tubing for kinks, blockages and signs of leakage.
- c. Place tubing over, never under, leg to prevent pressure sores.

- d. Attach bag to bed frame, never to guard rail. Keep bag and tubing off floor.
- e. Consider urinary drainage system whenever moving or transferring resident.
- f. Clean catheter from meatus out.
- g. Empty drainage bag and measure amount of urine at least once every shift and document observations.
- h. Use leg straps according to manufacturer's instructions.

6.LNA's role:

- a. Provide for the client's privacy during elimination.
- b. Respect the client's right to confidentiality if the client is incontinent.
- c. Clean an incontinent client immediately to prevent skin breakdown.
- d. Follow Standard Precautions when performing elimination related procedures.
- e. Assist clients to wash their hands after elimination.
- f. Be aware of an indwelling catheter when moving the client.
- g. Never embarrass the client if the client is incontinent.
- h. Observe color, odor, amount and character of urine or feces. Report unusual findings to the office before discarding.

ADDITIONAL DEFINITIONS:

Fracture pan – a smaller flatter bedpan used by residents who have difficulty moving and lifting their hips
Diarrhea – loose watery stools, usually occurring frequently
Constipation – hard, dry stool usually occurring infrequently
Character – consistency and clarity (sediment, mucous, blood)