Taking Action for Optimal Community and Long-Term Stroke Care
A Resource for Healthcare Providers

Chapter 3: Body Function (Physical)

Section 3.5 : Bladder and Bowel Control

Updated September 3, 2020

Disclaimer

- Taking Action for Optimal Community and Long-Term Stroke Care is for informational purposes only and is not intended to be considered or relied upon as medical advice or a substitute for medical advice, a medical diagnosis or treatment from a physician or qualified healthcare professional. You are responsible for obtaining appropriate medical advice from a physician or other qualified healthcare professional prior to acting upon any information available through this publication

TACLS Overview

Overview

- This presentation has been developed to complement the information provided in Taking Action for Optimal Community and Long-Term Stroke Care
- TACLS content is aligned with the most current Canadian Stroke Best Practice Recommendations (www.strokebestpractices.ca)
- Some of the best practice recommendations are included in this resource for quick reference. For the full Canadian Stroke Best Practice recommendations visit: www.strokebestpractices.ca
- As you consider the following information, always ensure that you are practicing and working within your scope of practice and seek advice from qualified and appropriate team members as needed

COVID-19

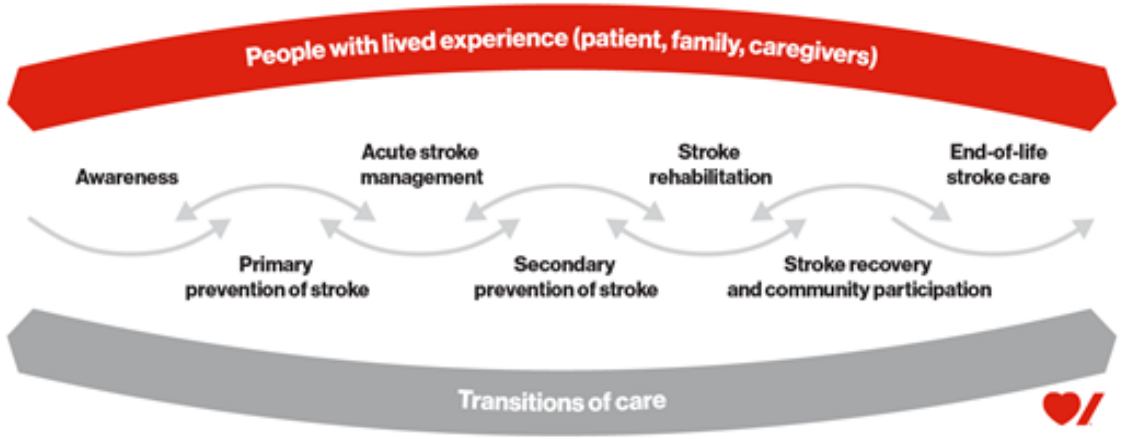
- In light of COVID-19, resources are being shifted across the healthcare continuum to help meet ongoing and changing needs.
- There may be some variability in the staff who would typically work with patients who have had a stroke.
- There are many considerations that are key to promoting safety and optimizing recovery when working with individuals who have had a stroke.
- TACLS can be used to help *support healthcare providers* and may be helpful to informal caregivers during this time by providing key information, skills and guidance when providing care to individuals who have had a stroke in any setting, from acute inpatient care to the community.

Purpose and Use of TACLS

- TACLS slide presentations are designed to be used as a resource, in conjunction with the TACLS manual, for informing and educating healthcare providers about how to care for individuals who have had a stroke across care settings
- Informal caregivers may also find these resources helpful
- TACLS content is aligned with the Canadian Stroke Best Practice Recommendations (www.strokebestpractices.ca)

Target Audience

- Healthcare providers who care for individuals who have had a stroke and are in acute care, inpatient rehabilitation, or community settings (such as at home or in long-term care)
- Informal caregivers, such as family members, may also find these resources helpful as they provide practical information to deliver safe and appropriate care



Your Role as Part of the Stroke Team

- There have been major advances in treatment and care of individuals with stroke. The types of care received in the early days following a stroke can have a direct and significant impact on outcomes
- Your role, observations and your ability to communicate effectively within the team is vital to helping the individual with stroke get the best possible care and experience the best possible recovery
- Your support can help individuals adjust to the changes that stroke brings, find new ways to help them thrive as they recover, and learn and adapt to “the new normal” that is life after stroke

Your role

- It is very important to review and understand your role within the stroke care team
- Consult with your team if you
  - Are unclear about any aspect of the care plan
  - Have questions about how to implement the recommended care
  - Have concerns about the health of the person you are caring for
- Know your direct contact on the team and follow your workplace guidelines for communicating with the team
- Do not delay if a situation requires immediate attention – contact the appropriate team member as quickly as you can
- There may be times when the information in this resource differs from the instructions or care plan that have been developed by the organization you work for or by the stroke team. **In these cases, always follow the direction from your employer, your team, and the care plan**

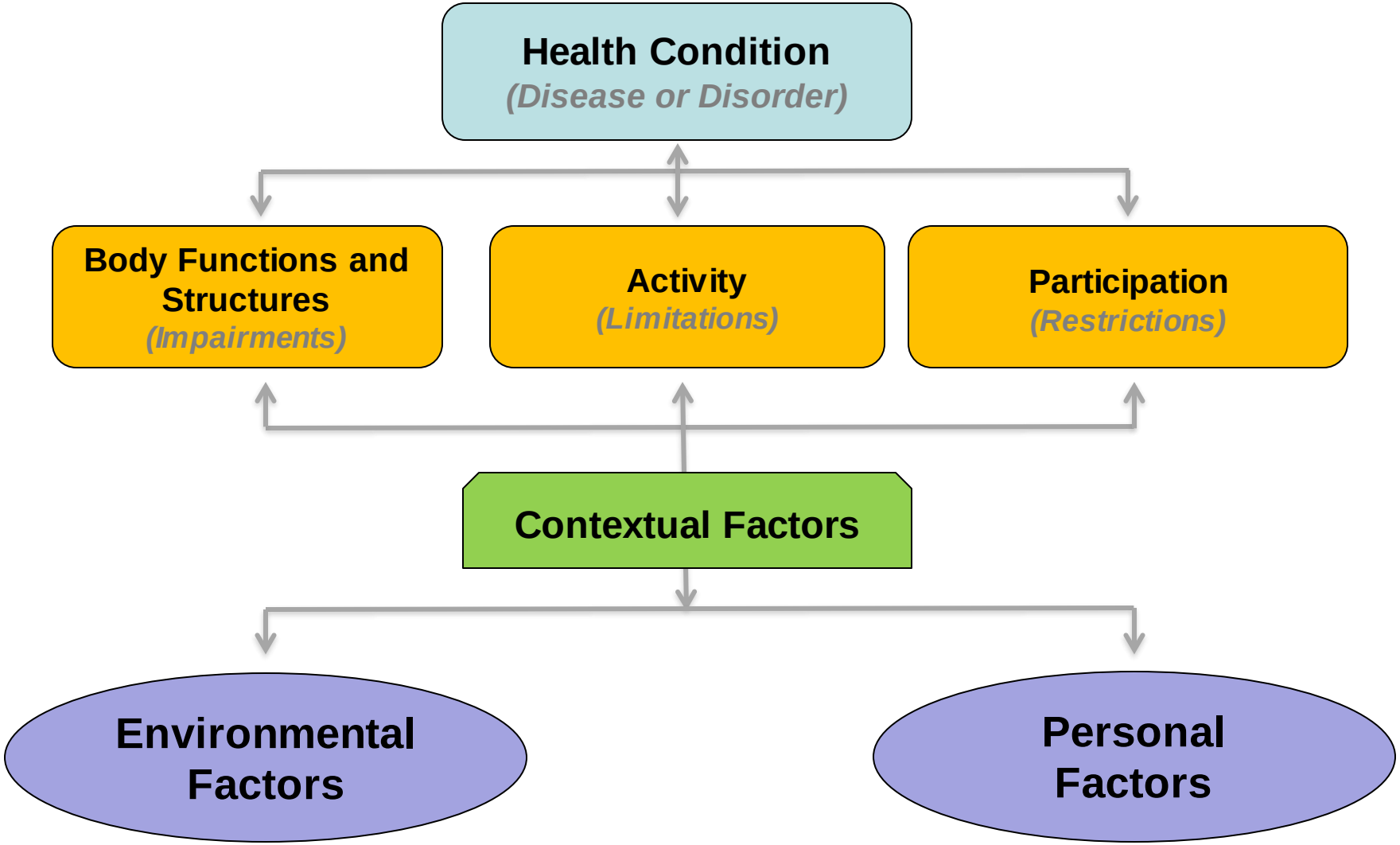
Your Role: Communicate with your Team

Canadian Stroke Best Practices

Stroke care is a TEAM effort. The team is there to support you. Make sure to reach out to your team if you have any questions so that the safety and recovery of the individual you are working with and/or caring for is not compromised.

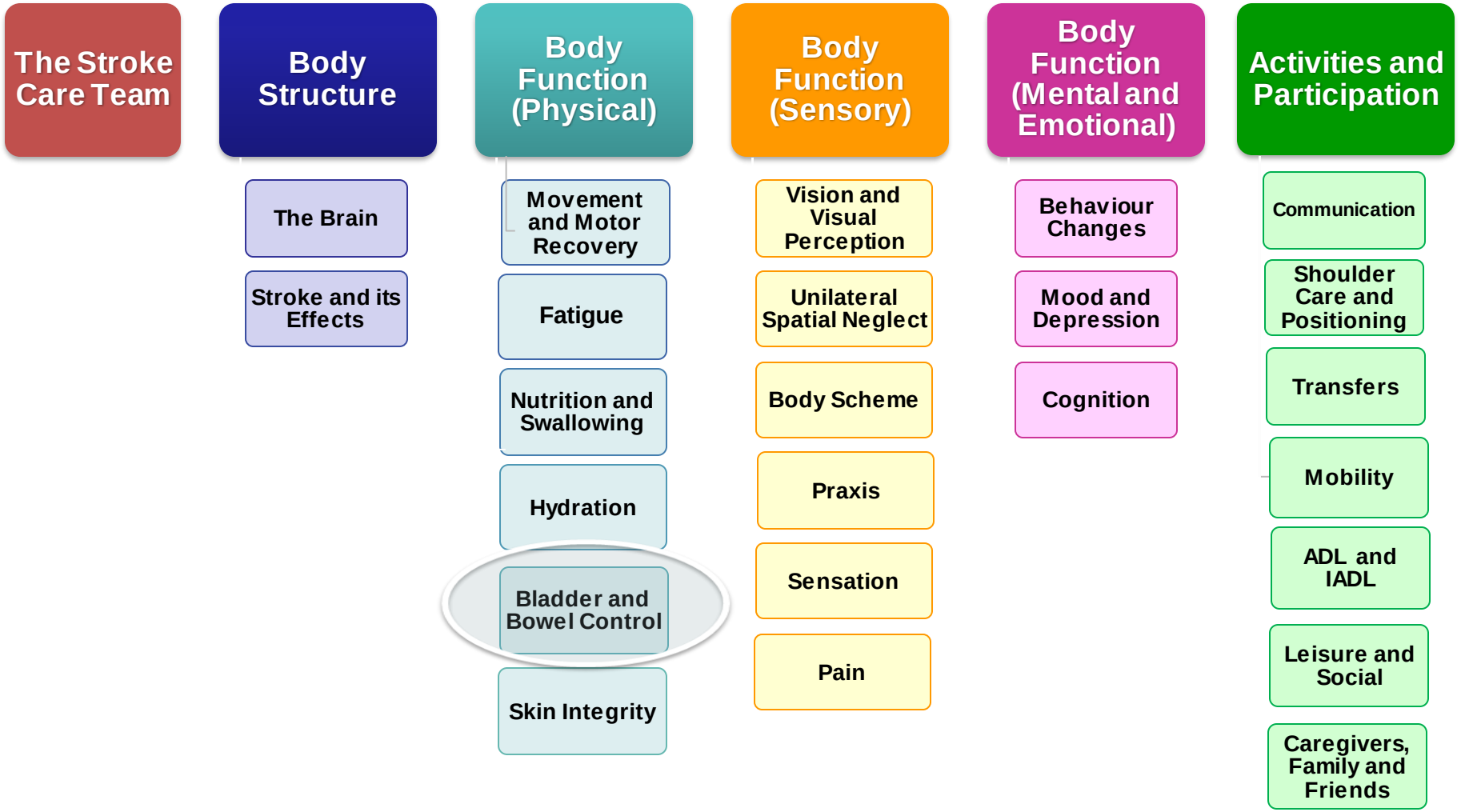
TACLS Structure

TACLS is organized to follow the International Classification of Functioning (ICF) structure.



https://www.who.int/classifications/icf/en/

TACLS Content and Layout



Section 3.5
Bladder and Bowel Control

Bladder and Bowel Control

- Topics in this section
  - Incontinence after stroke
  - Normal bladder function
  - Identifying urinary problems
  - Strategies to manage urinary incontinence
  - Normal bowel function
  - Identifying bowel problems
  - Factors that increase the risk of incontinence
  - The team approach to managing incontinence

Key Messages: Bladder and Bowel Control

- Bladder incontinence, or loss of bladder control, is common after stroke. Bowel incontinence can also be a problem after stroke
- Incontinence dramatically affects feelings of self-worth and well-being, as well as lifestyle and social interactions
- Understand issues of bladder and/or bowel control in the persons you are caring for
- Consistent following and monitoring of the bladder and bowel program, according to the care plan, is required for effectiveness

Key Messages: Bladder and Bowel Control

- Monitor carefully for skin breakdown, infection, or other complications
- Maintain a safe physical environment for people who need to go to bathroom often and urgently, including easy access to mobility aids and any other required equipment
- Provide emotional support and reassurance to people experiencing incontinence

Your Role as a Healthcare Provider

- Bladder incontinence, or loss of bladder control, is common after stroke
- Bowel incontinence is less common but can also result from stroke
- Incontinence is a key factor in determining whether someone who has had a stroke can remain at home
- Following the care plan and the strategies to help people manage bladder and bowel incontinence, as well as constipation, can make a big difference to their quality of life, comfort, dignity, and self-esteem

Incontinence After Stroke

- A person who has had a stroke and their family members are often devastated by the loss of bladder or bowel control
- Incontinence dramatically affects feelings of self-worth and well-being, as well as lifestyle and social interactions

Effects of Incontinence After Stroke

- The person may:
  - Feel they need to stay close to a toilet
  - Need frequent bathroom visits which interrupt their activities
  - Socialize less
  - Stop taking part in activities and travel in case of accidents
  - Decrease sexual activity
- Depression makes it more difficult to manage incontinence

Incontinence After Stroke

- Incontinence can result in
  - Skin breakdown and infection
  - Urinary tract infection
  - Pain or discomfort
  - Falls and injuries from hurrying to the toilet
  - Dehydration from decreased fluid intake (the person is reluctant to drink to avoid frequent trips to the bathroom)

Incontinence After Stroke

- Incontinence is one of the reasons that someone who has had a stroke may go to a long-term care or other facility rather than living at home
- Having to help a person go to the bathroom can strain family relationships and reduce visits and social outings
- Lifestyle changes and good support, can be used to help with and sometimes resolve incontinence

Bladder Management

Best Practice Recommendation

- All stroke patients should be screened for urinary incontinence and retention (with or without overflow), fecal incontinence, and constipation
- Stroke patients with urinary incontinence should be assessed by trained personnel using a structured functional assessment to determine causes and develop an individualized management plan
- A bladder-training program should be implemented in patients who are incontinent; including timed and prompted toileting on a consistent schedule
- The use of indwelling catheters should be used cautiously due to the risk of urinary tract infection. If used, indwelling catheters should be assessed daily and removed as soon as possible. Excellent pericare and infection prevention strategies should be implemented to minimize risk of infections

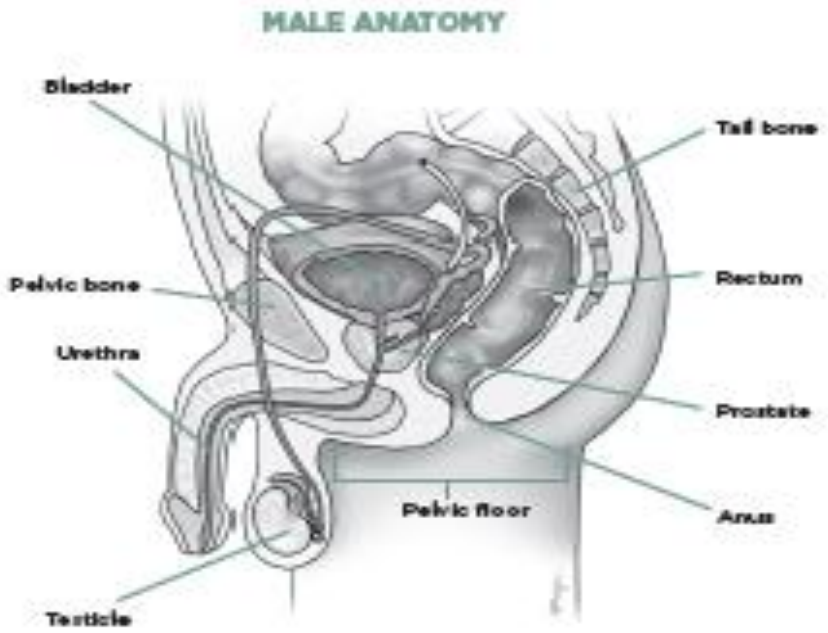
Canadian Stroke Best Practice Recommendations *Acute Stroke Management*, 6th edition, section 9.7

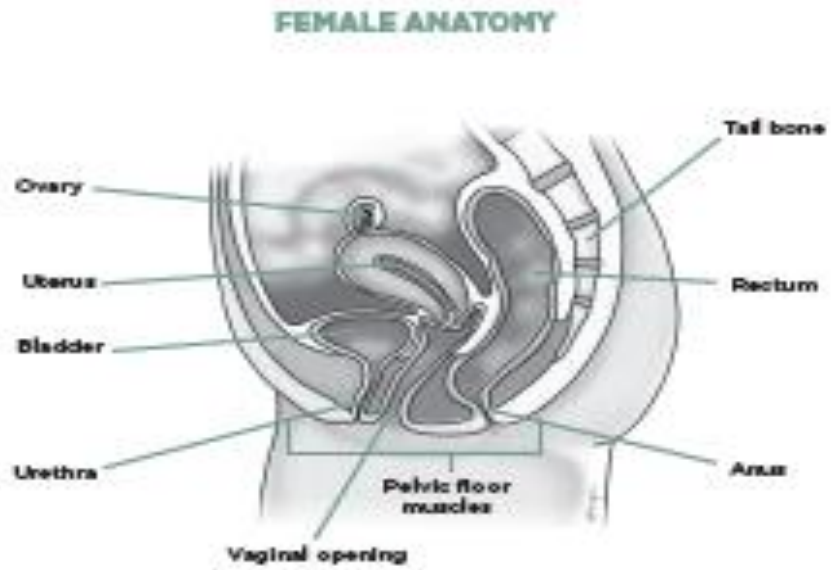
Normal Bladder Function: Capacity

- The normal adult bladder holds between 500 – 600 mL of urine
- People start to feel the urge to urinate when the bladder is about half full
- A person with normal bladder function can suppress this urge for up to two hours, until the bladder is full
- Most people urinate three-six times during the day and possibly once or twice during the night

Normal Bladder Function

- Normal bladder function requires coordination between the nervous system and the lower urinary tract:
  - Bladder
  - Urethra
  - Sphincters



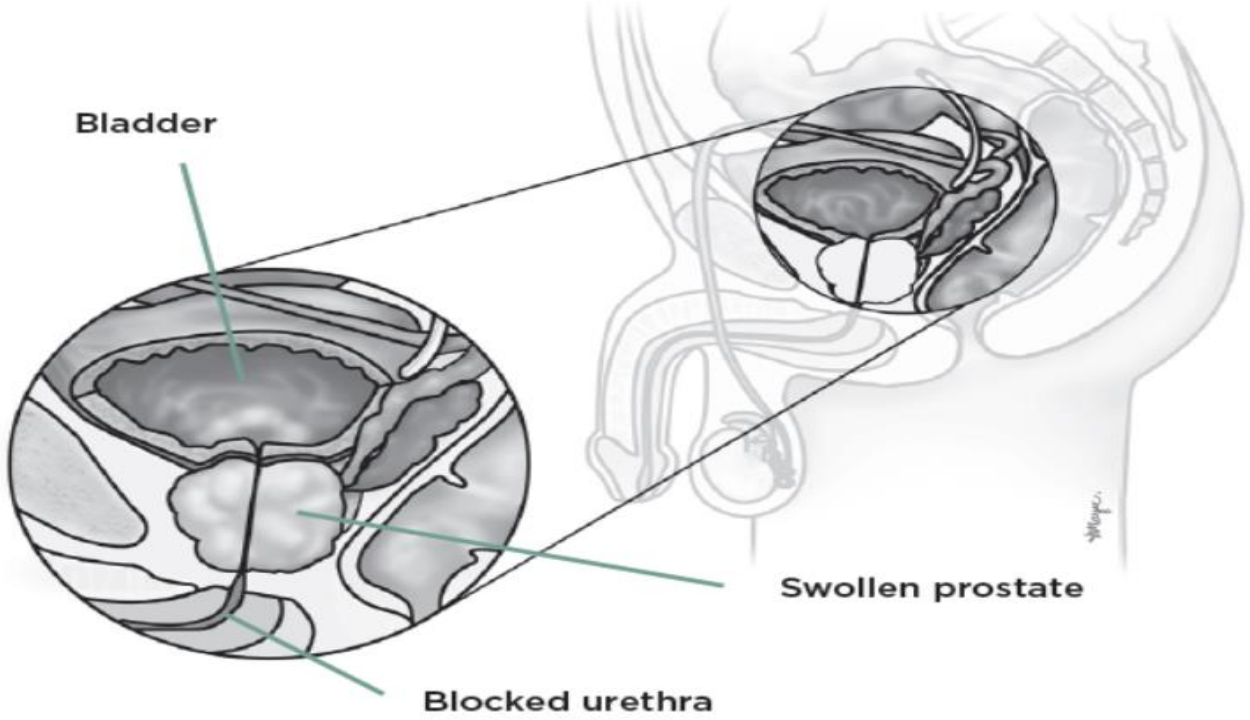


Normal Bladder Function: The Effects of Age

- As a person ages, the bladder shrinks, and holds only 250 – 300 mL of urine
- Older people need to empty smaller amounts from their bladders more frequently
- The bladder wall becomes thinner, and muscle tone decreases
  - The urine stream weakens, and the bladder does not empty completely

Normal Bladder Function: The Effects of Age

- Men may have trouble emptying their bladder if they have an enlarged prostate gland



Normal Bladder Function: The Effects of Age

- After menopause, women may have urine leakage called stress incontinence
  - A drop in estrogen can weaken the sphincter muscles
  - Often happens during coughing or laughing
- Urge incontinence is due to involuntary bladder wall contractions that make some older people feel like they need to urinate

Identifying Urinary Problems

- Urinary incontinence: loss of the ability to identify and respond to the need to urinate
- Urinary retention: loss of the urge to urinate despite a full bladder
  - Increases risk of urinary tract infection and damage to the kidneys
  - Urine may need to be removed with a catheter

Signs and Symptoms of Incontinence

- Bladder problems can have such serious health and emotional consequences, and therefore need to be identified quickly
- Watch for these signs and symptoms:
  - Changes in the person's normal pattern of going to the bathroom
  - Loss of small amounts of urine (dribbling). This might happen when the person does something physical such as lifting, coughing or sneezing, or without any movement

Signs and Symptoms of Incontinence

- A sudden urge to urinate followed by a loss of large amounts of urine. This may result in unsuccessful rushes to the bathroom
- Urinating more than eight times per day or two times per night
- A weak or interrupted urine stream
- Person reports that their bladder still feels full, even after urinating (urinary retention)
- Frequent urinary tract infections

Complicating Factors in Incontinence

- **Vision problems**: the person may be unable to find the bathroom or see well enough to use the toilet independently
- **Decreased mobility**: the person may be unable to get to the bathroom independently or quickly enough
  - Their balance or gait may be impaired
  - They may not be able to transfer to the toilet independently and have to wait for assistance
- Talk to the occupational therapist to determine the easiest and safest way to assist with transfers and the toileting routine

Complicating Factors in Incontinence

- **Lack of movement**: the person may have difficulty managing clothing, incontinence products, or wiping, especially if one or both arms are affected
- **Changes in time of urine production**: more urine may be produced during the night, requiring the person to get up more often. This may increase safety concerns and/or risk for falls

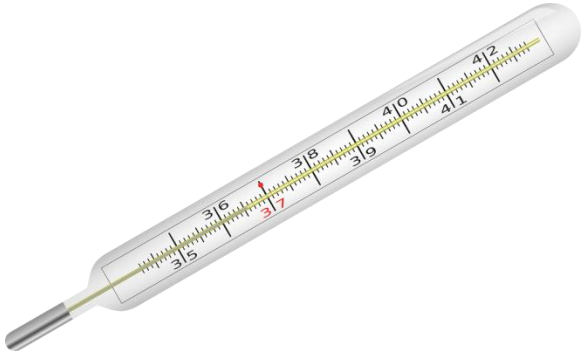
Urinary Tract Infection

- A lower urinary tract infection (UTI) is also called a bladder infection
- Untreated, it can move up the urinary tract to the kidneys and cause serious health issues

Urinary Tract Infection

Signs and symptoms

- Temperature over 37.9 ºC
- Blood in the urine
- Any new:
  - Burning or pain with urination
  - Chills or shaking
  - Delirium or confusion – any rapid and unexplained changes in behaviour or cognitive abilities, such as a sudden inability to focus, agitation, increased confusion or social withdrawal



Urinary Tract Infection

Signs and symptoms

- Any new or worsening
  - Urinary urgency
  - Urinary frequency
  - Urinary incontinence
  - Pain in the lower abdomen or side
  - Change in urine colour or odour
  - Urethral or vaginal discharge

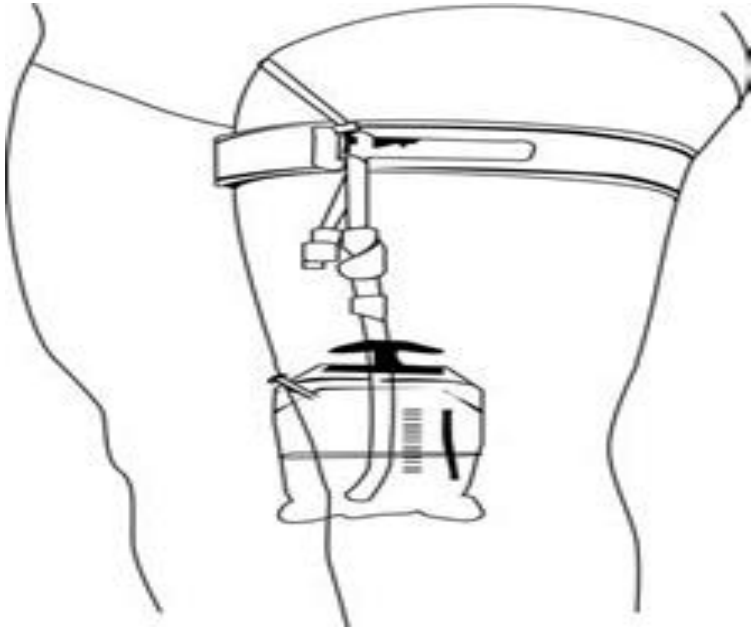
How You Can Help

- Report signs and symptoms of a urinary tract infection to the nurse
- Ensure the person has an adequate fluid intake (six to eight cups per day, or as prescribed in the care plan*)
- Encourage the person to drink more fluids if they have a burning feeling during urination
- Limit caffeinated drinks to two cups per day

*Sometimes a person may be on fluid restrictions due to other conditions or comorbidities and must monitor their fluid intake. If you are unsure, check with care team as needed. Always follow the current care plan for the person that you are working with

Urinary Catheters

- A urinary catheter or other external device may be needed on a temporary or permanent basis
- A catheter increases the risk of urinary tract infection
- Appropriate catheter use and care can reduce this risk



Catheter Use and Care

- Ensure the person drinks at least six to eight cups of fluid daily, or as recommended in the care plan* to keep the catheter draining well and free of sediment
- Position the drainage bag below the bladder, to prevent urine from backing up into the bladder
- Position the catheter tubing so it does not kink or pull on the catheter

*Sometimes a person may be on fluid restrictions due to other conditions or comorbidities and must monitor their fluid intake. If you are unsure, check with care team as needed. Always follow the current care plan for the person that you are working with

Catheter Use and Care

- Secure tubing to leg to prevent accidents
- Empty the drainage bag at least every eight hours (or according to care plan)
- Prevent tubing contamination
- Follow your employer's procedures for disconnecting and connecting tubing
- Ask how long the tube needs to stay in, with the goal of leaving it in only as long as necessary

Report Any of the Following to the Nurse

- Changes in urine output
  - Any change in output over a four-hour period
  - Decreased output, especially if the person reports a feeling of a full bladder
- Pain
  - In the abdomen, pelvis, or at the catheter insertion site
  - Restlessness or agitation (this could be a sign of pain or discomfort)

Report Any of the Following to the Nurse

- Urine
  - Change in colour or consistency
  - Blood
  - Foul-smelling drainage around the catheter
  - Urine leakage around the catheter
  - Any signs or symptoms of urinary tract infection

Strategies to Manage Urinary Incontinence

- Prompted voiding can help treat urinary incontinence and constipation
- Three-part strategy:
  - Monitoring
  - Prompting and redirecting
  - Positive feedback

Prompted Voiding: Monitoring

- At regular intervals, ask the person if they would like to use the toilet
- People who have lost the ability to identify and respond to the need to urinate may benefit from a toileting schedule, with regular reminders and physical help
- Watch for behaviour that shows a need to urinate
  - Someone who has difficulty communicating may be more agitated because of worry about incontinence, or when they are wet

Prompted Voiding: Monitoring

- Note the usual times the person urinates or has a bowel movement.
- Take them to the toilet on that schedule, whether or not they have an urge to go
- Keep a voiding diary

Prompted Voiding: Prompting and Redirecting

- At regular intervals, prompt the person to use the toilet
- Between those times, encourage them to stay on schedule
  - Redirect or distract them by suggesting they read, watch television, listen to the radio, or meditate
- Work with the nurse to adjust the schedule as needed to reduce the chance of incontinent episodes
- Manage incontinent episodes without comment

Strategies to Manage Urinary Incontinence

- Follow the care plan or ask the nurse for advice
- Bladder retraining – gradually increase the times between trips to the bathroom
  - This reduces frequent voiding, increases bladder capacity, and helps suppress the feeling of urgency
- The plan should include a schedule for urinating
  - This may include periodically increasing the interval between voids by 15 minutes (or less if needed) until the time between voids is three to four hours

How You Can Help

- Know the care plan strategies that are being used to help with bladder control and follow them
- Remind and encourage the person to practice pelvic floor exercises if they are part of the care plan
- Write down the toileting schedule and amount of physical assistance and equipment required to help the person and other healthcare providers keep track
- Continue to be positive and offer support

Bowel Management

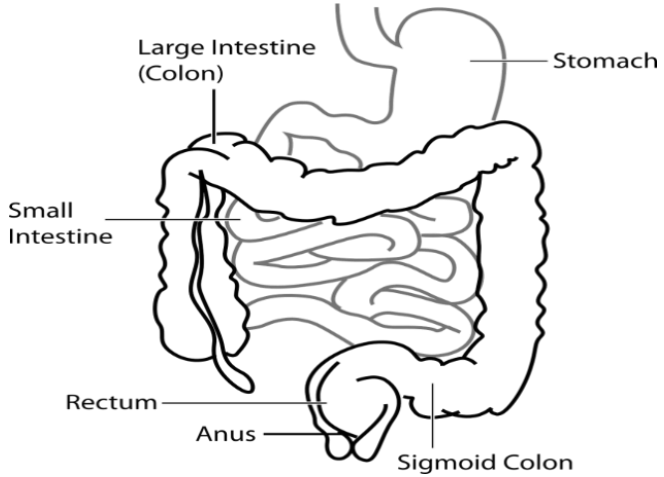
Best Practice Recommendation

- A bowel management program should be implemented for stroke patients with persistent constipation or bowel incontinence

Canadian Stroke Best Practice Recommendations *Acute Stroke Management*, 6th edition, section 9.7

Normal Bowel Function

- The bowels absorb nutrients and fluid from the food we eat and drink. They also remove solid waste (stool) from the body. There are two parts to the bowel:
  - *Small bowel* (small intestine): absorbs nutrients. It is about 20 feet long. It begins at the stomach and ends at the large bowel
  - *Large bowel* (large intestine or colon): absorbs fluids. It is about five or six feet long. It begins at the end of the small bowel and ends at the rectum



Normal Bowel Function

- A healthy bowel depends on a number of factors, including:
  - How well the muscles and nerves work together
  - Eating a high fibre diet
  - Drinking six to eight cups of fluids each day (or as recommended in the care plan)
- Bowel movements usually occur anywhere from three times a day to three times a week

Identifying Bowel Problems

- Constipation or other bowel problems may be part of a serious, underlying health condition. If you see any of these signs, tell the nurse:
  - Sudden change in bowel pattern or stool
  - No bowel movements in at least three days
  - Constant straining with bowel movements
  - Abdominal pain
  - Rectal bleeding
  - Liquid stools
  - Fever
  - Weight loss

Constipation

- Stroke can weaken the muscles that expel stool from the colon
- Constipation happens when the bowels don't move often enough
  - Stools become hard, dry and difficult to pass
- This is the most common bowel management problem for people who have had a stroke
  - Reduces quality of life, comfort, functional ability and social life

Symptoms of Constipation

- It is critical to identify and treat constipation early
- Watch for these signs and symptoms:
  - Fewer than three bowel movements per week
  - Straining
  - Hardened stools
  - Person reports feeling:
    - Need to evacuate stool
    - Incomplete stool evacuation
    - Blockage or obstruction

Complications of Constipation

- Fecal impaction
  - A mass of hard, clay-like stool lodged in the rectum
  - It can cause bowel obstruction, ulcers in the bowel, and an enlarged colon
  - The person may need enemas and laxatives to clear the bowel
  - Once normal bowel function is restored, strategies should be developed to reduce further constipation issues

Complications of Constipation

- Fecal incontinence
  - Occurs when a person cannot prevent fecal material from passing through the body
  - It can be liquid stool that soils undergarments, or a loss of control of solid stools
  - Fecal impaction may cause incontinence as liquid stool seeps around the bowel obstruction

Complications of Constipation

- Straining:
  - When a person who is constipated strains to pass stools, it can cause hemorrhoids and may aggravate heart problems
  - It can also cause ***rectal prolapse***, when part of the bowel slips or falls out of place
- Constipation can also lead to urinary incontinence by increasing pressure on the bladder, making it harder to maintain normal bladder function

Diarrhea

- Diarrhea is marked by frequent, watery stools
- Causes can range from viral infections, such as the flu, to more serious medical problems, such as Crohn's disease
- Sometimes, fecal incontinence can be mistaken for diarrhea, when in fact the person has severe constipation

Management of Incontinence

Factors that Increase the Risk of Incontinence

- **Environmental**
  - Limited access to a toilet, such as long distances to the bathroom
  - Limited room for a wheelchair and other equipment to help with transferring in the bathroom
  - Lack of equipment such as a bedside commode, transfer belt or a raised toilet seat
  - Lack of privacy
  - Lack of adaptive clothing (clothing that is easy to put on and take off)

Factors that Increase the Risk of Incontinence

- **Health and stroke-related**
  - Conditions such as diabetes, depression, or dementia
  - Some medications
  - Limited mobility, needing more time and help to reach the toilet and remove clothing
  - Communication problems that make it hard to express an urgent need to use the bathroom
  - Loss of the ability to identify and respond to the urge to go to the bathroom

Factors that Increase the Risk of Incontinence

- **Lifestyle**
  - Not getting enough fluids, especially if the person is avoiding fluids to try and prevent urinary incontinence
  - Not eating enough, or not eating enough fibre
  - Not getting enough exercise
  - Ignoring the urge to go to the bathroom

Case Example

Case Example

- Mrs. Kelmendi was recently discharged home. Several concerns were identified by family regarding toileting including that she:
  - Is unable to access the bathroom with her wheelchair
  - Is unable to transfer independently
  - Requires assistance to pull her clothing up/down and to wipe
  - Is requesting to void frequently due to a fear of incontinence
  - Reports hard stools and irregular bowel movements
  - Cannot remember when she has last toileted

Case Example

- Several strategies were implemented to address toileting concerns and improve Mrs. Kelmendi's quality of life:
  - Use of a commode
  - Installation and use of a floor to ceiling pole for transfers and standing balance
  - Use of a toileting schedule - prompting Mrs. Kelmendi to use the toilet at regular intervals and marking on a checklist for Mrs. Kelmendi to see and remember
  - Use of clothing that is easy to manage (wearing a dress or loose elastic waist pants)
  - Following a consistent daily schedule of adequate food and fluid intake combined with regular exercise

Team Approach to Managing Incontinence

- Managing bowel and bladder problems is critical
- Avoiding even one episode of incontinence a day can greatly increase self-esteem and quality of life
  - Reduces complications and the risk of falls and injury
  - Saves you time as a healthcare provider
  - Decreases the need for incontinence products such as pads or briefs
  - Improves sleep

- **The team approach involves Assessment, Diagnosis, Care Planning, Implementation and Evaluation**

Team Approach: Assessment

- Your careful and accurate observations will provide much of the information needed for assessment
- You may want to keep a voiding diary to organize the information for the team with details such as:
  - Urination habits
  - Bowel habits, stool colour, and consistency
  - Straining and discomfort with bowel movements
  - Diet and fluid intake
  - Mobility, activity or exercise

Team Approach: Assessment

- Voiding diary (continued):
  - Signs of skin breakdown such as swelling, redness, oozing or crusting around the anus, scrotum, vulva, or ***perineum*** (the skin between the genitals and the anus)
  - How well the person transfers from the bed or wheelchair to the commode chair
  - Difficulties with undressing and dressing
  - The person's behaviour and response to care
  - Any impact from the environment (e.g., is the bathroom too far away?)

Team Approach: Assessment

- Voiding diary (continued):
  - Whether you think a home assessment might be helpful, to determine need for adaptation and supportive equipment (e.g., toilet safety frame or a raised toilet seat)

Team Approach: Assessment

- The nurse on the team can show you how to collect this information and tell you what information should be reported right away
- The speech-language pathologist can identify the best communication method for each person
- The occupational therapist can identify and recommend equipment that may assist the individual (such as a raised toilet seat, grab bars and/or a toilet safety frame)

Team Approach: Assessment

- If you notice any of the following symptoms, report them immediately:
  - Not passing urine for more than four hours during the day
  - Unable to have a bowel movement
  - Fever
  - Increasing confusion or agitation
  - Pain in the lower abdomen or lower back
  - Skin breakdown or discomfort in the perineal area

Team Approach: Diagnosis

- The team doctor will diagnose urinary incontinence and bowel problems and their causes
- A urologist may be consulted as well

Team Approach: Care Planning and Implementation

- Based on the diagnosis, the team develops a care plan
- Your knowledge and observations about the person can help the team tailor the plan to the person's needs and determine the best way to implement
- The plan may address
  - Medications and laxative use
  - Activity levels
  - Equipment needed for easy and safe toileting
  - Fluid intake and diet to maintain digestive health
  - Strategies to manage bladder and bowel incontinence

Team Approach: Evaluation

- Observe the person's response to the care plan and report it to the team
- Note what the person tells you and their non-verbal reactions
  - For example: during a wheelchair-to-toilet transfer, you may notice the individual frown or become agitated
  - Talk to the team; this could mean the person is in pain and may need pain treatment

Observe and Report

- Be alert to any behaviour that may communicate the need to urinate or have a bowel movement, such as restlessness, agitation, or grimacing
- Observe and record bowel and bladder habits
- Report any changes or new issues with mobility to the nurse

How You Can Help

- Move furniture or other obstacles that prevent easy access to the toilet
- Place a light near the bed or a night light to orient the person to the room at night
- Allow privacy but stay close so you can help if they call for assistance

Positioning

- Encourage the person to use a commode or toilet rather than a bedpan. A commode or toilet promotes more complete bladder emptying because of gravity and increased abdominal pressure. Tell the person to lean slightly forward during urination if possible, with their feet flat on the floor or on a stool to help the bladder empty

Urinal and Bedpan Use

- If the person uses a urinal, keep it where it can be easily seen and reached. It may help to keep a urinal on each side of the bed
- If the person uses a bedpan, make sure the head of the bed is as upright as possible to allow the person to sit as normally as possible when using the bedpan
  - Do not leave the person on the bedpan for longer than needed due to risk of pressure injury and pain

Quiz

Test Your Knowledge

1. True or false: most people urinate three to six times during the day and possibly once or twice during the night.
2. As people age:
   a. The bladder shrinks, holding about half of what a younger bladder holds
   b. They need to empty smaller amounts from their bladders more frequently
   c. The bladder wall becomes thinner and muscle tone decreases
   d. The urine stream is weaker
   e. The bladder does not empty completely
   f. All of the above

Test Your Knowledge

3. What are the signs of incontinence?
   a. Changes in normal pattern of going to the bathroom
   b. Loss of small amounts of urine (dribbling)
   c. Sudden urge to urinate
   d. Urinating more than eight times per day
   e. Urinating more than twice per night
   f. All of the above
4. True or false: If the person has burning or pain with urination or blood in the urine, this could be a sign of a urinary tract infection.

Test Your Knowledge

5. Normal, healthy bowel function depends on:
   a. Eating a high fibre diet
   b. Drinking recommended amount of fluids each day
   c. How the muscles and nerves work together
   d. All of the above
6. True or false: Stroke can weaken the muscles that expel the stool and cause constipation.

Test Your Knowledge

7. Match the complication of constipation with the correct description.

1. Fecal impaction
2. Fecal incontinence
3. Straining
4. Urinary incontinence

a. An increase of pressure on the bladder caused by constipation can result in this
b. When a constipated person struggles to pass stools with great effort, potentially causing hemorrhoids, heart problems or rectal prolapse
c. When a person cannot prevent fecal matter from passing out of the body
d. A mass of hard, clay-like stool lodged in the rectum, potentially causing bowel obstruction, ulcers in the bowel and an enlarged colon

Test Your Knowledge

8. True or false: Prompted voiding can help treat urinary incontinence and constipation by using the strategy of monitoring, prompting/redirecting, and providing positive feedback.
9. Bladder retraining gradually increases the time between going to the bathroom. It helps the person with stroke to:
    a. Correct the habit of frequent voiding
    b. Increase bladder capacity
    c. Suppress the feeling of urgency
    d. All of the above

Test Your Knowledge

10. How can you help manage bowel and bladder problems?
    a. Be alert to any behaviour that may communicate the need to urinate
    b. Observe and record bowel and bladder habits
    c. Report any changes or new problems with mobility
    d. Identify and move any furniture or other obstacles that prevent easy access to the toilet
    e. Place a night light near the bed
    f. Allow the person privacy but ensure they can call for assistance
    g. All of the above

Conclusion

- More information regarding stroke and stroke care can be found at **www.strokebestpractices.ca**

- For additional resources visit: **https://www.strokebestpractices.ca/resources/professional-resources**

- Questions and comments can be sent to **strokebestpractices@heartandstroke.ca**

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Thank You

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