

# Fecal Impaction & Hydration

## *Clinical Proficiency Module*



By

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## Clinical Proficiency Module Fecal Impaction and Hydration

### Syllabus

#### **Description:**

*Fecal Impaction and Hydration* is a Clinical Proficiency Module designed to give the nurse aide additional learning opportunities. With this module, the aide will enjoy a lecture-discussion atmosphere delivered in a short time-span, thirty to forty minutes in most cases, with learning activity assignments that can be accomplished during the workday in the clinical setting.

The goal of this clinical curriculum module is to enrich the knowledge base of the nursing assistant and personal care aide, providing an educational opportunity leading to improved personal and professional performance.

#### **Objectives:**

1. Trace the movement of body waste materials and water through the bowel, defining key terms.
2. Explain the function of each body part that food, waste materials, and water pass through.
3. List and explain eight common causes of constipation.
4. List and define six activities available to the aide to assist a resident/patient at risk for constipation.
5. Describe Fecal Impaction, defining key terms.
6. List and define four major factors that place a resident/patient at risk for Fecal Impaction.
7. Name eight situations, or ways of being, that put a resident/patient at risk for Fecal Impaction.
8. State and explain the most important point to remember when deciding if Fecal Impaction may be present.
9. State the guiding purpose behind treatment for Fecal Impaction and list four actions the aide can take to assist this guiding purpose.
10. Describe the normal adult daily water requirement.
11. Identify four important uses for water in the body.

12. Explain how the body normally gets water and how the body normally loses water.
13. Define dehydration.
14. List four common causes for dehydration.
15. Identify observations the aide can make that indicate dehydration might be present.
16. List activities the aide can do that will assist in avoiding dehydration.

**Teaching Methods:**

Lecture

Group Discussion

Overhead Transparencies

Activity Worksheets

Clinical Practice Sheets

Additional Information Handouts

**Method of Evaluation for Proficiency:**

Attendance to all class presentations for the complete time period

Satisfactory completion of all Activity Worksheets

Satisfactory completion of all Clinical Practice Sheet assignments

## **Directions for Use of the Fecal Impaction and Hydration Clinical Proficiency Module**

The *Fecal Impaction and Hydration* Clinical Proficiency Module has been prepared for two groups of people. First, the instructors for whom we wish to provide a curriculum that can be used to complement their teaching skills and help them to educate all aides to remain knowledgeable, efficient, and caring. Second, the aides, for whom we wish to provide the knowledge and skills necessary to remain competent and current in their provision of care.

### **Handouts**

No text is identified. Additional Information Handouts may be made from current medical-surgical texts available in most facilities as well as medical dictionaries. Often, current allied health journals will have articles that are well suited for text materials and include very detailed color pictures. By using the computerized catalog in a nearby college library, many up-to-date materials may be found quickly.

Very current text materials may be printed directly from the Internet. By searching for "Fecal Impaction" or "Hydration," using any search engine available, a wide range of materials may be found for background study or to enrich the provided content through handouts. Students who have the availability of the Internet at home may be challenged to bring information to the class for discussion.

### **Overhead Transparencies**

Overhead transparencies for the curriculum module are included. Each Transparency corresponds with a specific objective. Each transparency is coded with the corresponding objective number at the bottom of the master. Even though use of overhead transparencies by the instructor is optional, their use may be an effective teaching tool for aides who are visual learners.

## **Activity Worksheets**

Each Clinical Proficiency Module Written Activity Worksheet is designed to enhance understanding of the content included in the module. Each Activity Worksheet requires completion, using the content presented to the aide during the lecture sequence. Each Activity Worksheet corresponds with a specific objective or objectives and is coded with the corresponding objective number(s) at the bottom of the Activity Worksheet master. An Instructor Answer Key is included when applicable. The master copy of each Activity Worksheet should be duplicated and distributed to each aide at the appropriate time during the lecture sequence. Completion of the Activity Worksheet is a requirement for successful completion of the Fecal Impaction and Hydration Curriculum Module.

## **Clinical Practice Sheets**

Clinical Practice Sheets are designed to be used during the course of the aide's workday. Completion of each Clinical Practice Sheet requires the application of content presented in the lecture sequence. Each Clinical Practice Sheet corresponds with a specific objective or objectives and is coded with the corresponding objective number(s) at the bottom of the sheet. A master copy of each Clinical Practice Sheet and an Instructor Answer Key (when applicable) are included. The master copy of each Clinical Practice Sheet should be duplicated and distributed to each aide at the end of the appropriate lecture sequence segment. The Clinical Practice Sheet Transparency is included for use during Group Discussion (see below) on the following Course Day. Completion of the Clinical Practice Sheets is a requirement for successful completion of this curriculum module.

## **Group Discussion**

Each objective allows time for Group Discussion. Group Discussion is done after each aide has completed the written Activity Worksheets corresponding to the current lecture segment or after completion of a Clinical Practice Sheet from previous lecture segments. It is, therefore, based on the answers to the Activity Worksheets or Clinical Practice Sheets and information gleaned from the lecture sequence. Group Discussion is facilitated by the instructor and allows the aide to voluntarily answer the

questions on the written Activity Worksheets or Clinical Practice Sheets from a previous lecture segment. Presentation of information that has been learned to a group of peers increases the self-esteem of many students and should be considered an important component of this Curriculum Module.



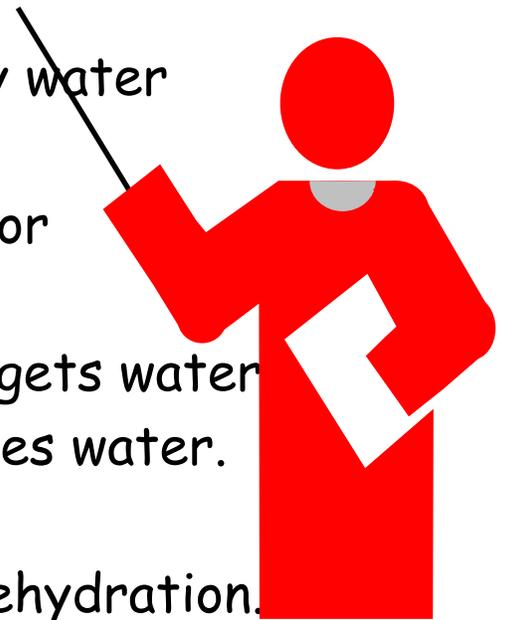
Transparency 1 - Title

# Fecal Impaction Hydration Objectives

- Trace the movement of body waste materials and water through the bowel.
- Explain the function of each body part that food, waste materials, and water pass through.
- List and explain eight common causes of constipation.
- List and define six activities available to the aide to assist a resident/patient at risk for constipation.
- Describe **Fecal Impaction**.
- List and define four major factors that place a resident/patient at risk for **Fecal Impaction**.
- State and explain the most important point to remember when deciding if **Fecal Impaction** may be present.



- State the guiding purpose behind treatment for **Fecal Impaction** and list four actions the aide can take to assist this guiding purpose.
- Describe the normal adult daily water requirement.
- Identify four important uses for water in the body.
- Explain how the body normally gets water and how the body normally loses water.
- Define dehydration.
- List four common causes for dehydration.
- Identify observations the aide can make that indicates dehydration might be present.
- List activities the aide can do that will assist in avoiding dehydration



# Fecal Impaction and Hydration

## Method of Evaluation



- ✓ Attend all class presentations
- ✓ Complete all activity worksheets
- ✓ Complete all clinical practice sheet assignments.

**Key Terms and Definitions:**

<u>Anus</u>	Muscular structure at the end of the colon. <i>Function:</i> Final opening of the bowel to outside the body.
<u>Bowel</u>	The long tube-like structure found within the human belly that carries body waste and water to the site of emptying. Contains the following structures: Small Intestine, Large Intestine, Colon, Rectum, and Anus. <i>Function:</i> The digestion of food for use by the body.
<u>Colon</u>	Another name for the large intestine.
<u>Digestive System</u>	A body system, having several parts, responsible for the processing of food into small particles that can be carried by the bloodstream throughout the body to areas of need. In addition, this body system eliminates waste products no longer needed by the body and recycles liquids for reuse by the body.
<u>Digestion</u>	The removal of food particles from the bowel into the bloodstream.
<u>Feces or Bowel Movement</u>	Semi-solid (because water was removed in the colon) body waste mass that is usually eliminated through the anus.
<u>Large Intestine</u>	The tube-like body part that the small intestine empties into. It is approximately 5 feet long in the average adult. <i>Function:</i> Removes water from the food mass for the body to recycle.
<u>Rectum</u>	Body part at the end of the bowel. <i>Function:</i> Stores feces or bowel movement until it can be eliminated from the body.

Small Intestine

The tube-like body part that the stomach empties into. It is approximately 20 feet long in the average adult.

*Function:* Digestion takes place here.

Stomach

A temporary storage area for food that has been torn apart by the teeth and swallowed. It is 8 to 10 inches long in the average adult. *Function:* It churns and mixes food from the mouth.

**Clinical Proficiency Module  
Fecal Impaction and Hydration  
Suggested Approach on Course Day 1**

**Approximate Time To Cover Content:** 30 minutes

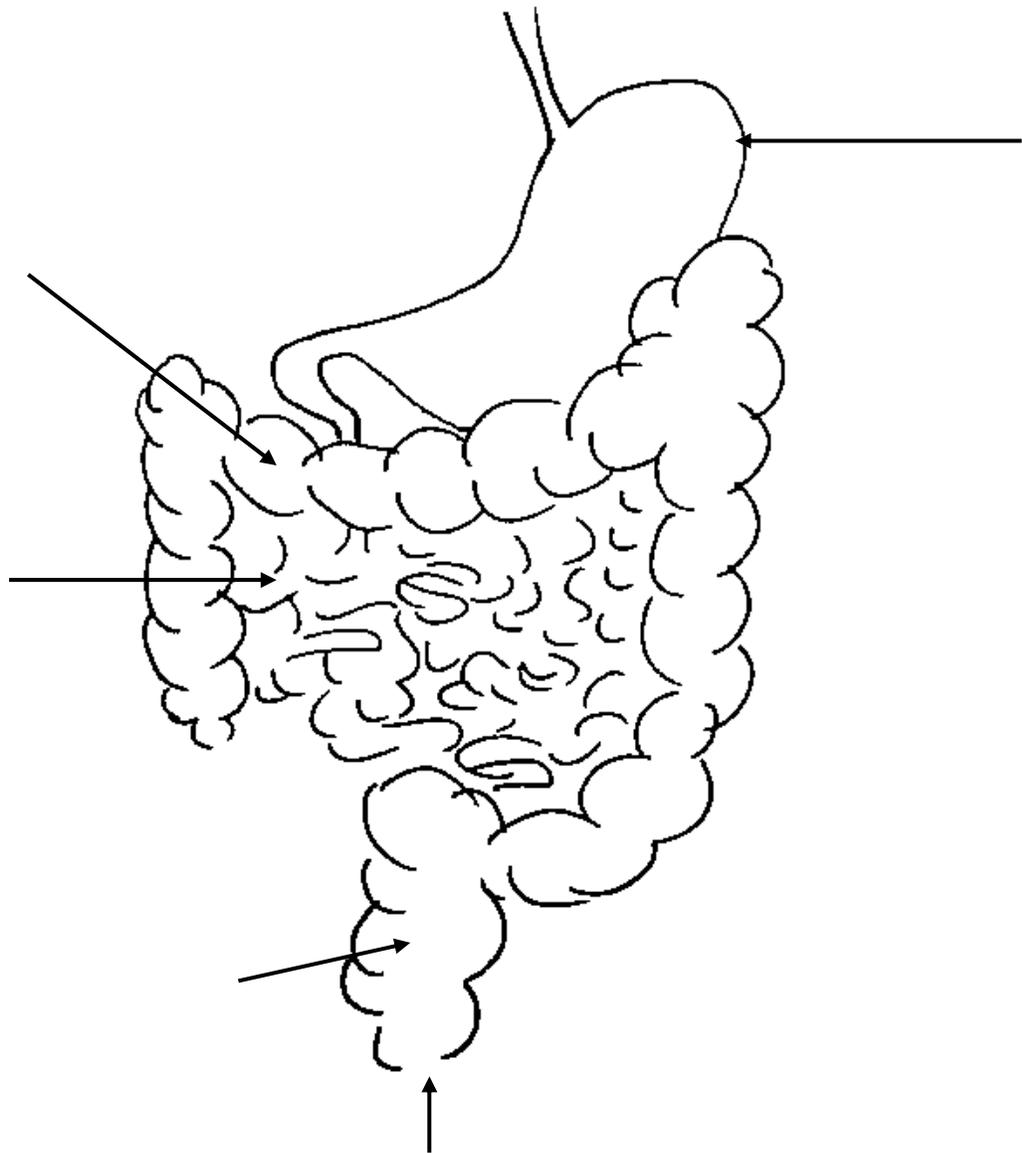
Objective 1: Trace the movement of body waste materials and water through the bowel, defining key terms.

Objective 2: Explain the function of each body part through which food, waste materials and water pass.

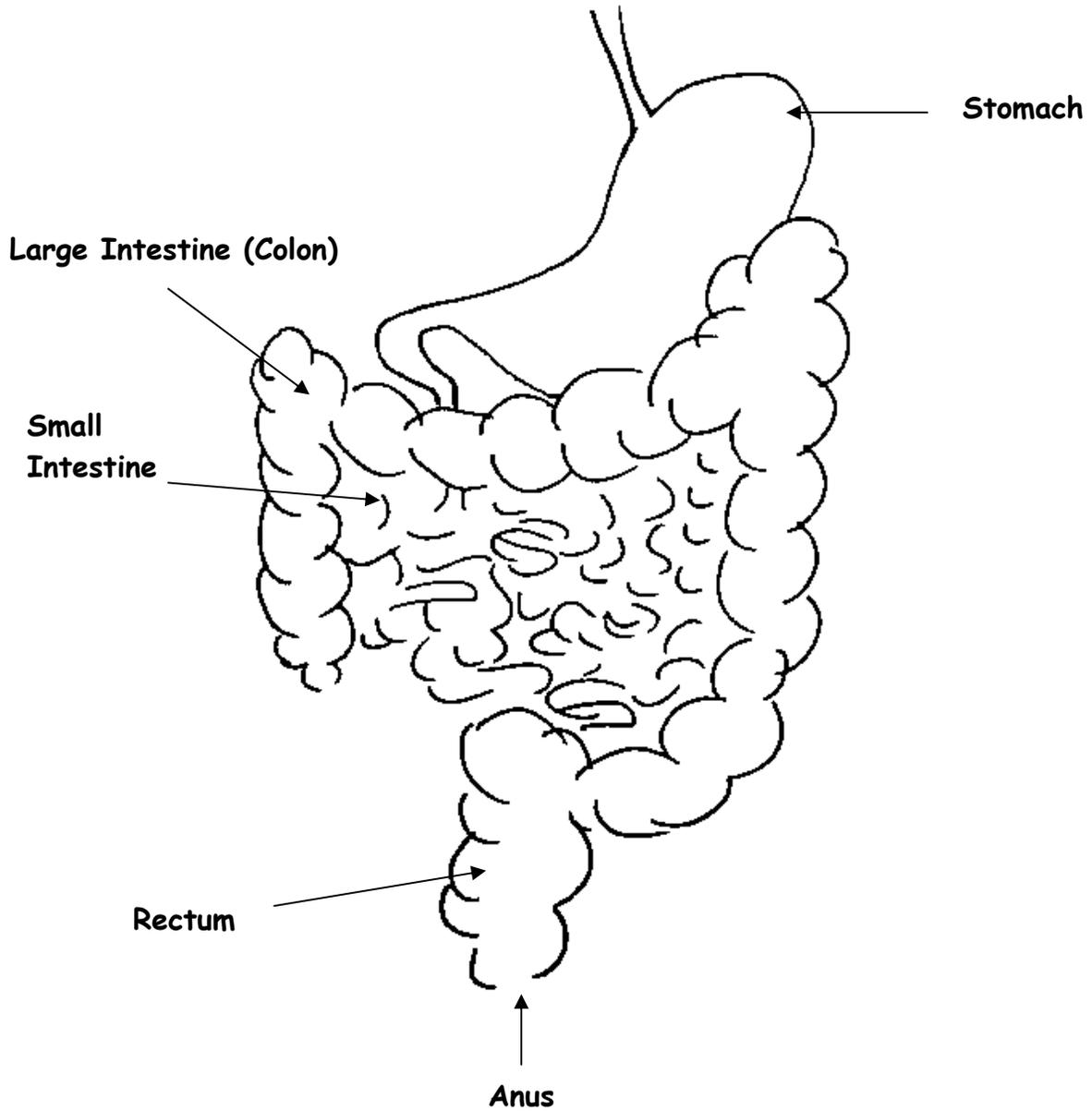
<u>Content</u>	<u>Notes</u>
<p>To understand Fecal Impaction, it will help if you first understand the movement of food through the body's digestion and waste disposal system.</p> <p><i>Instructor:</i> <i>Please distribute Activity Worksheet 1. Allow time to complete activity. Ask the students to follow along with you as you trace the movement of food and liquids through the Digestive System.</i></p> <p><i>Be sure to ask the students to label each body part as they follow the path of food particles, liquids, and waste through the Digestive System.</i></p> <p><i>Use Transparency 5.</i></p> <p><i>It is important that the students understand the function of each part as they trace the movement through the Digestive System.</i></p> <p>Food is torn apart and broken into small bits by the teeth. Structures in the mouth add liquid and help to get the food into a state that can be swallowed.</p>	

**Clinical Proficiency Module**  
**Fecal Impaction and Hydration**  
**Activity Worksheet 1**

Please label each part of the Digestive System as the Instructor tells you the name and function. *Important Point:* Why not write down the function under each body part?



## Clinical Proficiency Module Fecal Impaction and Hydration



Transparency 5  
Objectives 1, 2

Objective 1: Trace the movement of body waste materials and water through the bowel, defining key terms; and Objective 2, explain the function of each body part.

Content (cont'd)

Notes

The food passes into the *Stomach* where more mixing with liquids and churning of the food takes place.

In time, the food and liquid passes into the *Small Intestine*. In this body part, the food particles that can be used to maintain the body are absorbed into the bloodstream.

This is called digestion. These food particles are then carried by the bloodstream to the areas of the body that need them to function.

The portion of the food and liquid that is not absorbed by the body then becomes body waste or *Feces* and passes into the *Large Intestine*.

In the *Large Intestine*, *Feces* move slowly allowing the removal of water for recycling in the body.

The next stop is the *Rectum* where the *Feces* or *Bowel Movement* is stored until it can be eliminated through the *Anus*.

The final movement of these body waste products is through the *Anus* into the planned waiting container such as a toilet or diaper.

*Instructor: Ask the students to complete Activity Worksheet 2 before the next class meeting. Invite them to get "a little help from your friends," if they wish.*

**Clinical Proficiency Module  
Fecal Impaction and Hydration  
Activity Worksheet 2**

Please place the following parts of the Digestive System in the correct order of function and write that function on the line provided.

Large Intestine, Stomach, Rectum, Small Intestine, Anus

<b>Body Part</b>	<b>Function</b>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Clinical Proficiency Module**  
**Fecal Impaction and Hydration**

Please place the following parts of the Digestive System in the correct order of function and write that function on the line provided.

Large Intestine, Stomach, Rectum, Small Intestine, Anus

<b>Body Part</b>	<b>Function</b>
Stomach	Mix and churn food
Small Intestine	Food particles to bloodstream
Large Intestine	Removes water from feces
Rectum	Stores feces until elimination occurs
Anus	Opening to outside for elimination

**Clinical Proficiency Module  
Fecal Impaction and Hydration  
Suggested Approach on Course Day 2**

**Approximate Time To Review Activity Worksheet 2:** 15 minutes

*Instructor: Please project Transparency 6 and lead a review discussion on the function of each body part that is in the Digestive System pathway to the anus.*

**Approximate Time To Cover Content:** 30 minutes

**Key Terms and Definitions:**

Constipation      Slow movement of feces through the large intestine/colon that results in the passage of small amounts of dry, hard bowel movements usually less than three times a week.

Dietary Fiber      Substances found in plant foods that are the part not digested by humans. Also known as bulk, fiber, or roughage. An example is wheat bran, the outer coating or shell of the wheat kernel that is removed to make white flour.

Urge to Defecate    The urge to have a bowel movement or stool.

Laxatives            Bowel stimulants that increase bowel activity and cause a bowel movement to be released. Many are harsh, containing substances such as cascara and castor oil and can damage the bowel lining. Examples are Ex-Lax, Correctol, and Feen-A-Mint.

Diarrhea             Loose, watery, runny stools.

Enema                The introduction of a lukewarm liquid, containing small amounts of bowel stimulant substances, directly into the rectum through the anus.

Bowel Program      Reestablishing regular bowel movement habits as a method for treating bowel dysfunction.

Objective 3: List and explain eight common causes of constipation.

<u>Content</u>	<u>Notes</u>
<p>One source declared that 4.5 million people in the United States say they are constipated most or all of the time.</p> <p>Those who are most apt to be constipated in our country are:</p> <ul style="list-style-type: none"><li>Women</li><li>Children</li><li>Adults over 65</li><li>Pregnant women and immediately after pregnancy</li></ul> <p><i>Instructor: Please distribute Activity Worksheet 3 and allow nurse aides time to complete the activity during the following lecture.</i></p> <p><i>Use Transparency 7. List for the students the eight common causes of constipation and give an example of each. It may be helpful if you can give brief case examples from your experience describing each of these.</i></p> <p>Eight common causes of constipation are:</p> <ol style="list-style-type: none"><li>1. Not enough fiber in the diet, daily requirement is 25-30 grams</li><li>2. Not enough liquids</li><li>3. Lack of exercise</li><li>4. Medications</li><li>5. Changes in life routine, such as travel, pregnancy or becoming elderly</li><li>6. Abuse of laxatives</li><li>7. Ignoring the urge to have a bowel movement</li><li>8. Specific diseases, such as multiple sclerosis or lupus</li></ol>	

**Clinical Proficiency Module  
Fecal Impaction and Hydration  
Activity Worksheet 3**

Please list on the left each of the eight common causes of constipation. Then, on the right list those groups in our population that are at risk.

**Common Cause of Constipation                      Example of Who Is At Risk**

1.

2.

3.

4.

5.

6.

7.

8.

**Clinical Proficiency Module  
Fecal Impaction and Hydration**

<b><u>Common Cause of Constipation</u></b>	<b><u>Example of Who Is At Risk</u></b>
<b>1. Not Enough Fiber in Diet</b>	<b>Difficulty Swallowing</b>
<b>2. Not Enough Liquids</b>	<b>Busy Aide</b>
<b>3. Lack of Exercise</b>	<b>Desk Worker</b>
<b>4. Medications</b>	<b>Pain Pills but can vary with individuals</b>
<b>5. Life Changes</b>	<b>Going on Vacation</b>
<b>6. Abuse of Laxatives</b>	<b>Must have laxative for BM</b>
<b>7. Ignoring BM Urge</b>	<b>Busy Aide</b>
<b>8. Specific Diseases</b>	<b>Multiple Sclerosis</b>

Objective 3: List and explain eight common causes of constipation.

Content (cont'd)

Notes

Instructor Note:

*Consider contacting your dietician before teaching this class. Many times there are available facsimiles of these foods that are used in diet teaching for the residents/patients and their families. There will probably also be large, colorful pictures that will show each of these twenty foods. If none of these are available in your facility dietary department, consider contacting your local health department dieticians. These dieticians are also involved in diet teaching and will have a wealth of materials that are colorful and interesting at which to look.*

Instructor:

*Please distribute Handout # 1.  
Use Transparency 8*

The number one common cause is not enough **fibers** in the diet. These foods are the top fiber foods in our culture's diet.

When we do not drink the recommended eight, 8-ounce glasses of **liquids** a day, we have not had enough liquid to keep our stool soft to pass.

Liquids such as water and juice add fluid to the feces and help to make it more bulky so that it stays soft and can pass easier.

When thinking about those who do **not have enough exercise** in their life, do not forget healthy, young individuals who have an accident or illness that causes them to be confined to bed. Constipation is not usually very far away.

Many **medications** can cause constipation. Often this is listed as a side effect of the medication.

Clinical Proficiency Module  
Fecal Impaction and Hydration  
Handout # 1

Twenty Fiber Foods

Dried Beans, Peas



Fresh/Frozen Lima Beans

Bran Cereals

Fresh/Frozen Gr. Peas

Dried Fruit, figs,  
Dates, Apricots

Raspberries, Blackberries,  
Strawberries

Sweet corn, Carrots



Whole Wheat Cereal

Broccoli, Brussel Sprouts

Baked Potato With Skin

Green Beans, Pole Beans,  
Broad Beans



Plums, Pears, Apples

Raisins and Prunes

Greens, All Types

Nuts, Coconuts

Cherries, Bananas

Clinical Proficiency Module  
Fecal Impaction and Hydration

Twenty Fiber Foods

Dried Beans, Peas



Bran Cereals

Fresh/Frozen Lima Beans

Fresh/Frozen Gr. Peas

Dried Fruit, figs, Dates, Apricots

Raspberries, Blackberries, Strawberries

Sweet corn, Carrots



Whole Wheat Cereal

Broccoli, Brussel Sprouts

Baked Potato With Skin



Green Beans, Pole Beans, Broad Beans

Plums, Pears, Apples

Raisins and Prunes

Greens, All Types

Nuts, Coconuts

Cherries, Bananas

Objective 3: List and explain eight common causes of constipation.

Content (cont'd)

Notes

Those that are especially troublesome are medications that "slow down the body activity." Examples are medications that:

- Slow pain activity like narcotics
- Slow digestive activity, antispasmodics
- Iron Supplements
- Anticonvulsants
- Diuretics

Many people believe that they are constipated when actually their bowel movements are regular. They just don't have a bowel movement every day.

There is no right number of bowel movements. Normal may be three times a day for some and three times a week for others.

In our country, many believe that if they do not have a bowel movement once a day, they are constipated. Television helps us to believe that since the makers of constipation medications want us to buy their products.

As a result, many people take **too many laxatives and abuse enemas.**

When your body gets used to having a laxative to stimulate the bowels for a bowel movement, your body will stop stimulating itself. It will wait for the signal from the laxative stimulus.

The result is constipation except when the laxative stimulus is present to cause movement in the bowels.

Objective 3: List and explain eight common causes of constipation.

Content (cont'd)

Notes

**Ignoring the urge** to have a bowel movement is a common problem in our busy world today. How many of you have done that, hoping to have time "a little later in the day?"

Remember, the colon's work is to remove water from feces. When you have the urge to have a bowel movement, the colon is signaling that its work is done.

If you ignore this urge, the colon does **not** stop removing water from the feces, but continues. The feces get dryer and dryer.

This same thing happens in our residents/patients who cannot get to the toilet by themselves and repeatedly ask for assistance until the urge to have the bowel movement stops.

But, just because the urge stops does not mean that the colon stops removing water. It continues and the feces get dryer and dryer.

Of course, **certain diseases and injuries** can cause problems with the movement of feces.

Diabetes, stroke, spinal cord injury, and multiple sclerosis just names a few. Many others could cause constipation when their treatment medications are added.

What can you, the aide, do to assist a resident/patient at risk for constipation?

Objective 4: List and define six activities available to the aide to assist a resident/patient at risk for constipation.

<u>Content (cont'd)</u>	<u>Notes</u>
<p><i>Please distribute Handout # 2.</i> <i>Use Transparency 9</i></p> <p>There are six very important ways that an aide can assist:</p> <ul style="list-style-type: none"><li>• Be sure that the resident/patient eats those fiber foods that are presented at each meal. Hint: To be able to encourage fiber foods, you must remember which foods are fiber foods.</li><li>• Keep water pitchers filled and encourage water drinking throughout the day. Remember that water helps to make the feces more bulky and, therefore, easier to pass.</li><li>• Be sure those residents/patients you care for are doing whatever exercises they can each day.</li><li>• Try to offer the toilet at about the same time each day for those in your care. Regular bowel habits help the bowel to know when to move and can help avoid the need for stimulants. Allowing 15 minutes after breakfast to sit on the toilet is a good way to start.</li><li>• Discourage the use of harsh stimulant laxatives unless ordered by the doctor.</li><li>• Be alert for constipation and report to your supervisor those at risk, such as those on body slowing down medications, or those who are not exercising, or those who are not drinking enough water, and those who are not eating those fiber foods provided.</li></ul> <p><i>Please distribute Clinical Practice Sheet # 1 to be completed prior to next class.</i></p>	

**Clinical Proficiency Module  
Fecal Impaction and Hydration  
Handout # 2**

**Six Ways An Aide Can Assist Those At Risk For  
Constipation**

1. Be sure that the resident/patient eats those fiber foods that are presented at each meal. Hint: To be able to encourage fiber foods, you must remember which foods are fiber foods.



2. Keep water pitchers filled and encourage water drinking throughout the day. Remember that water helps to make the feces more



bulky and, therefore, easier to pass.

3. Be sure those residents/patients you care for are doing whatever exercises they can each day.
4. Try to offer the toilet at about the same time each day for those in your care. Regular bowel habits help the bowel to know when to move and can help avoid the need for stimulants. Allowing 15 minutes after breakfast to sit on the toilet is a good way to start.
5. Discourage the use of harsh stimulant laxatives unless ordered by the doctor.
6. Be alert for constipation and report to your supervisor those at risk, such as those on body slowing down medications, or those who are not exercising, or those who are not drinking enough water, and those who are not eating those fiber foods provided.

**Clinical Proficiency Module  
Fecal Impaction and Hydration**

**Six Ways An Aide Can Assist Those At Risk**

- 1. Encourage Fiber Foods**



- 2. Keep Water Pitchers Filled**



- 3. Encourage/Assist With Exercise**

- 4. Regularly Offer The Toilet**

- 5. Discourage Laxatives unless Ordered**



- 6. Watch For Constipation In Those At Risk And Report This To Your Supervisor.**

**Clinical Proficiency Module  
Fecal Impaction and Hydration  
Clinical Practice Sheet # 1**

Before our next class meeting, please complete the exercise below based on your observations made during your workday.

Of those 20 fiber foods we discussed, list as many as you SEE served during your shift today.

- |     |     |
|-----|-----|
| 1.  | 11. |
| 2.  | 12. |
| 3.  | 13. |
| 4.  | 14. |
| 5.  | 15. |
| 6.  | 16. |
| 7.  | 17. |
| 8.  | 18. |
| 9.  | 19. |
| 10. | 20. |

As you work today, identify 6 residents/patients that you believe are at risk for constipation and explain why, in the spaces below. Be sure to use initials, only.

<b>Resident Initials</b>	<b>Why At Risk For Constipation</b>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

Please write two things you did today to assist a resident/patient to avoid constipation.

**Clinical Proficiency Module  
Fecal Impaction and Hydration  
Suggested Approach on Course Day 3**

**Approximate Time To Review Clinical Practice Sheet:** 15 minutes

*Instructor: Use Transparency 10 and review the Clinical Practice Sheet # 1. Ask students for their findings in each of the indicated categories and write those into the correct blanks projected. Reference may be made to Transparencies 7, 8, and 9, Activity Worksheet 3 and Handout # 1.*

**Approximate Time To Cover Content:** 30 minutes

**Key Terms and Definitions:**

<u>Fecal Impaction</u>	The retention of hard feces in the rectum or lower colon.
<u>Digital Feces Removal</u>	Breaking up and removing a Fecal Impaction using a gloved finger.
<u>Lubricants</u>	Substances that grease the feces and help it move through the intestine or bowel more easily. Mineral oil is the most common lubricant used

**Clinical Proficiency Module  
Fecal Impaction and Hydration**

**20 Fiber Foods**

- |     |     |
|-----|-----|
| 1.  | 11. |
| 2.  | 12. |
| 3.  | 13. |
| 4.  | 14. |
| 5.  | 15. |
| 6.  | 16. |
| 7.  | 17. |
| 8.  | 18. |
| 9.  | 18. |
| 10. | 20. |

**Resident Initials                      Why At Risk For Constipation**

---

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

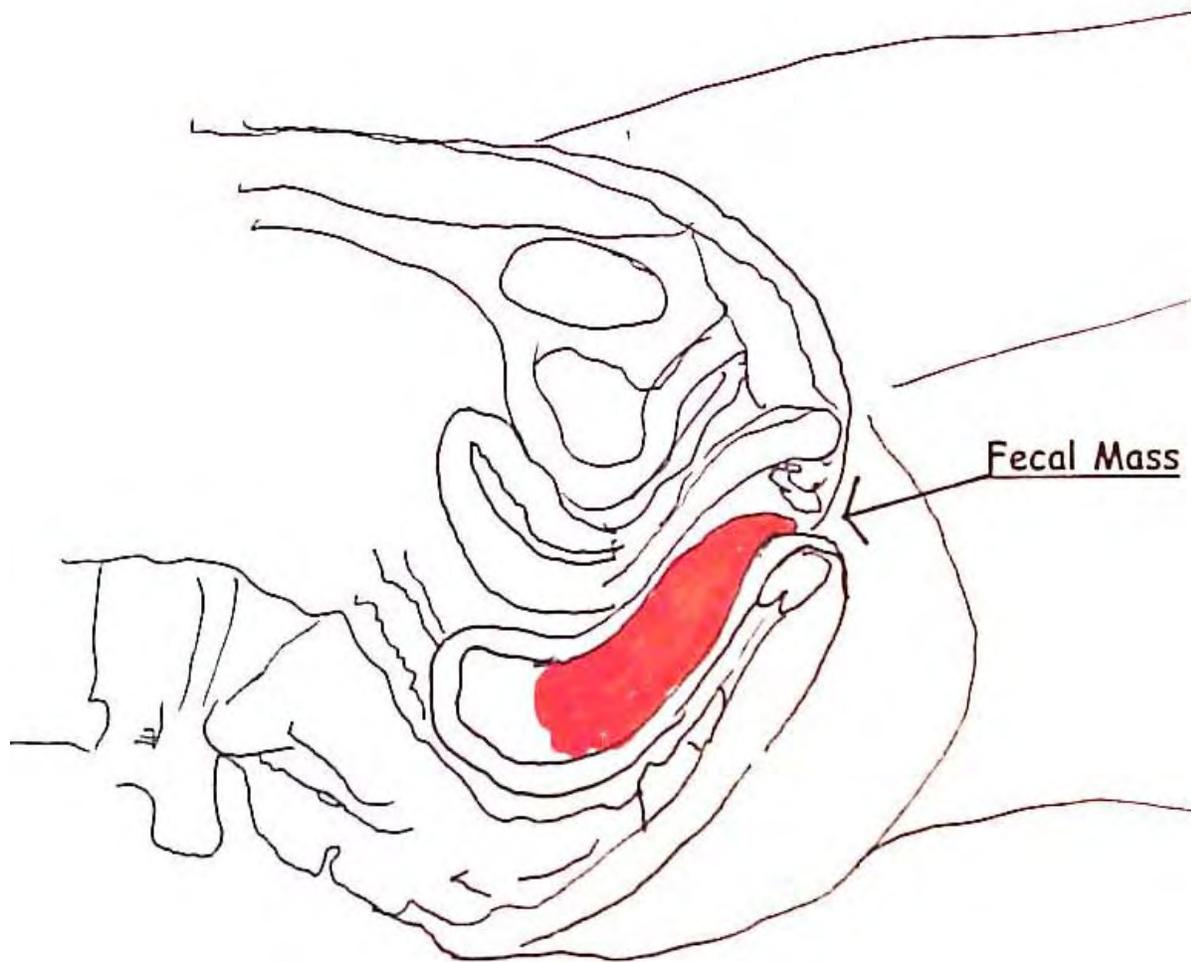
Please write two things you did today to assist a resident/patient to avoid constipation

Objective 5: Describe fecal impaction, defining key terms.  
 Objective 6: List and define four major factors that place a resident/patient at risk for Fecal Impaction.

<u>Content</u>	<u>Notes</u>
<p>Fecal impaction occurs when constipation is unrelieved and the colon continues to remove the water from the feces that is waiting to be defecated or expelled.</p> <p><i>Instructor: Use Transparency 5 to show the general location of Fecal Impaction in the rectum.</i></p> <p>The feces are held and gradually form a mass that is too large to be passed through the anus. The rectum will continue to stretch and will accept more feces from the colon without passing the mass that is building.</p> <p><i>Instructor: Transparency 11 will show a side view of a fecal impaction.</i></p> <p>Often, this mass will become formed in rounded ball-like forms, several together forming the mass.</p> <p><i>Instructor: Please use Activity Worksheet 4.</i></p> <p>There are four major factors that can put a person at risk for fecal impaction:</p> <ul style="list-style-type: none"> <li>• Prolonged inactivity, can be from a variety of causes</li> <li>• Dietary changes, such as travel, pregnancy, illness, or being elderly</li> <li>• Psychiatric illnesses</li> <li>• Chronic use of laxatives for constipation</li> </ul>	

**Clinical Proficiency Module**  
**Fecal Impaction and Hydration**

## Side View of Fecal Impaction



Transparency 11  
Objective 5

**Clinical Proficiency Module  
Fecal Impaction and Hydration  
Activity Worksheet 4**

For each of the four major factors that put a resident/patient at risk for Fecal Impaction, please list two examples that might be found in a healthcare setting.

Prolonged Inactivity

- 1.
- 2.

Dietary Changes

- 1.
- 2.

Psychiatric Illnesses

- 1.
- 2.

Chronic use of laxatives for constipation

- 1.
- 2.

**Objective 7: Name eight situations that put a resident/patient at risk for fecal impaction.**

<u>Content</u>	<u>Notes</u>
<p>There are situations, or ways of being, that can put a resident/patient at risk for fecal impaction.</p> <p>These situations, or ways of being, fall into those four main categories.</p> <p><i>Instructor: Transparency 12 can be used now.</i></p> <p>Examples that might be found in a healthcare work setting are:</p> <ul style="list-style-type: none"><li>• Prolonged Inactivity: Broken Hip, Stroke</li><li>• Dietary Alterations: Flu, Heart Attack</li><li>• Psychiatric Illnesses: Alzheimer's Disease, Depression</li><li>• Chronic Use of Laxatives for Constipation</li></ul> <p>Many elderly believe they must have a bowel movement everyday to be considered not constipated.</p> <p>Some individuals begin using laxatives during an episode of constipation and do not know how to retrain themselves to no longer use the laxatives.</p> <p><i>Instructor: Please distribute Clinical Practice Sheet # 2.</i></p>	

Clinical Proficiency Module  
Fecal Impaction and Hydration

# Situations that put a resident/patient at risk for Fecal Impaction

## **Prolonged Inactivity**

**Broken Hip**

**Stroke**

## **Dietary Alterations**

**Flu**

**Heart Attack**

## **Psychiatric Illnesses**

**Alzheimer's Disease**

**Depression**

## **Chronic Use of Laxatives for Constipation**

**Many elderly believe they must have a bowel movement everyday.**

**Some individuals begin using laxatives during an episode of constipation and do not know how to retrain themselves.**

Clinical Proficiency Module  
**Fecal Impaction and Hydration**  
**Clinical Practice Sheet # 2**

Before our next class meeting, find two healthcare examples for each of the four major factors that can put a resident/patient at risk for Fecal Impaction. Please be sure to use initials only!

Be sure to check with your supervisor if you are not sure just what a resident's or patient's healthcare problem is that puts them at risk. They will be glad to help you!

**Initials of Resident/Patient      Why At Risk for Fecal Impaction**

Prolonged Inactivity

- 1.
- 2.

Dietary Changes

- 1.
- 2.

Psychiatric Illnesses

- 1.
- 2.

Chronic Use of Laxatives for Constipation

- 1.
- 2.

**Clinical Proficiency Module  
Fecal Impaction and Hydration**

**Suggested Approach on Course Day 4**

**Approximate Time To Review Clinical Practice Sheet:** 15 minutes

*Instructor: Please use Transparency 13 at this point to lead a group discussion of the information the students gathered on Clinical Practice Sheet # 2. An alternative approach would be to use Transparency 13 and project it onto a chalkboard or a dry erase board and lead the group discussion by allowing students to complete the blanks with information they gathered with the Clinical Practice Sheet # 2.*

**Approximate Time To Cover Content:** 30 minutes

**Key Terms and Definitions:**

<u>Voiding</u>	The emptying of collected body liquids, called urine, from the bladder.
<u>Urgency</u>	The inability to hold urine until appropriate emptying can take place. Sometimes it is used to describe leaking of urine on the way to empty the bladder.
<u>Frequency</u>	Voiding many times without building any volume.
<u>Urinary Retention</u>	Inability to empty the bladder.
<u>Hydrated</u>	Filled to capacity with liquid. Saturated with absorbed water.

**Clinical Proficiency Module  
Fecal Impaction and Hydration**

**Healthcare Examples of Situations at Risk  
for Fecal Impaction**

**Initials of Resident/Patient      Why At Risk, Fecal Impaction**

Prolonged Inactivity:

- 1.
- 2.

Dietary Changes

- 1.
- 2.

Psychiatric Illnesses

- 1.
- 2.

Chronic Use of Laxatives for Constipation

- 1.
- 2.

Objective 8: State and explain the most important point to remember when observing for the presence of fecal impaction.

<u>Content</u>	<u>Notes</u>
<p><i>Instructor: Please distribute Activity Worksheet # 5. Ask students to complete Activity Worksheet # 5 as the following content is discussed. Use Transparency 14 to discuss important points.</i></p> <p>When observing a resident/patient for fecal impaction, the most important point to remember is that the fecal impaction location will cause different complaints in the resident/patient.</p> <p>The fecal impaction might be very high, at the top of the rectum.</p> <p><i>Instructor: Please use Transparency 5 and indicate where "high, at the top of the rectum" would be.</i></p> <p>The fecal impaction might be located much lower down in the rectum, at the anus.</p> <p><i>Instructor: Please use Transparency 5 to indicate a location of a fecal mass near the anus.</i></p> <p>Residents/patients that have developed a fecal impaction might have a variety of complaints depending on the location of the impacted mass.</p> <p>If the impaction is located in an area in which it presses on:</p> <ul style="list-style-type: none"> <li>• One of the nerves in the back, complaints may be of back pain</li> <li>• The bladder, complaints may be of voiding problems like:             <ul style="list-style-type: none"> <li>-increased or decreased output</li> <li>-urgency/frequency</li> <li>-infections from urinary retention</li> </ul> </li> <li>• The vagus nerve branch in the rectum, may complain of dizziness caused by a slowing down of the heart rate due to pressure on the vagus nerve. Chest pain may be another symptom.</li> </ul>	

**Clinical Proficiency Module  
Fecal Impaction and Hydration  
Activity Worksheet # 5**

Please complete the following during the lecture.

The most important point to remember when observing a resident/patient for Fecal Impaction is:

The classic complaint that indicates the presence of a Fecal Impaction is:

The guiding purpose of the treatment of a Fecal Impaction by the healthcare team is:

**Clinical Proficiency Module  
Fecal Impaction and Hydration**

- The most important point to remember when observing a resident/patient for Fecal Impaction is:

**that complaints of pain and discomfort with a Fecal Impaction will differ depending on the location of the Fecal Impaction.**

- The classic complaint that indicates the presence of a Fecal Impaction is:

**Diarrhea.**

- The guiding purpose of the treatment by the healthcare team of a Fecal Impaction is:

**to hydrate and soften the feces so that it can be removed or passed.**

Objective 9: State the guiding purpose behind treatment for fecal impaction and list four actions the aide can take to assist this guiding purpose.

<u>Content</u>	<u>Notes</u>
<p>A classic complaint that indicates the presence of a fecal impaction is diarrhea. The impaction moves around within the rectum and allows small amounts of very liquid feces to "slip by."</p> <p>This "slipping by" may also happen when the resident/patient coughs or has increased activity.</p> <p>When treatment for fecal impaction is planned by the healthcare team, the guiding purpose is to hydrate and soften the feces so that it can be removed or passed.</p> <p>Enemas may be used to lubricate the bowel and soften the stool. As a review, here are guidelines for giving an enema.</p> <p><i>Instructor: Please use Transparency 15 now.</i></p> <p>The healthcare team needs to be cautious to not damage the lining of the rectum when the enema is given.</p> <p>If the fecal impaction cannot be softened enough to be passed, digital feces removal may have to be done. This, of course, is not a task for the aide.</p>	

**Clinical Proficiency Module  
Fecal Impaction and Hydration**

## **Important Points to Remember When Giving An Enema**

- 1. Check temperature of enema solution against side of wrist. Using a bath thermometer, temperature should be 105 degrees F.**
- 2. Container should not be higher than 18 inches above the anus.**
- 3. Resident/patient should be positioned on left side with knees slightly flexed.**
- 4. Give the Resident/patient as much privacy as possible. Remember, lack of privacy can cause tension, thus constipation.**

<u>Content (cont'd)</u>	<u>Notes</u>
<p><b><u>Fecal Impaction Review:</u></b></p> <p><i>Instructor: Please distribute Activity Worksheet # 6.</i></p> <p>Before our next class meeting as a review of the terms we have learned, please complete the word game, Brain Impaction. When you have finished, we will review your findings in group discussion.</p> <p>First you will need to complete the sentences in Activity Worksheet # 6 by filling in the blanks. Then you will need to take those words used in completing the sentences in Activity Worksheet # 6 and find them in the word game grid. Good Luck with your Brain Impaction!</p> <p><i>Instructor: To assist the students to understand the word-game grid and the many directions in which words may be found, show them the word <u>Digestion</u>.</i></p> <p><i><u>Digestion</u> can be found on the second line from the bottom, near the middle. Read from right to left rather than the usual left to right.</i></p> <p><i>Instructor: At the completion of Activity Worksheet # 6, please review results with the students. Use Transparencies 16 and 17.</i></p>	

**Clinical Proficiency Module  
Fecal Impaction and Hydration  
Activity Worksheet # 6**

**Brain Impaction**

**Please complete each sentence by filling in the blanks.**

1. Breaking up a Fecal Impaction with a gloved finger is called (3 words)  
\_\_\_\_\_.
2. Another term for Colon is the (2 words) \_\_\_\_\_ .
3. When you are unable to empty your bladder it is called (2 words),  
\_\_\_\_\_.
4. Constipation is lack of a \_\_\_\_\_ movement.
5. The Large Intestine is also called the \_\_\_\_\_ .
6. The material slowly moving through the Bowel is called \_\_\_\_\_ .
7. A large, immovable mass in the Rectum is a Fecal \_\_\_\_\_ .
8. The muscular opening of the Colon to the outside is the \_\_\_\_\_ .
9. After food is torn into small pieces in your mouth, it is swallowed and goes into your \_\_\_\_\_.
10. Filled to capacity with liquid is well \_\_\_\_\_ .
11. The movement of food particles into the bloodstream in the Small Intestine is called \_\_\_\_\_.
12. The passage of hard, dry stool is called \_\_\_\_\_ .
13. Fiber is eaten to increase the \_\_\_\_\_ of the stool.

**Clinical Proficiency Module  
Fecal Impaction and Hydration  
Activity Worksheet # 6**

**Brain Impaction  
(cont'd)**

14. The introduction of lukewarm liquids into the Rectum through the Anus is done by using an \_\_\_\_\_.
15. To empty your Bladder is also called to \_\_\_\_\_.
16. The liquid that is emptied from the Bladder is called \_\_\_\_\_ .
17. The body container that holds urine is called the \_\_\_\_\_ .
18. Voiding many times without building any volume is called \_\_\_\_\_ .
19. Inability to hold urine without leakage just before voiding is called \_\_\_\_\_.
20. Substances that stimulate the Bowel to become active are called \_\_\_\_\_.
21. The body part that holds feces until it is expelled is called the \_\_\_\_\_.

**You may choose words from the following list. All words will not be used.**

Digestive System, Bowel, Digestion, Stomach, Small Intestine, Large Intestine, Colon, Feces, Bowel Movement, Rectum, Anus, Constipation, Dietary Fiber, Urge to defecate, Laxatives, Diarrhea, Enema, Bowel Program, Impaction, Digital Feces Removal, Lubricants, Void, Urgency, Frequency, Urinary Retention, Bladder, Urine, Bulk, and Hydrated.

**Clinical Proficiency Module  
Fecal Impaction and Hydration**

**Brain Impaction**

**Please complete each sentence by filling in the blank.**

1. Breaking up a Fecal Impaction with a gloved finger is called **Digital Feces Removal.**
2. Another term for Colon is **Large Intestine.**
3. When you are unable to empty your Bladder, it is called **Urinary Retention.**
4. Constipation is lack of a **Bowel** Movement.
5. The Large Intestine is also called the **Colon.**
6. The material slowly moving through the Bowel is called **Feces.**
7. A large, immovable mass in the Rectum is a Fecal **Impaction.**
8. The muscular opening of the Colon to the outside is the **Anus.**
9. After food is torn into small pieces in your mouth, it is swallowed and goes into your **Stomach.**
10. Filled to capacity with liquid is well **Hydrated.**
11. The movement of food particles into the bloodstream in the Small Intestine is called **Digestion.**
12. The passage of hard, dry stool is called **Constipation.**
13. Fiber is eaten to increase the **Bulk** of the stool.

**Clinical Proficiency Module  
Fecal Impaction and Hydration**

**Brain Impaction  
(cont'd)**

14. The introduction of lukewarm liquids into the Rectum through the Anus is done by using an *Enema*.
15. To empty your Bladder is also called to *Void*.
16. The liquid that is emptied from the Bladder is called *Urine*.
17. The body container that holds urine is called the *Bladder*.
18. Voiding many times without building any volume is called *Frequency*.
19. Inability to hold urine without leakage just before voiding is called *Urgency*.
20. Substances that stimulate the Bowel to become active are called *Laxatives*.
21. The body part that holds feces until it is expelled is called the *Rectum*.

**Clinical Proficiency Module  
Fecal Impaction and Hydration  
Handout # 3**

Using the words discovered when filling in the blanks on Activity Worksheet 6, find those words hidden in the word-game grid.

**HINT:** Words can be spelled out diagonally, backwards, or up and down.

D	O	G	M	O	O	S	T	O	R	M	I	N	M	O	V	E	S	O	P
A	I	M	P	A	C	T	I	O	N	A	V	E	R	T	O	V	E	N	U
R	U	G	A	K	T	R	A	I	N	U	T	P	O	H	L	E	U	U	L
K	I	N	I	N	T	E	S	T	I	N	E	O	O	E	U	R	R	H	L
O	N	L	Y	T	Y	C	N	E	U	Q	E	R	F	R	M	N	I	Y	M
C	O	U	N	T	A	K	I	N	N	U	H	W	I	S	I	O	N	D	A
O	U	T	L	A	N	L	I	L	O	E	V	U	N	A	S	N	E	R	N
N	T	X	A	N	U	F	F	I	L	E	O	N	R	A	A	K	M	A	S
S	W	A	X	K	S	I	D	E	O	N	L	Y	S	G	L	U	O	T	S
T	U	G	A	W	A	R	E	S	C	O	R	A	L	S	T	L	A	E	K
I	R	A	T	I	N	C	U	P	A	E	S	M	A	C	O	T	M	A	N
P	E	B	I	H	C	A	M	O	T	S	S	T	E	A	K	S	F	Y	I
A	D	O	V	E	T	I	M	E	S	T	O	R	O	M	E	G	A	C	F
T	D	U	E	L	E	A	N	I	V	E	R	F	E	C	E	S	D	N	E
I	A	T	E	E	S	T	E	R	I	O	T	U	O	M	A	L	L	E	Y
O	L	O	D	W	I	T	H	E	R	N	Y	P	W	A	O	T	O	G	O
N	B	C	M	O	V	E	M	E	N	T	P	R	I	N	T	V	T	R	U
L	E	A	N	B	U	L	K	N	O	B	E	S	I	D	E	O	A	U	N
Y	O	U	R	Y	C	K	N	O	I	T	S	E	G	I	D	I	R	L	G
A	M	E	N	E	V	E	R	E	M	O	U	N	T	O	A	D	M	O	G

**Clinical Proficiency Module  
Fecal Impaction and Hydration  
Handout # 3**

Using the words discovered when filling in the blanks on Activity Worksheet 6, find those words hidden in the word-game grid.

**HINT:** Words can be spelled out diagonally, backwards, or up and down.

D	O	G	M	O	O	S	T	O	R	M	I	N	M	O	V	E	S	O	P
A	I	M	P	A	C	T	I	O	N	A	V	E	R	T	O	V	E	N	U
R	U	G	A	K	T	R	A	I	N	U	T	P	O	H	L	E	U	U	L
K	I	N	I	N	T	E	S	T	I	N	E	O	O	E	U	R	R	H	L
O	N	L	Y	T	Y	C	N	E	U	Q	E	R	F	R	M	N	I	Y	M
C	O	U	N	T	A	K	I	N	N	U	H	W	I	S	I	O	N	D	A
O	U	T	L	A	N	L	I	L	O	E	V	U	N	A	S	N	E	R	N
N	T	X	A	N	U	F	F	I	L	E	O	N	R	A	A	K	M	A	S
S	W	A	X	K	S	I	D	E	O	N	L	Y	S	G	L	U	O	T	S
T	U	G	A	W	A	R	E	S	C	O	R	A	L	S	T	L	A	E	K
I	R	A	T	I	N	C	U	P	A	E	S	M	A	C	O	T	M	A	N
P	E	B	I	H	C	A	M	O	T	S	S	T	E	A	K	S	F	Y	I
A	D	O	V	E	T	I	M	E	S	T	O	R	O	M	E	G	A	C	F
T	D	U	E	L	E	A	N	I	V	E	R	F	E	C	E	S	D	N	E
I	A	T	E	E	S	T	E	R	I	O	T	U	O	M	A	L	L	E	Y
O	L	O	D	W	I	T	H	E	R	N	Y	P	W	A	O	T	O	G	O
N	B	C	M	O	V	E	M	E	N	T	P	R	I	N	T	V	T	R	U
L	E	A	N	B	U	L	K	N	O	B	E	S	I	D	E	O	A	U	N
Y	O	U	R	Y	C	K	N	O	I	T	S	E	G	I	D	I	R	L	G
A	M	E	N	E	V	E	R	E	M	O	U	N	T	O	A	D	M	O	G

**Clinical Proficiency Module  
Fecal Impaction and Hydration**

**Answer Key for Handout # 3**

Using the words discovered when filling in the blanks on Activity Worksheet 6, find those words hidden in the word-game grid.

**HINT:** Words can be spelled out diagonally, backwards, or up and down.

D																		
	I	M	P	A	C	T	I	O	N									
		G															U	
			I	N	T	E	S	T	I	N	E						R	H
				T	Y	C	N	E	U	Q	E	R	F			N	I	Y
C				A				N						I		N	D	
O			L		N	L			O					A			E	R
N			A		U		F	L					R				M	A
S			X		S			E	O			Y				U		T
T			A					C		R					T			E
I	R		T						E					C				D
P	E		I	H	C	A	M	O	T	S	S		E					Y
A	D		V					E					R					C
T	D		E	L			N						F	E	C	E	S	N
I	A			E		T									M			E
O	L			W	I											O		G
N	B		M	O	V	E	M	E	N	T						V		R
				B	U	L	K									O	A	U
								N	O	I	T	S	E	G	I	D	I	L
A	M	E	N	E													D	

**Clinical Proficiency Module  
Fecal Impaction and Hydration**

**Suggested Approach on Course Day 5**

**Approximate Time To Review Brain Impaction Handout: 30 minutes**

*Instructor: As a review, please use Transparencies 16 and 17 and lead the group discussion on which words correctly filled in the blanks provided. Then, using Transparency 18, please project the Brain Impaction Word Game Grid and ask the students to give the correct answers. One teaching technique might be to project Transparency 18 on a chalkboard or dry erase board and circle each word as the students call out their findings. Opportunities to be viewed by your peers as someone who has the correct answer serve to build self-esteem.*

**Approximate Time To Cover Content: 30 minutes**

**Key Terms and Definitions:**

<u>Intake</u>	The amount of fluid taken in by the body.
<u>Output</u>	The amount of fluid lost by the body.
<u>Normal Fluid Balance</u>	When the amount of fluid intake equals the amount of fluid output.

Objective 10: Describe the normal adult daily water requirement.

<u>Content</u>	<u>Notes</u>
<p>Death can result if intake of body water is less than what is required to sustain life.</p> <p>The normal adult needs 1500 mls. of water daily. A total of 2000 to 2500 mls of fluids per day is needed to keep body hydrated.</p> <p>This is often said to be gotten from 8 glasses of water a day AND an adequate diet consisting of three to five servings of vegetables and two to four servings of fruits.</p> <p>In a given time period, the amount of fluid intake for the body must equal the amount of fluid output. This is called Normal Fluid Balance.</p> <p>Normal Fluid Balance must be maintained for individuals to be healthy.</p> <p>Fluids can be water, juices, and a wide variety of drinks. Coffee, tea, and alcohol, however tend to increase the body's output resulting in a below-Normal Fluid Balance.</p> <p>Water is also found in soups fruits and vegetables.</p> <p>The body uses water in a variety of ways.</p>	

Objective 11: Identify four important uses for water in the body.

Content

Notes

*Instructor: Please use Transparency 19 here.*

Four important ways the body uses water are:

1. As a solvent for nutrients and body waste products
2. As a medium in which cellular activity is carried on. The work of particular body cells, such as cell growth, must be done in liquid medium since independent movement of the cell's parts is not possible without the carrying ability of the liquid. That liquid, of course, is water.
3. As a liquid to assist in carrying nutrients into the bloodstream when digestion takes place in the Small Intestine. Again, the nutrients used by the body must be moved in a liquid medium.
4. As a major part of blood plasma. Blood plasma carries elements vital to body functions to a wide variety of body parts. Examples are white and red blood cells. These elements must be carried in a liquid medium since independent movement is not possible otherwise.

**Clinical Proficiency Module  
Fecal Impaction and Hydration**

## **Four Important Ways The Body Uses Water**

- 1. As a solvent for nutrients and body waste**
- 2. As a medium for cellular activity**
- 2. As a medium for carrying nutrients during digestion**
- 3. As a medium for carrying blood plasma structures to the needed body sites.**

Objective 12: Explain how the body normally gets water and how the body normally loses water.

Content

Notes

The body normally gets water through fluids and foods. The body normally loses water through urine, feces, skin perspiration, and through the lungs with expiration.

*Instructor: Please distribute Clinical Practice Sheet # 3.*

Before our next class meeting, please complete Clinical Practice Sheet # 3. It is very important that you try to list activities that you could do that might help relieve any problem situations you may find.

**Clinical Proficiency Module  
Fecal Impaction and Hydration  
Clinical Practice Sheet # 3**

We now know that the normal adult requirement for water is 1500 mls. per day. We also now know that the normal adult should have output and intake over a period of time that are roughly equal. While working today, complete the following table using observations you make in your work setting. Please remember to use resident/patient initials only!

<u>Initials</u>	<u>Fluid Intake</u>	<u>Fluid Output</u>	<u>Problem?</u>	<u>Why?</u>
Example BB	750 mls.	1000 mls.	Yes	low intake

1.

2.

3.

4.

5.

Of those identified above that have problems, can you list below, next to their identifying number, one activity that you could do that would help relieve that problem?

1.

2.

3.

4.

5.

**Clinical Proficiency Module  
Fecal Impaction and Hydration**

**Suggested Approach on Course Day 6**

**Approximate Time To Review Clinical Practice Sheet # 3: 15 minutes**

*Instructor: Use Transparency 20 and project it on a chalkboard or dry erase board. Lead a group discussion on the findings of the students after completing Clinical Practice Sheet # 3. As students give their findings in each category, write their suggestions under each projected category. If your class is large, each student's findings may be written for all to see then erased to accept the findings of another student.*

**Approximate Time to Cover Content: 30 minutes**

*Instructor: Distribute Activity Worksheet # 7. Allow the student time to complete the activity, following along during lecture. Use Transparency 21.*

Objective 13: Define dehydration.	
<u>Content</u>	<u>Notes</u>
Dehydration is the lack of adequate intake to maintain Normal Fluid Balance.	
Residents/Patients need at least eight 8-ounce glasses of water or liquids a day plus an adequate diet containing the appropriate number of servings of fruits and vegetables.	
Remember that coffee, tea, and alcohol should not be counted since these tend to increase your body's elimination of fluids.	

**Clinical Proficiency Module  
Fecal Impaction and Hydration**

**Intake/Output Amounts Found During Workday**

<u>Initials</u>	<u>Fluid Intake</u>	<u>Fluid Output</u>	<u>Problem/Why?</u>
Ex. BB	750 mls.	1000 mls.	yes low intake

1.

2.

3.

4.

5.

One activity the aide can do to help with problems found in  
Intake/Output review above

1.

2.

3.

4.

5.

**Clinical Proficiency Module  
Fecal Impaction and Hydration  
Activity Worksheet # 7**

**Dehydration is:**

**Four common causes of dehydration are:**

**Additional observations that the aide can make that would indicate dehydration are:**

Objective 14: List four common causes for dehydration.

Objective 15: Identify observations the aide can make that indicate dehydration might be present.

<u>Content</u>	<u>Notes</u>
<p>Four common causes of dehydration are:</p> <ol style="list-style-type: none"><li>1. High Weather Temperatures</li><li>2. Exercise</li><li>3. Fever</li><li>4. Illness</li></ol> <p>When any of these causes of dehydration are present, more fluid intake than "normal" for a particular individual will be needed.</p> <p>Additional observations that the aide can make that would indicate dehydration are:</p> <ol style="list-style-type: none"><li>1. Observation that the water in the resident/patient water pitcher is never used and much of each meal is not eaten.</li><li>2. Complaints of thirst show dehydration has begun</li><li>3. New complaints of weakness</li><li>4. Decreased urine output</li><li>5. Darker, more concentrated urine</li><li>6. Even possibly fainting</li></ol>	

**Clinical Proficiency Module  
Fecal Impaction and Hydration**

**Dehydration is:**

**The lack of adequate intake to maintain Normal Fluid Balance.**

**Four common causes of dehydration are:**

- 1. High Weather Temperatures**
- 2. Exercise**
- 3. Fever**
- 4. Illness**

**Additional observations that the aide can make that would indicate dehydration are:**

- 1. Observation that the water in the resident/patient water pitcher is never used and much of each meal is not eaten.**
- 2. Complaints of thirst show dehydration has begun**
- 3. New complaints of weakness**
- 4. Decreased urine output**
- 5. Darker, more concentrated urine**
- 6. Maybe even fainting.**

Objective 16: List activities the aide can do that will assist in avoiding dehydration.	
<u>Content</u>	<u>Notes</u>
<p>There are many activities that the aide can do to help avoid dehydration for the resident/patients.</p> <p>The first is to be observant of any of the six signs of possible dehydration that we have discussed. Of course, the aide should always be aware of the condition of the resident's/patient's water pitcher.</p> <p>As an example, is the bedpan routinely rested next to the water pitcher while cleanup is completed? Is this a water pitcher that you would want to use for yourself?</p> <p>Encourage the intake of liquids and foods. Would the resident/patient be able to better handle a different type of cup? Is a straw needed? Are paper towels needed to clean up drips?</p> <p>Discuss with your resident/patient the need to improve the intake of fluids even though illness may have dampened the appetite. An aide that shows concern may be just what is needed to encourage the resident/patient.</p> <p>Ask the resident/patient to choose a liquid, fruit, or vegetable that is a particular favorite.</p> <p>Assist the resident/patient in handling his/her own liquids, fruits, or vegetables. Sometimes residents/patients are embarrassed to be seen "fumbling" with their food or drinks and would rather just do without.</p>	

Objective 16: List activities the aide can do that will assist in avoiding dehydration.	
<u>Content (cont'd)</u>	<u>Notes</u>
<p><i>Instructor: Please distribute Clinical Practice Sheet # 4.</i></p> <p>During your workday before our next class meeting, please complete Clinical Practice Sheet # 4.</p> <p>You are asked to look for residents/patients that might be showing any signs of dehydration. Document the observations for dehydration that we have learned.</p> <p>Please report any that you observe to your supervising nurse, first.</p> <p>We will discuss your findings at your next class meeting.</p>	

**Clinical Proficiency Module**  
**Fecal Impaction and Hydration**  
**Clinical Practice Sheet # 4**

Using what you have learned about:

- Those at risk for dehydration
- Observations that might indicate dehydration is beginning
- Observations that dehydration might be present
- Activities that the aide can do to help avoid dehydration

Observe all of your residents/patients for two workdays before our next class meeting. Complete the following about three of your residents/patients.

**1. Patient/Resident Initials** \_\_\_\_\_

Is this resident/patient at risk for dehydration? If so, why?

What can you do to help avoid dehydration for this resident/patient?

Is this resident/patient showing signs that dehydration is present? What signs?

What can you do to help relieve dehydration for this resident/patient?

**2. Patient/Resident Initials** \_\_\_\_\_

Is this resident/patient at risk for dehydration? If so, why?

What can you do to help avoid dehydration for this resident/patient?

Is this resident/patient showing signs that dehydration is present? What signs?

What can you do to help relieve dehydration for this resident/patient?

**3. Patient/Resident Initials** \_\_\_\_\_

Is this resident/patient at risk for dehydration? If so, why?

What can you do to help avoid dehydration for this resident/patient?

Is this resident/patient showing signs that dehydration is present? What signs?

What can you do to help relieve dehydration for this resident/patient?

**Clinical Proficiency Module  
Fecal Impaction and Hydration**

**Suggested Approach on Course Day 7**

**Approximate Time To Review Clinical Practice Sheet 4: 15 minutes**

*Instructor: Please lead a group discussion on the findings of the students when completing Clinical Practice Sheet # 4. It will be important that no student be made to feel inadequate if all observations that could have been made were not made. "Learning Together" should be the attitude in this Clinical Practice.*

**Approximate Time to Cover Evaluations: 15 minutes**

**Suggested Content:**

The most important point in our discussion is to realize that you, the aide, can help your residents/patients to avoid dehydration, by following those steps we have outlined to observe for the risk or presence of dehydration.

In addition you, the aide, can help your residents/patients relieve the problems posed by dehydration by using those activities you have identified.

Before leaving today, please complete the Course Evaluation. Remember, no name is requested or required. These are very helpful for future planning.

# Clinical Proficiency Module Evaluation

## Evaluation Form for Instructor Fecal Impaction and Hydration Clinical Proficiency Module

**Instructions:** Please take a few minutes to complete the following evaluation. Read each statement and circle the response that represents your opinion about the curriculum module. Your responses and comments will help us improve the contents of the curriculum module, Fecal Impaction and Hydration. Thank you for your time.

Statements	Rating Scale				
	Strongly Agree	Agree	Disagree	Strongly Disagree	Does not Apply
1.The objectives were appropriate for the content.	1	2	3	4	0
2.The content was appropriate for the nurse aide's level of learning.	1	2	3	4	0
3.The Activity Worksheets were appropriate and complemented the teaching/learning process.	1	2	3	4	0
4.The role-play activities were appropriate and complemented the teaching/learning process.	1	2	3	4	0
5.Clinical practice was appropriate and complemented the teaching/learning process.	1	2	3	4	0
6.The handouts were appropriate and complemented the teaching/learning process.	1	2	3	4	0
7.The overhead transparencies were used, were appropriate and complemented the teaching/learning process.	1	2	3	4	0
8.The nurse aides will be able to use what they have learned in the work setting.	1	2	3	4	0
9.The nurse aides will be able to use what they have learned away from the work setting.	1	2	3	4	0

Please write additional comments in the space below:

What are the learning needs of the nurse aides employed at your facility?

## Evaluation Form for Nurse Aide

### Fecal Impaction and Hydration Clinical Proficiency Module

**Instructions:** Please take a few minutes to complete the following evaluation. Read each statement and circle the response that represents your opinion about the curriculum module. Your responses and comments will help us improve the contents of the curriculum module, Fecal Impaction and Hydration. Thank you for your time.

Statements	Rating Scale				
	Strongly Agree	Agree	Disagree	Strongly Disagree	Does not Apply
1.The objectives were written clearly and easy to understand.	1	2	3	4	0
2.The content was appropriate for my level of learning.	1	2	3	4	0
3.The Activity Worksheets were helpful and helped me learn the content.	1	2	3	4	0
4.The role-play activities were helpful and helped me learn the content.	1	2	3	4	0
5.Clinical practice was helpful and helped me learn the content.	1	2	3	4	0
6.The handouts were helpful and helped me learn the content.	1	2	3	4	0
7.The overhead transparencies (if used) were helpful and helped me learn the content.	1	2	3	4	0
8.I will be able to use what I learned in the work setting.	1	2	3	4	0
9.I will be able to use what I learned away from the work setting.	1	2	3	4	0

Please write additional comments in the space below:

What other learning needs do you have?

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