**RNSG 2371**

**Concept-Based Transition to Professional Nursing Practice**

**Concept – ELIMINATION**

**Concept Definition**  Elimination is the excretion of waste products from the kidneys and intestines.

**Exemplars**

Benign Prostate Hypertrophy (BPH) - urinary retention

Diarrhea – bowel incontinence

Gerontology – urinary incontinence

Paralytic ileus – bowel obstruction

Skills Lab -constipation/impaction/colostomy

Neurogenic Bladder

Diverticulitis

Crohn’s disease

Clostridium Difficile (C. diff)

**Objectives**

1. Explain the concept of elimination (including definition, antecedents, and attributes).
2. Analyze conditions which place a patient at risk for disruptions in elimination.
3. Identify when elimination disruptions (negative consequence) are developing or have developed.
4. Discuss exemplars of common elimination disorders.
5. Apply the nursing process (including collaborative interventions) for individuals experiencing disruptions in elimination and to promote normal elimination.
6. Explain the correlation of *Neurogenic Bladder, Diverticulitis, Crohn’s Disease, and C. diff* to the Elimination Concept.
7. Identify conditions that place an individual at risk for Elimination imbalance which result in *Neurogenic Bladder, Diverticulitis, Crohn’s Disease, and/or Clostridium Difficile.*
8. Apply the nursing process with collaborative interventions for individuals experiencing Neurogenic *Bladder, Diverticulitis, Crohn’s Disease, and Clostridium Difficile*.
9. Discuss the influence of interrelated concepts (Nutrition, Fluid and Electrolyte

Balance, Mobility, and Cognition) on normal and abnormal elimination

**Sub objectives**

1. Define key terms related to elimination for: *Neurogenic Bladder, Diverticulitis, Crohn’s disease , and Clostridium Difficile (C. diff)*
2. Explain the correlation between Inflammatory Bowel Disease (IBD) to *Diverticulitis, Crohn’s disease, and C. diff.*
3. Identify the pathophysiology, incidence, diagnostic pathway and common treatment for *Diverticulitis, Crohn’s disease, Clostridium Difficile Infection, and Neurogenic Bladder*.
4. Explain the risk factors and co-morbidities associated with *Diverticulitis, Crohn’s disease, C. Diff. and Neurogenic Bladde*r.
5. Discuss the laboratory and diagnostic testing that is used to diagnose and monitor clients/patients with any of the following diagnoses: *Neurogenic Bladder, Diverticulitis, Crohn’s Disease, and Clostridium Difficile*.
6. Describe selected surgical procedures of the bowel: colectomy, colostomy, and ileostomy.
7. Discuss the collaborative care associated with the nursing management of patients diagnosed with *Neurogenic Bladder, Diverticulitis, Crohn’s Disease, and Clostridium Difficile.*

**Concept Analysis Diagram**

Note: Diagram on separate page.

Explanation of Elimination Diagram:

Bowel ability (including peristalsis) to expel feces, adequate hydration/intake, and bladder ability to void are Antecedents for the Elimination Concept. These entities/processes must be in place before normal elimination can result. Normal Elimination is defined as the formation, passage and excretion of waste products. The concept of Elimination is optimally operationalized when there is a routine and voluntary passage of formed stool preceded by the urge to defecate at routine interval, and for bladder elimination: the voluntary control or passage of > 30 to 50 cc of urine per hour (child 1-2mL/kg/hour), and homeostasis. These measurements are called Attributes.

When Elimination is occurring optimally there are positive outcomes/consequences. However, if the Antecedents are altered or deviate from normal function for bowel or bladder elimination, negative outcomes/consequences may result. Antecedents causing the negative consequence must be identified to determine corrective intervention. This process also includes an assessment of the Interrelated Concepts. The Interrelated Concepts of Nutrition, Coping, Fluids and Electrolyte Balance, Mobility, and Cognition impact Elimination and Elimination may impact them. The sub-concepts are components within a concept usually used when teaching the concept.

**Assignments**

**Prior to class:**

1. Review definitions of inter-rated concepts on concept analysis diagram.

2. Review concept analysis diagram.

3. Review anatomy and physiology of the urinary and gastrointestinal systems.

4. Assigned reading:

* Berman, A. & Snyder, S. (2012). *Kozier & Erb’s Fundamentals of Nursing*.

Boston: Pearson.

* Chapter 48: Urinary Elimination; Neurogenic bladder; pg. 1312
* Chapter 49: Fecal Elimination
* Giddens, J.F. (2013). *Concepts for nursing practice.* St. Louis. MO: Mosby

Elsevier.

* Chapter 14: Elimination
* Lewis, S.L., Heitkemper, M.M., Dirksen, S.R., O’Brien, P.G., & Bucher, L.

(2011). *Medical surgical nursing* (8th ed). St. Louis: Mosby Elsevier.

* Chapter 39: Gastrointestinal System
* Chapter 43: Lower Gastrointestinal Problems
* Chapter 46: Renal and Urologic Problems
* Chapter 61: Peripheral Nerve and Spinal Cord Problems; pg. 1559-1560

1. Internet resources to review:

* Gastrointestinal, Genitourinary, and Integumentary Systems

<http://mcom.alexanderstreet.com/view/1941087>

* Urinary Incontinence

<http://mcom.alexanderstreet.com/view/1665584>

* Diseases & Conditions: Neurogenic Bladder, 2012

<http://my.clevelandclinic.org/disorders/neurogenic_bladder/hic-neurogenic-bladder.aspx>

* Crohn’s Disease Nursing Care – Giving The Best

<http://ezinearticles.com/?Crohns-Disease-Nursing-Care---Giving-The-Best&id=1035598>

* CDC Healthcare associated infections, *Clostridium difficile* infection

<http://www.cdc.gov/HAI/organisms/cdiff/Cdiff_infect.html>

* Crohn’s Disease Patient Education Video Segment 1 of 3

<http://www.youtube.com/watch?v=wckDc68lQPw>

6. Review the following Nursing Diagnoses:

* Bowel incontinence
* Constipation, perceived constipation, risk for constipation
* Diarrhea
* Dysfunctional gastrointestinal motility, risk for dysfunctional gastrointestinal motility
* Urinary incontinence, functional urinary incontinence, overflow urinary incontinence, reflex urinary incontinence, stress urinary incontinence, urge urinary incontinence, risk for urge urinary incontinence
* Toileting, self-care deficit
* Impaired urinary elimination
* Readiness for enhanced urinary elimination
* Urinary retention

*Neurogenic Bladder*

* + - Urinary retention
    - Autonomic dysreflexia
    - Impaired urinary elimination
    - Readiness for enhanced urinary elimination
    - Disturbed body image
    - Anxiety related to lack of control of urinary elimination
    - Disturbed sensory perception

*Diverticulitis, Crohn’s disease, and Clostridium Difficile*

* Bowel incontinence
* Diarrhea
* Disturbed body image
* Dysfunctional gastrointestinal motility, risk for dysfunctional gastrointestinal motility
* Risk for Impaired skin Integrity related to diarrhea
* Anxiety related to lack of control of bowel elimination
* Fear related to surgical procedure (specify)

*Potential Diagnosis for each exemplar*

* Ineffective coping
* Infection, risk for infection
* Pain – Acute Pain
* Toileting, self-care deficit
* Deficient Knowledge
* Ineffective role performance
* Impaired comfort

**Concept Content Outline:**

Concept: **Elimination**

Sub Concepts: Physiological Development & Function

Bowel & Bladder Toileting Habits Culture

Genetics-Gender Age Congenital Defects

Nutritional/Fluid Intake

Medications

Diversions

Antecedents: Continent

Bowel ability to expel feces

Normal peristalsis

Bladder ability to void

Adequate hydration/intake

Risk Factors: Immobility

Catheterization or other instrumentation of the urethra or bladder

Change in diet or fluid intake

Pharmacological

Excessive loss of body fluids

Inadequate fluid intake

Assessment: Comprehensive history

Physical assessment

Physical and psychological clinical manifestations

Diagnostic tests

Positive Outcomes:

Homeostasis

Positive Physiologic Growth/Development

Active Lifestyle

Nourishment

Positive socialization

Positive self-esteem

Comfort

Negative Outcomes:  
 Physiological

Psychological

Clinical Management:

Nursing interventions

Collaborative interventions

Pharmacological therapy

Procedural therapies

Diagnostic studies

Exemplars:

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Paralytic ileus – bowel obstruction

Neurogenic Bladder

Diverticulitis

Crohn’s disease

Clostridium Difficile (C. diff)

Skills Lab -constipation/impaction/colostomy

N:ADN Syllabus/CBCCurriculum/Transition Summer 2014/Transition Elimination 4/14