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Northern Health
Palliative Care

HOT TIP
March
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Bowel & Bladder Changes
Tips for Support Workers & Care Aides

When mobility and intake decrease, the dying person may experience changes in bowel and bladder function. It is important to be aware that this is a common part of the dying process.

Ongoing assessment, monitoring and communication of changes in bowel and bladder function is important in promoting individual based treatment.

The Palliative Care Bowel Protocol recommends frequent assessment and maintaining a bowel movement at least every three days. Bowel movements may be less frequent at end-of-life, but the body will still produce a small amount of stool.

Most Common Changes:

- ***Constipation***
- ***Diarrhea***
- ***Incontinence***
- ***Urine retention***
- ***Decreased urine output***
- ***Concentrated / dark urine***

Be Sure To:

- Keep an updated bowel record to monitor the patient's bowel routine so that medications can be administered as needed.
- Report and record:
    - Behaviour changes displaying agitation and restlessness
    - Symptoms such as nausea, vomiting, abdominal distention, pain, and reduced intake.
    - Sudden onset of incontinence, foul smelling urine, decreased output and skin breakdown.
- Ask patient-specific questions: Their level of pain? When did it start? What helps/makes it worse?
- Address the cause and provide support to help reduce the symptoms.
- Protect the skin to prevent breakdown, use incontinence pads for absorption.
- Encourage the family to report any changes they may see.
- Offer support by responding quickly when answering call bells, provide commode at bedside, offer assistance and help maintain dignity.

Reference: Murray, Katherine (2014) Integrating a Palliative Approach: Essentials for Personal Support Workers. Life and Death Matters

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the northern way of caring