Urinary Diversions: A Review of Nursing Care
Posttest - 1.5 Contact Hours

Posttest Questions
(See posttest instructions on the answer form, next page)

1. The preferred final intervention for a patient with neurogenic bladder is:
   a. Bladder retraining.
   c. Electrode implantation.
   d. Sphinctorotomy.

2. When a patient has an ileal conduit, the nurse's role in electrolyte management is:
   a. Monitor for imbalance caused by ileal absorption.
   b. Provide K+ supplements daily.
   c. Assess the patient for normal fluid and electrolyte balance.
   d. Dip the urine regularly for values.

3. When counseling a patient regarding an ileal conduit, the health care professional will recommend this option for:
   a. Older adults with sedentary lifestyles.
   b. Active adults who engage in vigorous exercise.
   c. Women in childbearing years.
   d. Patients diagnosed with diabetes.

4. When teaching a patient about care of an ileal conduit, it is important to address:
   a. Avoiding air bubbles in the pouch.
   b. Odor of urine.
   c. Management of leakage at the site.
   d. Stool management.

5. When teaching a patient about care of a continent urinary reservoir, it is important to address:
   a. Associated end of life needs.
   b. Availability of a caregiver to manage the pouch.
   c. Avoiding constipation.
   d. How to manage rupture of the reservoir.

6. When discussing the advantage of the orthotopic neobladder, the patient understands that:
   a. An abdominal stoma is needed.
   b. Normal micturation can be achieved.
   c. Frequent visits for home care are needed.
   d. Continence will never be achieved.

7. The usual postoperative course following a urinary diversion includes:
   a. Bladder irrigation.
   b. Bedrest for 7 weeks.
   c. Ambulation on the 3rd day.
   d. Out of bed the evening of surgery.

8. What action should the nurse take when the urine is blood tinged in the immediate postoperative period?
   a. Monitor for progression to straw color.
   b. Collect a specimen for analysis.
   c. Notify the physician.
   d. Begin continuous bladder irrigation.

9. If the patient begins to drain urine through the incision, what action should the nurse take?
   a. Redress the incision.
   b. Decrease fluid intake.
   c. Just watch it and it will self-seal.
   d. Measure abdominal girth.

10. How often should the nurse assess a new stoma in its first 24 hours?
    a. Every 8 hours
    b. Every hour
    c. Every 4 hours
    d. Instruct the patient to self-assess.

11. Any difficulties in stoma management should be referred to:
    a. An enterostomal therapist.
    b. The physician.
    c. The home care nurse.
    d. The pouch representative.

12. One strategy to maintain accurate I & O is to:
    a. Delegate this function to the patient.
    b. Clearly label all catheters, stents, and tubes.
    c. Perform catheterization.
    d. Clamp the tubes between measurements.

13. The nurse observes that there is no urine flow for a 2-hour period. What action should be taken?
    a. Force fluids quickly.
    b. Contact the physician immediately.
    c. Vigorously irrigate the stents.
    d. Monitor for another hour.

14. When should the nurse begin patient teaching for the patient with a urinary diversion?
    a. As soon as awake postoperatively
    b. Right before discharge
    c. When ambulation begins
    d. As pain management is achieved

15. What outcome indicates the patient is ready for discharge?
    a. Straw-colored urine.
    b. Ability to perform ostomy care.
    c. Readiness for pain management.
    d. Stable vital signs.

16. Irrigation of a suprapubic tube for a continent urinary diversion should be:
    a. Performed by a health care professional.
    b. Avoided at all costs.
    c. Performed to reduce mucus in the pouch.
    d. Limited to 10 ml per episode.

17. When developing a schedule for self-catheterization, the schedule is driven by:
    a. Leakage of the reservoir.
    b. Progressive expansion of the bladder.
    c. Structured adherence to q 2 hours.
    d. How much urine drained at last catheterization.

18. In the home care setting catheters are cleaned by:
    a. Placing in the dishwasher.
    b. Boiling then drying.
    c. Soaking in vinegar.
    d. Washing in liquid detergent.

19. Bladder training to empty the neobladder involves:
    a. Rectal sphincter control.
    b. Bearing down abdominal muscles.
    c. External suprapubic massage.
    d. Electrical stimulation.

20. Effective skin cleaning is accomplished with:
    a. Vigorous scrubbing with soap.
    b. Insertion of a tampon during cleaning.
    c. Rinsing with a gentle spray.
    d. 100% vinegar on a cotton applicator.
Answer Form

Continuing Education Article

Urinary Diversions: A Review of Nursing Care

This article is approved by SUNA for 1.5 contact hours of continuing education in nursing.

Check the box next to the correct answer.

1. □ A □ B □ C □ D □ E □ F
   a. Discuss postoperative management techniques for patients undergoing urinary diversion.
   1 2 3 4 5
2. □ A □ B □ C □ D □ E □ F
   b. Describe an education plan for the patient with a urinary diversion.
   1 2 3 4 5
3. □ A □ B □ C □ D □ E □ F
   c. List three types of urinary diversions.
   1 2 3 4 5
4. □ A □ B □ C □ D □ E □ F
   2. The content was current and relevant.
   1 2 3 4 5
5. □ A □ B □ C □ D □ E □ F
   3. The content was presented clearly.
   1 2 3 4 5
6. □ A □ B □ C □ D □ E □ F
   4. The content was covered adequately.
   1 2 3 4 5
7. □ A □ B □ C □ D □ E □ F
   5. I am more confident of my abilities since completing this material.
   1 2 3 4 5
8. □ A □ B □ C □ D □ E □ F
   6. The material was □ new, □ review for me.
   1 2 3 4 5
9. □ A □ B □ C □ D □ E □ F
   □ D □ E □ F
   7. Time required to complete reading assignment and posttest
   a. Less than 1 hour
   b. 1-2 hours
   c. 2-3 hours
   d. 3 hours or more
   Comments _____________________________________________________________

Posttest Instructions

1. To receive continuing education credit for individual study after reading the article, darken the appropriate box corresponding to the best answer on the answer form (a photocopy of the answer form is acceptable). Each question has only one correct answer. A passing score for this test is 15 correct answers (75%).

2. Complete the information requested on the answer form in the space provided.

3. Detach and send the answer form along with a check or money order payable to Urologic Nursing, CE Series, East Holly Avenue Box 56, Pitman, NJ 08071-0056.

4. Test returns must be postmarked by October 31, 2003. If you pass the test, a certificate for 1.5 contact hours will be awarded and sent to you.

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This article was reviewed and formatted for contact hour credit by Julia W. Aucoin, DNS, RN, SUNA Education Director; and Jane Hokanson Hawks, DNSc, RN, Editor.