BPG 04: Bowel Care

Statement of Best Practice

All patients will have their bowel care needs met safety whilst maintaining their privacy and dignity.

1: Introduction

Nursing the critically ill often involves carrying out complex activities including supporting major organs, administrating inotropes, checking and replacing electrolytes, carrying out renal replacement and managing mechanical ventilation. When faced with this type of situation bowel management seems to, unintentionally, assume low priority.

Constipation and diarrhoea can have serious consequences for the critically ill patient and therefore achieving and maintaining normal bowel activity for the individual patient is paramount.

2: Assessment

- Check for any underlying disease and ascertain their normal bowel activity.
- Daily assessment of bowel activity should be documented and flow chart followed.
- Bristol Stool Chart should be used to define constipation and diarrhoea
- Trust protocols should be followed:
  Diarrhoea - Clostridium Difficille policy
  Insertion of Bowel Management Systems - Use of Bowel Management Care Plan
  Constipation

3: Standards of Care

- Follow the Bowel Flow Chart
- Bowel Management care plan to be commenced on insertion of Bowel Management System

Benchmarking Group: July 2016
Review Date: July 2018

Bowel Management Flow Chart

All patients to be prescribed a laxative on admission to CCD and assess daily if bowels opened

Bowels opened in Last 3 Days?

No

Perform PR examination as per Trust Policy

Rectum full

Soft Stool

Hard Stool

Glycerine suppository

Result?

No

Yes

Glycerine suppository

Result?

No

Yes

Microlax Enema

Result?

No

Yes

Consult medical staff & consider phosphate enema

Rectum empty

Continue to assess daily & continue aperients

Bowels open in next 48 hrs (by day 6)?

Yes

No

Refer to Bristol Stool Chart

Consult medical staff

Yes

Refer to Bristol Stool Chart

Stool Scale 1

Stool Scale 2-5

Continue current Aperients

Stool Scale 6-7

Is this overflow? Check via PR exam

Yes

No

Commence DAMP pathway

Send stool specimen to microbiology for C-Dif

Consider Bowel Management system as per protocol

Negative screen

Consider Loperimide

EXCEPTIONS

Liver Patients

Spinal Patients

Bowel Management Guideline for CCD (Jan 2013 JP)

Bristol Stool Scale

Type 1	Seperate hard lumps, like nuts (hard to pass)
Type 2	Sausage-shaped but lumpy
Type 3	Like a sausage but with cracks on it's surface
Type 4	Like a sausage or snake, smooth and soft
Type 5	Soft blobs with clear-cut edges (passed easily)
Type 6	Fluffy pieces with ragged edges, a mushy stool
Type 7	Watery, no solid pieces. Entirely liquid

www.sthk.nhs.uk/library/documents/stoolchart.pdf

Affix Patient Label or	
NHS Number	
Hospital Number	
Surname	
Forename	
Date of Birth	
Address	

Bowel Management System Care Plan

Date of Insertion	
Batch Number	

PRE INSERTION CHECKLIST		
Assess the patient		
The patient is incontinent with liquid / semi-liquid stool	**Yes**	No
The patient is over 18	**Yes**	No
The patient is not sensitive or known to have had allergic reaction to any component within the kit	Yes	**No**
The patient has faecal impaction	Yes	**No**
The patient has had a lower large bowel or rectal surgery within the last year	Yes	**No**
The patient has a suspected or confirmed rectal mucosal impairment	Yes	**No**
The patient has a rectal or anal injury	Yes	**No**
The patients has a confirmed rectal / anal tumour, stricture or stenosis	Yes	**No**
The patient has an in-dwelling or anal device (e.g. thermometer)	Yes	**No**
Delivery mechanism in place(e.g. suppository / enema)	Yes	**No**
If the answer to any of the questions is 'yes' where it is marked 'NO', then the bowel management system is CONTRA INDICATED.		

Prepare equipment	
Bowel management system	Water
Lubricating jelly	50ml syringe
Gloves and apron	Check balloon inflates, with no leaks prior to insertion

Prepare the patient

Explain the procedure - Gain consent (if able)
Patient lying on left side, with knees bent
Lubricate balloon end of system and insert to black line
Inflate balloon with water to manufactures instructions

Care of system	
Flush with 50mls of water 3x daily	Sit and mobilise as per Trust guidelines
Check visibility of black lane	Empty / change bag when $^{2}/_{3}$ full
Check skin integrity	

POST INSERTION CHECKILIST	Yes	No
Black line visible		
Tube in position		
Bag in situ		
Drainage checked		
Any difficulty encountered		
Comment		
Skin Integrity		
Complications		

TUBE INSERTED BY

Signature

Name

NMC Number

Adapted from Northumbria Bowel Management System Care Plan

DAILY CHECKS RECORD

Please enter Initials in appropriate boxes

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Date							
Time							
Black Line position Checked 2hrly							
Consistency of stool							
Skin Integrity							
Tube position checked							
Bag Checked							
Drainage Checked							
Irrigated with 50mls H_2O							

	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14
Date							
Time							
Black Line position Checked 2hrly							
Consistency of stool							
Skin Integrity							
Tube position checked							
Bag Checked							
Drainage Checked							
Irrigated with 50mls H_2O							

As long as the patient is regularly and closely monitored at all times, patients may be seated for short periods i.e. for up to 2 hours, as part of daily nursing care.
During this period of seating, regular monitoring should be made to ensure the tubing is never blocked or kinked and to check for and avoid pressure damage to the anal/peri-anal region.
For some patients, the length of the period of seating to avoid pressure damage to the anal/peri-anal region could be much shorter and the clinician should be alert to this possibility.

Flexiseal Signal Advice

Please enter Initials in appropriate boxes

	Day 15	Day 16	Day 17	Day 18	Day 19	Day 20	Day 21
Date							
Time							
Black Line position Checked 2hrly							
Consistency of stool							
Skin Integrity							
Tube position checked							
Bag Checked							
Drainage Checked							
Irrigated with 50mls H_2O							

	Day 22	Day 23	Day 24	Day 25	Day 26	Day 27	Day 28
Date							
Time							
Black Line position Checked 2hrly							
Consistency of stool							
Skin Integrity							
Tube position checked							
Bag Checked							
Drainage Checked							
Irrigated with 50mls H_2O							

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Please Record below any complications whilst Bowel Management System is in situ or variances to care plan

DATE /TIME	COMLICATION / VARIANCE /PLAN	SIGNED

DATE /TIME	COMLICATION / VARIANCE /PLAN	SIGNED

References

McKenna el al. (2001) **The nursing management of diarrhoea and constipation before and after the implementation of a bowel management protocol.** Australian Critical Care

Richie et al (2008) **Preventing Constipation in Critical Ill Patients.** Nursing Times

Lewis SJ, Heaton KW (1997) **Stool form scale as a useful guide to intestinal transit time.** Scandinavian Journal of Gastroenterology

Bristol Stool Chart www.sthk.nhs.uk/library/documents/stoolchart.pdf

Eardley S. (2013) **Bowel Management System Care Plan** Northumbria Healthcare

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