



**Aim:** To promote and maintain normal bowel function, with early recognition and treatment of bowel dysfunction

**Scope:** All adult patients in Critical Care

### ASSESS BOWEL FUNCTION :

- on admission to establish time & type of last bowel movement, previous complications, treatment, medications
- **each shift** thereafter

### Think Bowel Care

Constipation and diarrhoea are not uncommon in ACC. Bowel care is a fundamental area of patient care

Gut motility can be altered due to

- immobility
- effects of particular medications,
- infection,
- admitting diagnosis
- nutrition & hydration status

The maintenance of usual bowel function is essential to promote recovery and quality of life.

**Patients with neurogenic conditions (including spinal cord injury) require special bowel management plan of planned interventions**

### Standard Bowel Care

|   |   |
|---|---|
| 1 | If bowels open in last 48 hours continue to assess each shift and document  |
| 2 | If last bowel action was diarrhoea follow flowchart from local guidelines and take appropriate action.                    |
| 3 | If last bowel action was rock like faeces follow constipation flowchart from local guidelines and take appropriate action |
| 4 | Check contraindications before treatment  |
| 5 | Always maintain privacy and dignity and monitor skin integrity  |

### Consider

- Could medications be causing abnormal bowel movement
- Bristol Stool Chart
- Dietician referral
- Nutritional & hydration status
- Use of bowel management system if indicated

### Think INFECTION PREVENTION !

- If patient has loose bowel movement consider sending a sample to microbiology and record in the care plan.
- If C-Diff is isolated follow the trust infection control guidelines

### SOURCE ISOLATION

Please see your units full guidelines for more information

(V1 2019)