

Bowel / Faecal Management System: Guidelines for use

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Aim of the guideline

This guideline is to ensure the appropriate use of the bowel / faecal management systems within the Trust. The guideline outlines the requirements of Registered nurses and qualified medical staff to be aware of and competent in the use of the bowel/faecal management systems.

Introduction

Bowel / faecal management systems have been developed to assist clinicians in the management of faecal incontinence and infection control, and the prevention of associated skin damage.

Extensive skin damage can be caused by prolonged contact with excessive moisture from urine or liquid stool incontinence. Faecal incontinence causes more irritation to the perianal skin than urinary incontinence because faeces contain bacteria and digestive enzymes that damage the skin.

Patients with incontinence are also at risk of developing moisture lesions and breaks in the skin's integrity which increases susceptibility to pressure ulceration and secondary dermal infection (Cutting & White, 2002; Gray et al, 2002; Defloor et al, 2005). In patients with faecal incontinence, skin injury can occur within minutes of onset (Faria et al, 1996). Additionally, in patients with infective bacteria present in their faeces, e.g. *Escherichia coli*, incontinence may add to the risk of cross-infection.

A bowel / faecal management system is a temporary containment device consisting of a soft, flexible, silicone catheter with a low-pressure balloon, which is filled with water or saline to aid retention, and which is easily inserted into the patient's rectum. The catheter is attached to a closed-end collection bag. The device is suitable for the collection of liquid or semi-liquid stools and has a port to allow for the flushing of the system if required (Johnston, 2005).

Bowel / faecal management systems have been designed to provide a closed system for the management of liquid or semi-liquid faecal incontinence. They contain faeces and prevent faecal contamination of the environment.

Please note: Clinical contraindications should be assessed prior to use (Department of Health, The Health Protection Agency 2007).

Background

It has been recognised that there are a group of patients who may benefit from the use of the bowel / faecal management system. The system is designed to provide a safe, effective faecal diversion and containment system designed to improve patient care.

Clinical areas

The bowel / faecal management system is to be used within a small number of clinical areas: intensive care units, high dependency units, and specialist burns and plastics unit.

There may be certain clinical situations when a bowel / faecal management system would be of benefit to the patient out side the above clinical areas. When this is the case prior to using the bowel / faecal management system ward staff should discuss and seek approval with the named consultant, specialist staff, including gastroenterologists, colorectal surgeons, colorectal nurse specialist, continence advisor.

Indications for appropriate use

- Named Consultant to give approval for using the bowel / faecal management system and document in patients medical notes
- The patient is over 18 years old
- The patient is incontinent with liquid or semi-liquid stool and has persistent diarrhoea. If persistent diarrhoea is evident this must be further investigated
- The patient has confirmed infective diarrhoea e.g. Clostridium difficile positive or Salmonella
- The patient has diarrhoea colonised with vancomycin resistant enterococcus
- The patient has large amounts of persistent melaena due to bleeding oesophageal varices
- There is antibiotic resistant organisms in the GI tract
- The system is to be used for immobile patients only
- There is a risk of skin breakdown or invasive line contamination due to faecal incontinence
- To reduce the spread of infection
- Improve patient comfort and dignity
- To protect wounds, surgical sites, burns and skin
- To reduce the cost of managing faecal incontinence

Contraindications

Bowel / faecal management systems should not be used on patients with the following conditions:

- Paediatric patients
- Suspected or confirmed rectal mucosa impairment (i.e. proctitis, ischaemic proctitis, mucosal lacerations)
- Recent large bowel (colon) surgery or rectal surgery within the last year
- Sensitivity or allergies to any of the materials used in the device (i.e. silicone)
- Rectal or anal injury
- Severe rectal or anal stricture or stenosis (the distal rectum cannot accommodate the balloon)
- Confirmed rectal/anal tumour
- Severe haemorrhoids
- Faecal impaction
- Patients with poor rectal tone

- People with established spinal cord lesions experience loss of normal bowel function and control as a direct and permanent consequence of nerve damage. Autonomic dysreflexia usually occurs in people with a spinal cord lesion above the level of the sixth vertebra. If left unresolved autonomic dysreflexia could have damaging outcomes such as cerebral haemorrhage, seizures and cardiac arrest (National Patient Safety Agency, 2004). Therefore a bowel / faecal management system is not suitable for spinal cord injury patients due to the high risk of Autonomic dysreflexia

The bowel / faecal management system is not intended for use:

- Beyond 29 days
- For patients under the age of 18

Precautions and observations

The use of the system is not indicated for solid or soft-formed stool.

Close attention should be applied with the use of the device in patients who have inflammatory bowel disease. If a bowel / faecal management system is to be used in patients with inflammatory bowel disease this should be discussed with the patients named Consultant by the Registered nurse or qualified medical staff.

To avoid injury to the patient, do not insert anything into the anal canal while the device is in place. Remove the device prior to insertion of anything into the anal canal.

Notify medical staff if any of the following occur:

- Persistent rectal pain
- Rectal bleeding
- Abdominal distension
- Abdominal pain
- Decrease in urinary output

As with the use of any rectal system, the following adverse events can occur:

- Excessive leakage of stool around the system
- Loss of anal sphincter muscle tone could lead to temporary anal sphincter dysfunction
- Pressure necrosis of rectal or anal mucosa
- Infection
- Bowel obstruction
- Perforation of the bowel

Assessment

The Registered nurse or qualified medical staff should carry out a thorough bowel assessment with the patient to determine their individual bowel regime. All patients should have their bowel care needs assessed and documented within their normal care plan. All documentation must be updated as required depending on the patient's symptoms and individual needs.

The insertion of the Bowel / faecal management system should be carried out by a qualified health care practitioner who has undertaken the "Assessment of competencies – performance criteria".

Consent

It is imperative that the patient gives consent prior to this device being used. The Department of Health (2001) issued guidelines in respect of legal consent as follows:

- The patient must have the mental capability to consent
- The patient must be given sufficient information to make an informed choice
- The patient must give consent freely

Registered nursing staff (NMC, 2002) or qualified medical staff must document that the patient has given consent and in any case where the patient is not deemed to be competent to give consent, the procedure must be discussed with the Consultant in charge of the patient and reference should be made to the Department of Health document (2001) Reference guide to consent for examination or treatment - Good practice in consent implementation guide.

Directions for use

It is imperative that the Registered nurse and qualified medical staff follow the manufactures instructions relating to the administration, irrigation of the system, removal of the system and maintenance of a bowel / faecal management system.

There may be certain clinical situations when a bowel / faecal management system would be of benefit to the patient this should be discussed with the named Consultant.

Resources / training

Registered nurses and qualified medical staff are responsible for ensuring that they have achieved competence prior to using the bowel / faecal management systems.

Using the systems should only be carried out by Registered nursing staff and qualified medical staff who can demonstrate that they have received suitable training or instruction to a level where they are deemed competent and under the NMC Code of Professional Conduct (NMC, 2004). Staff must demonstrate that they have kept their knowledge and skills up to date and acknowledge their own limitations and seek expert supervision if required.

The Trust will provide training for Registered nursing staff and qualified medical staff that may be exposed to using these systems. This can be achieved as follows:

- By contacting the Clinical Nurse Specialist - Colorectal Nurses and the Continence Advisor
- By providing formal teaching programmes, using teaching models in the skills lab to develop practical skills
- Within clinical areas where Registered nursing staff and qualified medical staff who are competent in this procedure and who are caring for patients using this system

- It is expected that staff are deemed competent with using the bowel / faecal management system

There may be certain clinical situations where a bowel / faecal management system is contraindicated but the Registered nurse or qualified medical staff feel that the device would benefit the patient by improving the quality of care. In this situation staff must discuss this concern with the named Consultant.

REFERENCES

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Gray M, Ratcliff C, Donavan A (2002) Perineal skin care for the incontinent patient. *Advances in Skin and Wound Care* **15(4)**: 170- 5

Johnston, A. (2005) Evaluating Flexi-Seal FMS: a faecal management system. *Wounds UK* **1(3)**: 110-4

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http://www.mascip.co.uk/pdfs/PSI_Final_2.pdf

Nursing and Midwifery Council (2004) Code of Professional Conduct, Nursing and Midwifery Council, London

The Newcastle upon Tyne Hospital NHS Foundation Trust Clinical Guidelines – Guidelines for Skin Care (April 2006)

Consultation Group:

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Assessment of competencies - performance criteria

This document should be read alongside the Guidelines for bowel / faecal management system.

1. A full patient assessment has been undertaken

The Registered nurse or qualified medical staff should:

- identify high risk individuals who may have changing bowel habits and proactively initiate bowel emptying techniques to minimise bowel dysfunction, associated risks and complications
- carry out a thorough bowel assessment with the patient and identify their individual bowel regime. If the patient is unable to participate with their bowel assessment then a record will be made which will record the patient's bowel activity
- explain the risks and complications associated with faecal incontinence including irritation to the perianal skin, moisture lesions, pressure ulceration, dermal infections and high risk of infection occurring

2. Demonstrates knowledge of indications for using a bowel / faecal management system

The Registered nurse or qualified medical staff should:

- identify the indications for appropriate use (Refer to Guidelines for bowel / faecal management systems page 2 under indications for appropriate use) and document in patients medical notes

3. States the contra-indications for using a bowel / faecal management system

The Registered nurse or qualified medical staff should:

- explain when a bowel / faecal management system should not be used (refer to Guidelines for bowel / faecal management systems page 2 under contra-indications and page 3 under precautions and observations)

4. Demonstrates knowledge of the anatomy and physiology of the lower GI system

The Registered nurse or qualified medical staff should:

- explain the anatomy and physiology of the male and female lower gastro intestinal tract in relation to lower bowel function and continence status including:
 - Stool production and what influences this
 - Types and consistency of stool
 - Normal defecation
 - The bowel
 - The pelvic floor muscles and anal sphincters

5. Understands the need for patient consent

The Registered nurse or qualified medical staff should:

- explain the relevant bowel / faecal management system to the patient and carer(s) and describe what it involves, expected outcomes, side-effects and any complications

- obtain the valid consent of the patient when using a bowel / faecal management system and agree the information which may be passed to others (refer to Guidelines for bowel / faecal management systems page 4 under consent)

6. Understands the need for patient dignity and comfort

The Registered nurse or qualified medical staff should:

- demonstrate the correct and safe positioning of the patient prior to inserting a bowel / faecal management system
- discuss methods of enabling the patient to be as comfortable as possible and maintaining their dignity and privacy

7. Demonstrates knowledge of infection control issues

The Registered nurse or qualified medical staff should:

- ensure the environment used for any bowel / faecal management system is clean, suitable, safe, secure and that the privacy and dignity of the individual is maintained
- apply standard precautions for infection control to prevent cross infection and take other appropriate health and safety measures where necessary
- apply other related infection control policies

8. Correct equipment is selected, according to the product type and manufacturers instructions

The Registered nurse or qualified medical staff should:

- obtain equipment and medical devices for patients requiring the bowel / faecal management system referring to manufactures instructions and recommendations

9. Demonstrates the correct insertion and maintenance of the product according to the manufacturers instructions

The Registered nurse or qualified medical staff should:

- Follow the manufactures guidelines for product use

10. Facilitates and implements patient education

The Registered nurse or qualified medical staff should:

- communicate with the patient and their carer(s) in an appropriate manner and encourage them to seek clarification of any information and advice relevant to them
- work in partnership with the patient and their carer(s)
- provide the patient and their carer(s) with verbal and written information and advice concerning the bowel / faecal management system

11. Demonstrates effective documentation

The Registered nurse or qualified medical staff should:

- produce records and reports that are clear, comprehensive, and accurate, and maintain the security and confidentiality of information
- communicate with others as appropriate within the multi disciplinary team regarding the patients on going care

12. Demonstrate an awareness of the legal and professional issues when using a bowel / faecal management system

The Registered nurse or qualified medical staff should:

- understand their responsibilities and accountability within a professional and legal framework in relation to current International, European, UK, and National legislation, and local guidelines relating to the bowel / faecal management system
- be deemed competent with using the bowel / faecal management system
- understand the importance of working within their sphere of competence and when to seek advice if faced with situations outside their sphere of competence
- understand the importance of applying standard precautions for infection control and the potential consequences of poor practice
- understand the importance of documentation, the data protection act, care of the patient records and disclosure of information with consent from the patient

13. Can discuss the correct procedure for organising additional training

The Registered nurse or qualified medical staff should:

- understand the situations in which it is necessary to seek further opinion for the patient, refer on and how this should be implemented
- discuss with their Ward sister/charge nurse or Consultant any problems encountered with training issues (refer to Guidelines for bowel / faecal management systems page 4 under Resources / training)

Review: April 2010

Assessment of competencies for considering a bowel / faecal management system

Name of staff: _____ Date: _____
Designation: _____ Ward: _____ Site: _____

To formally register your competency, please photocopy this form and send to: A. Ward sister/charge nurse B. Modern matron	
Competency - This assessment only demonstrates your competency on this date and time. It is the individuals responsibility to maintain competency as per NMC (2004) Code of Conduct.	Competent C Referred R
1. A full patient assessment has been undertaken	Com <input type="checkbox"/> Ref <input type="checkbox"/>
2. Demonstrates knowledge of indications for using a bowel / faecal management system	Com <input type="checkbox"/> Ref <input type="checkbox"/>
3. States the contra indications for using a bowel / faecal management system	Com <input type="checkbox"/> Ref <input type="checkbox"/>
4. Demonstrates knowledge of the anatomy and physiology of the lower GI system	Com <input type="checkbox"/> Ref <input type="checkbox"/>
5. Understands the need for patient consent	Com <input type="checkbox"/> Ref <input type="checkbox"/>
6. Understands the need for patient dignity and comfort	Com <input type="checkbox"/> Ref <input type="checkbox"/>
7. Demonstrates knowledge of infection control issues	Com <input type="checkbox"/> Ref <input type="checkbox"/>
8. Correct equipment is selected, according to the product type and manufacturers instructions	Com <input type="checkbox"/> Ref <input type="checkbox"/>
9. Demonstrates the correct insertion and maintenance of the product according to the manufacturers instructions	Com <input type="checkbox"/> Ref <input type="checkbox"/>
10. Facilitates and implements patient education	Com <input type="checkbox"/> Ref <input type="checkbox"/>
11. Demonstrates effective documentation	Com <input type="checkbox"/> Ref <input type="checkbox"/>
12. Demonstrate an awareness of the legal and professional issues when using a bowel / faecal management system	Com <input type="checkbox"/> Ref <input type="checkbox"/>
13. Can discuss the correct procedure for organising additional training	Com <input type="checkbox"/> Ref <input type="checkbox"/>
Signature of candidate: Signature of assessor:	Comments:
	Number of supervised practices <input type="text"/>