A New Standard of Care for Persons with Disability: Bowel Management

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Objectives
• Describe standards for bowel management based on disability
• Discuss the scope of the problem related to Fecal Incontinence
• Describe the Nursing Interventions Appropriate for disability
• Identify factors to assess regarding Fecal Incontinence
• Discuss new developments in bowel management

Clinical Tools for Continence Care: An Evidence-Based Approach

• Algorithm 1—General Assessment of Bladder
• Algorithm 2—General Assessment of Bowel Function
• Algorithm 3—Urinary Incontinence
• Algorithm 4—Voiding Dysfunction
• Algorithm 5—Constipation
• Algorithm 6—Diarrhea and/or Fecal Incontinence

Association of Rehabilitation Nurses, 2017
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**General Assessment of Bowel Function**
- Risk Factors
- Screening
- Physical Assessment
- Data
- Identify Primary Bowel Symptoms
- Plan of Care

**Clinical Tools for Continence Care**
- Constipation (No Bowel Movement in 3 days or more)
- Diarrhea or Fecal Incontinence

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**General Assessment of Bowel Function**
- Risk Factors for Bowel Dysfunction
- Screening Questions
- Conduct a Physical Assessment
- Collect Data
- Identify Primary Bowel Symptoms: Initiate a Plan of Care
- Patients with Risks
- Patients with no BM in 3 or more days
- Patients with Fecal Incontinence or diarrhea

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**Risk Factors for Bowel Dysfunction**
- Cognitive impairment/ memory impairment
- Limited mobility
- History of bowel disturbance
- Recent surgery
- Medications with adverse side effects
- Dysphagia/NPO status or Tube Feedings
- History bowel obstruction
- History of bowel disease
Interview: Screen for Bowel Dysfunction

- New bowel problems?
- Problems with normal bowel movements
- Problems in the past
- What is your normal stooling pattern? How often do you move your bowels?
- Have you used medications for bowel function in the past?
- Do you sometimes leak stool when you intend to pass gas?

Risk Factors for Bowel Dysfunction

- Neuro Exam
- Oral/Pharyngeal
- Abdominal
- Perianal skin
- External Anal Reflex
- Internal Anal Reflex

Collect Data

Chart Review

- Current Diet – Fiber content
- Hydration status vs. Fluid needs (2L - 3L/day)
- Last bowel movement and stool consistency – Bristol Stool Scale
- Medication Review
- Elimination Chart – Frequency and Form x 7 days
- Bowel accidents? What were circumstances?
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Bristol Stool Scale

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Patterns of defecation through the lifespan

- Infants
  - Gut functions at reflex level
- Children
  - Develop cortical control over the time and place of defecation
- Adults
  - Intense activity and relative regularity, may vary with diet changes. The bowel responds to simple interventions
  - Changes occur in striated and smooth muscle
- Older Adults
  - Activity decreases
  - Diet changes
  - Decreased water
  - Comorbidities

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Identify Primary Bowel Symptoms & Initiate a Plan of Care

- Patients with Risks
- Patients with no BM in 3 or more days  
  Algorithm 5: Constipation
- Patients with Fecal Incontinence or diarrhea  
  Algorithm 6: Fecal Incontinence or Diarrhea

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General Assessment of Bowel Function

- Constipation (No Bowel Movement in 3 days or more)
  - Transient/Simple
  - LMN Neurogenic Bowel
  - UMN Neurogenic Bowel
  - Obstructed
  - Normal Transit Constipation/IBS
  - Slow Transit Constipation

Diarrhea or Fecal Incontinence

Clinical Tools for Continence Care

Prevention of Constipation

- Good toileting habits
- Upright Position (left-side lying if upright impossible)
- Use toilet
- 20-35 grams of fiber per day
- 2-3 liters per day
- Exercise program
- Pharmacologic treatment, short-term

RNAO 2005 guideline LOE 4
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Requirements for stool formation and normal bowel function

- Adequate fiber
- Adequate fluid
- Activity and mobility
- Upright posture

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Transient/Simple Constipation

- Good toileting habits
- Upright Position (left-side lying if upright impossible)
- Use toilet
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RNAO 2005 guideline LOE 4

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Types of Impaired Bowel function

**Acute Constipation**
- Recent onset

**Chronic Constipation**
- Severe constipation lasting longer than 3 months
- Sympathetic System Response
- Enlarges descending colon
- Dependency
- Laxatives
- Cathartics
- Enemas
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**Lower motor neuron**

- SCI damage below T12-S1
- No cortical control
- Lack of tone at internal and external sphincters
- Damage to reflex arc
- Oozing of stool

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**Upper motor neuron**

- May be reflexive emptying of bowel without cortical awareness
- Damage to spine above T12 or damage to cerebral cortex
- May be aware of need to defecate but have no conscious control

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**Obstructed Constipation**

**Causes**
- Pediatrics: most frequently congenital
- Adult: hernia, adhesions, carcinoma
- Elderly: carcinoma, diverticulitis, sigmoid volvulus

**Presents**
- Colicky pain
- Emesis
- Abdominal distention
- Constipation
Normal Transit Constipation/IBS
- Transit time through the bowel is normal
- Medications
  - Antihypertensive drugs
  - Anti-depressants
  - Iron
  - Aluminum containing drugs
  - Analgesics – opiates and cannabinoids
  - Anti-Parkinson, antiepileptic and antipsychotic drugs
  - Diet or dehydration
  - Irritable bowel syndrome with constipation

Slow Transit Constipation/IBS
- Low Fiber Diet
- Dehydration
- Lack of exercise
- Delaying impulse to have bowel movement
- Travel or changes in routine
- Medications

General Assessment of Bowel Function
- Constipation (No Bowel Movement in 3 days or more)
- Diarrhea or Fecal Incontinence
  - Manage the Diarrhea
  - Regulate Stool Pattern and Control Fecal Incontinence
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**Diarrhea or Fecal Incontinence**

**Acute Diarrhea with Urgency or Fecal Incontinence**
- Watery
- Bloody
- Mucous/Fatty/Foamy

**Chronic Diarrhea**
- Purulent, Watery
- May alternate with constipation

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**Interventions**

**ACUTE DIARRHEA**
- Collect a stool culture
- Treat infection if present
- Medication reconciliation
- Adjust meds or discontinue

**CHRONIC DIARRHEA**
- Crohn’s disease
- Diverticulitis
- Irritable bowel disease
- Ulcerative colitis
- Colon cancer
- Radiation colitis

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**Manage the Diarrhea**

- **Hydration:** hydration support- IVF if needed
- **Mild diet:** BRAT
- **Medications:** Hold laxatives/stool softeners
- **Antibiotics:** not recommended in non-severe watery diarrhea unless elderly, immunocompromised, severely ill or history of sepsis
- **Probiotics:** consider if inflammatory bowel disorders or recent antibiotics
- **Skin:** good hygiene
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**Treatment**

- Treat underlying constipation and rule out impaction
- Promote diet with natural fiber
- Pelvic floor/anal sphincter exercises with PT
- Consider every 3rd night suppository
- Good skin care

OR

- Establish a neurogenic bowel program

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**Bowel management goals are best achieved through interdisciplinary team goals**

Key factors in the choice of appropriate bowel management strategies:

- Cognitive ability
- Communication ability
- Hand function
- Level of independence in ADL
- Transfers

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**Bowel Management: Research and Alternate Treatment Options**
In the present study, all subjects with high SCI had AD during bladder filling, digital anorectal stimulation and transanal colorectal irrigation. (n=8) Faaborg, et al., 2014

Silent Dysreflexia:
- During the bowel program, no subject reported experiencing any of the classic symptoms of autonomic dysreflexia.
- All of the patients had an increase in SBP greater than 20mmHg above baseline.
- 70% had an increase in SBP greater than 40mmHg above baseline.
- 40% of subjects reaching an SBP greater than 170mmHg at least once during their bowel program.

Kirshblum, House, O'Connor, 2002

Digital Stimulation
- Digital stimulation: continuous or with short breaks
- Stimulation lasts longer than 30 seconds
- Continue 5 minutes after no further results

Insert suppository
- Wait 15-20 minutes
- Digital stimulation every 10 to 15 minutes
- Until no results x 2

Perform the dil (digital stimulation)
- Put gloves on both hands or place dil stick in the hand
- Lubricate index finger or dil stick
- Gently put finger or dil stick into the rectum past the sphincter
- Gently move the finger or dil stick in a circular motion
- When the stool begins to empty from the rectum, move the finger or dil stick to one side or remove so stool can pass
- Do this for at least 15 minutes or until stool is coming. If stool is not produced, do the dil as long as stool is coming and do not add suppository afterward without getting any more results.
- You may need to gently remove stool from rectum with your finger if it does not come out on it's own.

(Reproduced from www.myshepherdconnection.org)
Anal Irrigation System

Anal irrigation is an alternative to other methods such as laxatives, suppositories and mini enemas. It requires a doctor’s order.

Antegrade Colonic Enema (ACE)

- ACE procedure is an alternative for patients with fecal incontinence or constipation for whom more conservative treatment has been unsuccessful.
- It is an alternative to a colostomy for a patient who does not want to wear an external stoma appliance.
- Colonic irrigation is a permanent solution and it requires a motivated patient and patient and supportive nursing staff.
- Stomal stenosis is the most common complication of the procedure.

Types of ACE
- Original cecum ACE
- New left colonic ACE

Incontinence can profoundly affect the client's Quality of Life

Nursing interventions can make a significant difference in quality of life and lifestyle.
References


Questions?
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**Functional Independence Measure**

- **4 (Minimal Contact Assistance)** Minimal Contact Assistance: Pt requires minimal contact assistance to maintain a satisfactory excretory pattern by using suppositories, enemas, or an external device. Pt performs 75% or more of bowel management tasks in the past 3 days. (Helper.)

- **3 (Moderate Assistance)** The pt requires moderate assistance to maintain a satisfactory excretory pattern by using suppositories, enemas, or an external device. The patient performs 50-74% of bowel management tasks in the past 3 days. (Helper.)

- **2 (Maximal Assistance)** Pt performs 25-49% of bowel management tasks in the past 3 days. (Helper.)

- **1 (Total Assistance)** Pt performs less than 25% of bowel management tasks in the past 3 days. (Helper.)

**Accidents**

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**Functional Independence Measure**

**Function**

- **7 (Complete Independence)** The pt controls bowels completely and intentionally w/o equipment or devices, and does not have any bowel accidents. (No Helper.)

- **6 (Modified Independence)** The pt requires a bedpan, bedside commode, digital stimulation or stool softeners, suppositories, laxatives (other than natural laxatives like prunes), or enemas on a regular basis; alternately, the pt uses other medications for control. If the individual has a colostomy. (No Helper.)

- **5 (Supervision or Setup)** Supervision or Setup: The pt has required supervision (e.g., standby, cueing, or coaxing) or setup of equipment necessary for the individual to maintain a satisfactory excretory pattern at any time during the past 3 days. (Helper.)

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