

Bowel Management Policy

Background

The aims of effective bowel management are to 'achieve regular, predictable emptying, at a socially acceptable time and place, avoiding constipation and unplanned evacuations'

After the acute stage of SCI, when the client is being rehabilitated an individualised programme of bowel management will be developed. The use of laxatives is minimised and the essential physical interventions identified. The client gains skills and knowledge along the way, including an understanding of their own bowel function, how to care for themselves, and how to adapt to changing needs after discharge and in the future. By the time clients are discharged they are verbally independent, and the client **MUST** be able to explain to a carer how to conduct bowel care, as the person with the SCI will often be the 'expert patient' when outside a specialist unit. (Coggrave 2004).

Policy

This Policy applies to all 'Personal Assistants' who are employed by SHC and are required to undertake bowel care as part of their role.

It is the responsibility of Spinal Homecare to ensure appropriate training is in place so that the 'P.A's' are able to perform bowel care management in a professional and competent manner and can fulfil their duties in accordance with this policy.

All SHC clients must be able to 'direct their care'; including their own bowel management.

Training will include: anatomy of bowel and rectum, importance of establishing a routine and sticking to it, maintaining client privacy and dignity, importance of diet and fluid intake, gaining consent, positioning client for bowel care, use of PPE (disposable gloves), insertion of suppositories, digital stimulation, manual evacuation, abdominal massage, complications: autonomic dysreflexia, haemorrhoids, fissures

Prior to commencing work with a client, a detailed 'Needs and Risk Assessment' will be carried out, identifying specifically the assistance the client will need with their bowel care.

The client will sign to agree the 'Care Plan'.

The 'Care Plan' will be reviewed and updated regularly by a Care Manager with the client.

A medication administration record (MAR Chart) will detail any bowel related medications, suppositories etc. This MAR chart will be signed/completed by the Personal Assistant.

Personal Assistant to gain consent / permission prior to commencing bowel care.

Bowel care to be provided as per individual care plan, following good practice as demonstrated during training.

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If 'P.A' is concerned about any aspect of the bowel care routine then they should seek advice/support from Care Manager.

If 'P.A' has any concerns during the procedure, inform the client before proceeding.

'P.A' to complete any required documentation.

Any changes to clients medication, bowel routine etc to be recorded and Head Office notified.

If a client requires further interventions such as Anal Irrigation (Peristeen) then the 'P.A' would be provided with further support/guidance.

A handwritten signature in black ink, appearing to read 'A. Jones'.