

	<p>POLICIES & PROCEDURES</p> <p>Title: FECAL MANAGEMENT SYSTEM</p> <p>I.D. Number: 1002</p>
<p>Authorization</p> <p><input checked="" type="checkbox"/> SHR Nursing Practice Committee</p>	<p>Source: Nursing</p> <p>Cross Index:</p> <p>Date Revised: May 2012</p> <p>Date Effective: Nov 2007</p> <p>Scope: SASKATOON CITY HOSPITAL ROYAL UNIVERSITY HOSPITAL ST. PAUL'S HOSPITAL LONG TERM CARE</p>

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DEFINITION: Fecal Management System (FMS) is a soft catheter that is inserted into the rectum for fecal management to contain and divert fecal waste. It contains a low-pressure retention balloon at the distal end and a connector for attaching the collection bag at the other end.

1. PURPOSE

- 1.1 To divert and contain liquid and semi-liquid stool away from the body in bedfast patients with little or no bowel control.
- 1.2 To keep skin clean and dry to minimize skin breakdown.
- 1.3 To contain infectious body waste within a closed drainage system to minimize the risk of transmission.
- 1.4 To protect wounds, surgical sites, burns from fecal contamination.

2. POLICY

- 2.1 The RN/RPN/GN/LPN will initiate and maintain the FMS as ordered by the physician.
- 2.2 Criteria for use include one or more of the following:
 - 4-5 episodes of fecal incontinence of liquid to semi-liquid stool / 12hr shift
 - Fecal contamination (liquid / semi-liquid stool) of a surgical / decubitus wound site
 - Anticipation of liquid stool for a period greater than 3 days

2.3 Contraindications for fecal management use:

- Lack of adequate sphincter tone
- More than 29 consecutive days use
- Pediatric patient
- Lower large bowel/rectal surgery within last year
- Rectal/anal injury, stricture or stenosis
- Suspected or confirmed rectal mucosa impairment (i.e. severe/ischemic proctitis, mucosal ulcerations)
- Suspected or confirmed rectal/anal tumor
- Severe hemorrhoids
- Fecal impaction
- The patient has any indwelling rectal or anal device (i.e. thermometer) or delivery mechanism (i.e. suppository or enema)

Note *If the patient is fully ambulatory or can only tolerate high fowler position, it is unlikely they will be able to retain this device.*

3. PROCEDURE

3.1 Physician will

- 3.1.1 Write the order for insertion of the FMS.

3.2 Nurse will

3.2.1 Gather equipment

- Fecal management system kit – SKU# 201795
- Sterile water
- Personal protective equipment
- Lubricant
- Absorbent pad
- Replacement bags – SKU#201796 (one box contains 10 bags)

3.2.2 Explain procedure to patient and/or family.

3.2.3 Perform a digital rectal exam on the patient to assess sphincter tone and rule out presence of fecal impaction. If patient has formed / hard stool or questionable tone, notify ordering physician.

3.2.4 Follow product insert directions for

- Insertion
- Irrigation
- Maintenance
- Administration of medications
- Stool sampling (if port is present)
- Removal

Note: *Use minimal volume to fill balloon, as overfilling can increase leakage of stool. Keep package insert with patient's chart for future reference while device in use. A copy can be found on Wound and Skin page on Info Net under ostomy supplies.*

3.3 Patient Care

3.3.1 Assess every two hours

- For significant leakage at rectum, and tubing kinks, twists, or obstruction
Note: *A small amount of moisture or seepage is not unusual. Use barrier products to protect skin integrity.*
- Patient comfort
- Amount of drainage and review need for the device

3.3.2 Change drainage bag when full and dispose of in biohazard waste container.

3.3.3 If device is expelled, deflate and wipe clean with disposable wipe. Re-lubricate and re-insert if the patient still meets the selection criteria for the device.

3.4 Stool sampling if sampling port is not present.

Note: *If port is present, follow package insert directions.*

3.4.1 Don personal protective equipment.

3.4.2 Irrigate FMS tubing to remove any residual stool.

3.4.3 When fresh stool sample is in tubing, milk it to the end of the tubing, disconnect bag and milk specimen into appropriate specimen container.

3.4.4 Re-attach bag.

3.5 Device may be removed once patient's bowel control, stool consistency or frequency of stools returns to normal.

3.5.1 Following removal, dispose of the device in the biomedical waste.

3.6 Documentation

3.6.1 Insertion

- Rationale for use
- Amount of fluid used to get a good seal
- Patient tolerance of the insertion
- Insertion date and expiry date (29 days) on both the care plan and on the tubing

3.6.2 Patient care

- Amount and type of drainage
- Condition of the patient's peri-anal skin
- Patient comfort with the device insitu

3.6.3 Removal

- Date removed
- Indications for removal
- Patients tolerance and condition of peri-anal skin

3.7 The physician will be notified if any of the following occurs

- Change in tolerance of the device, i.e. change in rectal pain
- New onset of rectal bleeding
- Symptoms of abdominal distention / pain
- Peri-anal breakdown

4. REFERENCES

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