



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

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