LEEDS TEACHING HOSPITALS TRUST

Appendix 7

SOP for use of Faecal Management System

SOP Detail

Ownership: LTHT
Publication date January 2014
Next Review date
Status: Current

Aims

- To standardise and optimise the safe and appropriate use of a Faecal Management System. For the use in immobile patients with liquid or semi-liquid stool.

The aims of Faecal Management Systems eg. Flexi-seal / Instaflo are:

- A collection system
- Reduce the risk of spread of infection
- Protect skin integrity/Reduce the risk of skin breakdown
- Reduce the cost of managing faecal incontinence
- Protect wounds/Surgical sites
- Improve patient comfort
- Restore patient dignity

Assessment and indications for standard operating procedure/protocol

For patients with persistent diarrhoea, for whom faecal management bags have proved ineffective. Drainable faecal collectors should be 1st line before assessment for a Faecal Management System. The decision to insert the faecal management device should be made by the nurse in charge and reviewed by them 12 hourly.

Persistent diarrhoea (this is defined as 5 episodes within 36 hours).

Once a stool sample has been sent to Microbiology, the date and time should be recorded in the patient's care plan and source isolation commenced.

If the stool sample results are negative then staff must adhere to LTH Trust Critical care Guidelines/Protocols and Flowcharts for the Management of Diarrhoea (Appendix 5).

Contraindications for Usage:

- Consent refused. If patient unable to consent need to consider if it is in their best interest.
- A Faecal Management System is not intended for use for more than 29 consecutive days
- Not intended for patients under the age of 18

Faecal Management System Pre – Insertion Checklist.

Patient Name Date of Birth Hospital Number	Inserted By Designation Date of insertion
If you answer **NO** to any of the questions, **DO NOT** insert the device. Seek further advice	

	Yes	No
A stool sample has been sent		
The patient is incontinent of type 6 or 7 stool		
The patient is able to consent and has given consent to insertion (if no see below)		
If unable to consent due to mental capacity best interest of patient must be considered		
Medical advice for insertion has been taken		
The patient is over 18		
The patient is not sensitive or allergic to any parts of the kit		
The patient has not had any bowel surgery in the past 12 months		
The patient does not have any suspected or confirmed damage/impairment to the rectal mucosa		
The patient does not have any rectal or anal injury		
The patient does not have a confirmed rectal/anal tumour, stricture or stenosis		
The patient does not have any haemorrhoid of significant size or symptoms		
The patient does not have faecal impaction		
The patient has had a digital rectal examination (PR)		
Nurse in charge has been consulted		
Nimbus Professional in use/ ordered.		

Sacral skin integrity	Skin intact	Category 1	Category 2	Category 3	Category 4	Unstageable	Incontinence associated dermatitis

Lot number	Volume inserted into cuff ..... mls	Confirm position indicator line is visible ☐

Faecal Management System Maintenance Chart

The Leeds Teaching Hospitals NHS
NHS Trust

WPG794

Name:	Hospital No:	Date of Birth:

Ongoing Actions	Date													
	Time 2 Hourly													
Position indicator checked														
Bristol stool type														
Skin integrity														
Tube position checked														
Bag checked (Y / N)														
Drainage checked (Y / N)														
Drainage bag changed / amount recorded on obs chart														
Irrigation used (Y / N)														
Number of days inserted														
Anti-motility medication prescribed and given?														
Breeze mattress in use?														
Patient nursed on side														
Signature														

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