Leamington Mennonite Home
Long Term Care

POLICY AND PROCEDURE

CATEGORY:	**SUBJECT:**	**SECTION:**
Resident Care	**Bowel Routine**	**B**
		POLICY:
		7
DATE:	**Administrator:**	
September 2004		
REVISION DATE:	**Director of Care:**	
March 2006, November 2012		

BOWEL ROUTINE

POLICY: To provide assessment and monitoring guidelines for bowel elimination patterns upon admission, re-admission and/or any time there is a change in the resident's elimination patterns. The Quarterly Summary will also indicate the existing level of continence for that resident.

PROCEDURE:

1) For each resident who has been identified as being at risk for constipation, measures shall be taken to remedy and to prevent the occurrence of constipation, including the use of natural stimulants. These measures shall be determined by the interdisciplinary team, and consented to by the resident or, if the resident is incapable of providing consent, by his or her Substitute Decision Maker (SDM) the following factors will be taken into consideration and documented on the resident's plan of care:
    - Bowel pattern (frequency and character of stool, usual time of bowel movement)
    - Episodes of constipation and/or fecal incontinence or soiling
    - Usual fluid and food intake (type of fluids, amounts and time)
    - Method of toileting, functional abilities
    - Intake of fibre
    - Relevant medical history
    - Medications
    - Activity level
    - Measures resident has previously taken to have a bowel movement
    - Ability to sense urge to defecate
    - When to make a referral to a physician
    - Risk factors related to constipation, obstipation and diarrhea.
2) Residents who toilet themselves are to be asked daily regarding bowel movements. This information is marked on the flow sheet.
3) If there is a concern that the resident in not accurate re: the information and there is no evidence found indicating a bowel movement (smear on toilet, feces in underwear, or on skin) leave the record blank and report to the Registered Staff. See Policy and Procedure on Taping Toilet Handles.

4) For those residents requiring assistance, nursing staff should mark bowel movements on the flow sheet and use codes on the flow sheet to identify the amount and consistency. Each resident who has been identified as bowel incontinent shall have an individualized program of continence care to promote comfort, maintenance of skin integrity and to prevent infections. This program shall be documented in the resident's plan of care. This individualized program of bowel continence care shall be reassessed at least quarterly, and more frequently when indicated by a change in the resident's condition that affects continence.
5) With a resident's consent, a rectal examination should be done prior to administering any intervention if there is doubt about the accuracy of information or if the resident's condition warrants verification of bowel function.
6) Interventions to promote bowel movements may include - special recipe, prunes, prune juice (no physicians order necessary). Based on report of amount and consistency of bowel movements, the Physician may order: Metamucil, stool softeners and /or laxatives.
7) The standard bowel protocol including regular use of the above interventions will consist of:
    - Regular monitoring and recording of bowel functioning
    - If no bowel movement for 3 days, the Registered Staff will give the Medical Directive for Senekot on the morning of the 3rd day.
    - If no bowel movement for 4 days, a Bisacodyl suppository will be given at 0800 of the 4th day as per the Medical Directive.
    - If no bowel movement for 5 days, a fleet enema will be given(see Medical Directives)

NOTE: Exceptions will be those residents who have a specific Physician ordered routine.