

# BOWEL MANAGEMENT DECISION-MAKING FRAMEWORK

for nurses and care staff caring for  
people with advanced dementia

**TRAIN THE TRAINER MANUAL  
for RACF EDUCATORS**

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# Introduction

The bowel management framework consists of the following components:

- guidelines;
- flowcharts;
- bowel management record form;
- supporting information.

Listed below are the knowledge and skills you should expect your nurses and care staff to have to enable them to provide effective bowel care, and suggestions for training if an individual is not competent to provide care.

Timely assessment and management of symptoms is a major component of a palliative approach to dementia care. All nurses and care staff have a responsibility to ensure they are able to assess and manage bowel problems experienced by residents, within their scope of practice.

This manual is to be used in conjunction with the '*Bowel management decision-making framework for nurses and care staff caring for people with advanced dementia*', 'Guidelines' and 'Supporting Information'.

It is recommended that training be offered regularly, so that all nurses and care staff are able to master the required knowledge and skills within three months of commencing employment in the facility.

## Palliative Care Australia resources

Palliative Care Australia have developed a number of resources to assist with training in a palliative approach to care. Use the resources (available from [www.pallcare.org.au](http://www.pallcare.org.au)) to supplement this training package.

We recommend that as many staff as possible complete the two competency-based modules in a palliative approach to care:

- CHCPA01A: Deliver care services using a palliative approach;
- CHCPA02A: Plan for and provide care services using a palliative approach.

## Required knowledge and skills

### All nurses and care staff

- Understand and use the facility policy regarding standard (universal) precautions for infection control;
- Have a basic understanding of normal bowel function;
- Have a basic understanding of the changes that occur to bowel function due to ageing, and dementia;
- Be able to complete a bowel chart accurately (including recording colour, consistency and size of stools);
- Know how much fluid a resident should normally drink to avoid dehydration, and be able to accurately record fluid intake;
- Know when to offer increased fluids to a resident as part of the management of constipation or diarrhoea;
- Know how much fibre a resident should normally eat, and be able to accurately record food intake;
- Know when to offer increased dietary fibre, and when additional fibre should be withheld;
- Understand the common factors that increase the risk of constipation in residents;
- Understand the consequences to the resident if constipation is not identified and treated;
- Know the signs of constipation, including behaviour changes;
- Report and document observations of residents' behaviour that may indicate a bowel problem;
- Know the risk factors associated with faecal incontinence;
- Be competent to undertake a massage of a resident's abdomen to assist in preventing constipation;
- Know the signs and symptoms of gastroenteritis;
- Understand the facility's 'Gastro Plan' and how it will be implemented if there is an outbreak of infectious gastroenteritis.

### Enrolled nurses and registered nurses

\* NB a care staff member (eg Assistant in Nursing) may have sufficient knowledge and skills to undertake some of the tasks associated with bowel management within this section.

All of the above knowledge and skills, and:

- Know what constitutes valid consent, and from whom to obtain consent, prior to intrusive rectal interventions;
- Have an understanding of the anatomy and physiology of the bowel;
- Be competent in completing a history of usual bowel habits;
- Have sufficient clinical reasoning skills to develop a bowel management care plan based on the resident's bowel history;
- Have sufficient clinical reasoning skills to know when an assessment for possible dehydration is needed;

- Know the classes of medications that cause constipation or diarrhoea;
- Have sufficient clinical reasoning skills to know when an assessment for possible constipation is needed;
- Be able to distinguish between ‘clinical’ constipation and ‘subjective’ constipation;
- Know the signs and symptoms associated with diverticular disease and irritable bowel syndrome;
- Know the different types of laxatives and when they should be used;
- Know the side effects of laxatives;
- Know the indications and contraindications for giving rectal laxatives;
- Know the symptoms associated with autonomic dysreflexia in a resident with spinal cord injury;
- Be able to collaborate with the general practitioner and/or continence adviser to institute a bowel management program for a resident, including a resident with spinal cord injury;
- Understand the role of the nurse in family conferences and be able to participate in a multidisciplinary family conference for a resident receiving a palliative approach to care, including determining the goals of care for the resident.

### **Registered nurses**

\* NB an Endorsed Enrolled Nurse may have sufficient knowledge and skills to undertake some of the tasks associated with bowel assessment and management within this section.

All of the above knowledge and skills, and:

- Be competent to undertake a comprehensive assessment of a resident for constipation, including abdominal palpation, visual inspection of the anal area, and digital rectal examination;
- Know when (if) to undertake a manual removal of faeces;
- Be competent in undertaking a manual removal of faeces, including addressing the need for sedation of the resident.

## SECTION ONE: KNOWLEDGE and SKILLS

### All Nurses and Care Staff

The basic knowledge and skills required to enable all nurses and care staff to understand bowel management principles and assist as a member of the caring team in preventing bowel problems are listed below. Organise inservice education as required. Suggested topics are listed below. Ensure all registered and enrolled nurses are aware of the correct reporting and recording requirements for bowel management within the facility, so they can adequately supervise the work of the care staff.

<b>Can every nurse and care staff member:</b>	<b>Yes</b>	<b>No</b>	<b>If no, then:</b>
State what the facility policy is regarding standard (universal) precautions for infection control?			Review the way new staff are orientated so they understand the policy and procedures associated with standard precautions; review facility signs relating to standard precautions; review facility policies and procedures relating to infection control. Conduct a short inservice education session if required.
<ul style="list-style-type: none"> <li>• State what the basic function of the large intestine (colon) is;</li> <li>• State 2 changes that occur to the colon due to ageing, and the impact that may have on an older person's bowel management;</li> <li>• Name 3 types of dementia that are known to increase the risk of constipation;</li> <li>• Understand that all residents with dementia are at high risk of constipation.</li> </ul>			Refer to pages 7-8 & 10 of the 'Supporting Information'. Conduct a short inservice education session if required.
Estimate the size of the stool that the resident passes in a consistent way?			Conduct a short inservice education session, based on page 36 of the 'Supporting Information' re measuring stool size. If all nurses and care staff consistently use the size of the resident's fist to gauge stool size then the bowel record charts will become more reliable. Reliable bowel record charts will assist the registered nurses and doctors identify and treat problems more quickly, leaving the resident more comfortable.

Can every nurse and care staff member:	Yes	No	If no, then:
Use the Bristol Stool Form Scale to determine the type (consistency) of stool being passed?			Conduct a short inservice education session, based on the Bristol Scale Form Scale chart (a copy is on page 37 of the ‘Supporting Information’). Acknowledge that every stool will not be exactly as pictured, but nurses and care staff must decide which is the closest type, and record that. Refer the participants to Figures 1 & 2 in the ‘Guidelines’ (pages 3 & 4), which provide suggestions for care based on the type of stool passed by the resident. Caution the participants that faecal-stained fluid is NOT diarrhoea, but overflow, and should be reported immediately to the registered nurse in charge. Information re overflow is found on page 13 of the ‘Supporting Resources’.
Accurately complete a bowel record chart, which includes indicating the size and type (consistency) of the stool, and any abnormalities noted?			Conduct a short inservice education session, using the Bowel Management Record Form, page 59 of the ‘Guidelines’, or the facility’s usual bowel chart, if it captures the same information. If the facility’s usual bowel chart does not contain the same features as that of the Bowel Management Record Form provided with the ‘Guidelines’, refer the issue to the facility management and quality improvement teams to consider adopting the Bowel Management Record Form, or adapting the facility chart so it captures the same information. Have the participants practice completing the form until they are able to accurately complete it. Make sure they understand the form is to be completed after EVERY bowel movement, or once daily as a minimum.
Understand and discuss the importance of resident’s drinking adequate amounts of fluids each day to prevent dehydration?			Conduct a short inservice education session, based on page 17 of the ‘Supporting Information’. Stress the importance of all nurses and care staff regularly offering residents fluids throughout the day, unless medically contraindicated. Discuss with the participants the use of bulk-forming laxatives, and the absolute necessity of ensuring the resident drinks 1.5 – 2 litres of fluid per day if the resident is being given these products.

<b>Can every nurse and care staff member:</b>	<b>Yes</b>	<b>No</b>	<b>If no, then:</b>
			Draw the attention of all care staff to the Flowchart (Figure 2) in the 'Guidelines' (page 4), and the recommendation that they continue to provide additional fluids to residents while awaiting assessment of bowel problems, unless specifically directed not to.
Accurately complete a fluid intake chart?			Conduct a short inservice education session. Bring the usual glasses, cups and mugs that residents use in the facility, and a jug for measuring liquids. Measure how much fluid each container holds when full, using any fluid such as water, cordial or cold tea. Take a varying amount of fluid out, to simulate when a resident does not drink a full cup or glass of fluid, and have the participants estimate how much fluid has been 'drunk' by the resident. Measure the amount remaining and verify the accuracy of participants' estimations. Discuss accurately filling in a fluid intake chart, especially with the care staff. Have the participants practice estimating the amount of fluid consumed by part-filling the containers, until they are accurate with their estimations. Consider making a poster to display on the wall showing the capacity of cups and glasses used in the facility, as a reminder to all staff.
Understand and discuss the importance of dietary fibre for preventing constipation?			Conduct a short inservice education session, based on pages 16, 17 & 51, 52 of the 'Supporting Information'.
Accurately describe the food intake of a resident, so that the amount of dietary fibre consumed can be calculated?			Conduct a short inservice education session, based on page 51 of the 'Supporting Information'. Use a plate of food (or photographs of various plates of food) that is/are offered to residents at a typical meal to demonstrate how much dietary fibre is available in the meal. Demonstrate how a food chart should be completed if requested to do so <sup>1</sup> . Have participants practice completing the chart. Ask participants to brainstorm ways of increasing the residents' intake of dietary fibre.

<sup>1</sup> The 'Weight Loss' framework developed by this project team contains an example of a food intake chart.

<b>Can every nurse and care staff member:</b>	<b>Yes</b>	<b>No</b>	<b>If no, then:</b>
			Implement any suggestions raised that are possible. Draw the attention of all care staff to the Flowchart (Figure 2) in the ‘Guidelines’ (page 4), and the recommendation that they offer fibre in the form of fruit and vegetables to residents who are at risk of constipation, and that fibre should be reduced in cases of loose stools/ diarrhoea.
<ul style="list-style-type: none"> <li>List 3 primary factors that increase the risk of constipation;</li> <li>List 3 secondary factors that increase the risk of constipation, commonly encountered among residents of aged care facilities;</li> <li>Describe what the consequences to the resident might be if constipation is not treated adequately?</li> </ul>			Conduct a short inservice education session, based on pages 10-12 of the ‘Supporting Information’. Emphasise the prevalence of constipation among older people, and residents of aged care facilities.
List 3 behavioural changes a resident with dementia might display that could indicate that he/she is constipated?			Conduct a short inservice education session, based on page 13 of the ‘Supporting Information’. Make sure that every care staff member knows to whom, how, and when he /she should report resident behaviours and other signs and symptoms that might indicate a resident is constipated.
<ul style="list-style-type: none"> <li>List 3 risk factors associated with faecal incontinence;</li> <li>List 5 ways to minimise faecal incontinence among residents in an aged care facility.</li> </ul>			Conduct a short inservice education session if required. Refer the nurses and care staff to pages 32 & 33 of the “Supporting Information’ for further information. Make sure that all staff are aware that some faecal incontinence can be avoided if a good toileting regime, plus environmental cues, are implemented in the facility.
<ul style="list-style-type: none"> <li>State the definition of diarrhoea;</li> <li>List 4 signs &amp; symptoms of gastroenteritis;</li> <li>State what their role is if an outbreak of gastroenteritis occurs at the facility.</li> </ul>			Conduct a short inservice education session, based on pages 27 & 28 of the ‘Supporting Information’. Discuss the facility’s plan for an outbreak of gastroenteritis, and the role of each team member.
Demonstrate how to undertake an abdominal			Conduct a short inservice education session, based on Procedure 6: Abdominal massage (pages 57-58 of the

<b>Can every nurse and care staff member:</b>	<b>Yes</b>	<b>No</b>	<b>If no, then:</b>
massage for the treatment / prevention of constipation.			'Guidelines'). Demonstrate the procedure to the participants; have them practice the procedure on themselves. Assess each participant using the assessment procedure provided (page 11 of this manual). Participants who are assessed as competent can undertake this procedure as ordered without supervision. Participants assessed to be 'not yet competent' will require supervision until they become competent.

## ABDOMINAL MASSAGE FOR THE PREVENTION OF CONSTIPATION

### All Nurses and Care Staff

#### Assessment methods:

O = Observation; D = Demonstration; R = Review of resident records; V = Verbal description; W = Written response.

Competency	Assess Method	Date	Met = M Not Met = NM	Signature of assessor	For information refer to:	Follow up if 'not met'			
						Assess method	Date	Met = M Not Met = NM	Signature of assessor
Nurse or care staff member checks the medical order for an abdominal massage for constipation					Guidelines page 57				
Nurse or care staff member prepares the resident, including encouraging voiding, and positioning the resident correctly per the technique being used.					Guidelines page 57				
Nurse or care staff member can describe the direction, sequence and time required to undertake a massage OR correctly demonstrates the procedure, including the direction, sequence and time required.					Guidelines pages 57 & 58				
Nurse or care staff member can describe how, where and to whom to report completion of the procedure.					Facility policy				

## SECTION TWO: KNOWLEDGE and SKILLS

### Registered and Enrolled Nurses

All registered and enrolled nurses are expected to have knowledge and skills as outlined in Section One. In addition, they should demonstrate more comprehensive knowledge and skills relating to bowel management as outlined in this section. Organise inservice education as required. NB a care staff member (eg Assistant in Nursing) may have sufficient knowledge and skills to undertake some of the tasks associated with bowel management within this section.

- ✓ To assess knowledge, ask every registered nurse and enrolled nurse to complete all 20 questions of the Quiz (page 29 of this document) to provide a baseline measure before undertaking education relating to bowel management;
- ✓ correct the quiz questions, and provide a short inservice education session relating to any topic that a number of nurses found difficult, or responded to incorrectly;
- ✓ for an individual nurse having difficulty with a specific topic area, discuss the problem with him/her and refer to the relevant sections of the 'Guidelines' and 'Supporting Information' for review. Advise the staff member that he/she will be asked to repeat the Quiz in one month;
- ✓ repeat the Quiz questions with the individual nurse. If the nurse still cannot correctly respond to a question(s), review the problem topic again with him/her. Discuss the issue with facility management if there is a likelihood that the knowledge deficit will impact negatively on the care of the residents, so the nurse's performance can be monitored appropriately.

<b>Can every registered nurse (RN) and enrolled nurse (EN):</b>	<b>Yes</b>	<b>No</b>	<b>If no, then:</b>
<ul style="list-style-type: none"> <li>• State what constitutes valid consent for a treatment, and from whom consent needs to be organised?</li> <li>• Answer question 19 of the Quiz correctly?</li> </ul>			Refer the nurse to pages 40-42 of the 'Supporting Information', and to the facility policy.
<ul style="list-style-type: none"> <li>• Describe the basic anatomy of the large bowel?</li> </ul>			Conduct a short inservice education session if required. Refer the nurse to pages 7-8 of the 'Supporting Information' for

<b>Can every registered nurse (RN) and enrolled nurse (EN):</b>	<b>Yes</b>	<b>No</b>	<b>If no, then:</b>
<ul style="list-style-type: none"> <li>• Answer questions 1 &amp; 2 of the Quiz correctly?</li> </ul>			further information.
<ul style="list-style-type: none"> <li>• Undertake and record a bowel history for a new admission, or a review of a resident?</li> <li>• Describe where to record the bowel history?</li> <li>• Develop a bowel management care plan based on the resident's bowel history.</li> </ul>			Refer the nurse to pages 34 & 35 of the 'Supporting Information'; and pages 9-11 of the 'Guidelines'. Use the facility bowel management record form, or the Ballaratt Bowel Assessment and Management Form (see page 34 of the 'Supporting Information'). Conduct an inservice education session if necessary.
<ul style="list-style-type: none"> <li>• Describe the amount of fluids a resident needs to drink daily to prevent dehydration?</li> <li>• List 4 signs of dehydration?</li> <li>• Answer questions 4 &amp; 5 of the Quiz correctly?</li> </ul>			Conduct a short inservice education session if required. Refer the nurse to page 17 of the 'Supporting Information'. Stress the importance of supervising and encouraging the care staff to offer sufficient fluids each day, to prevent dehydration and subsequent constipation.
<ul style="list-style-type: none"> <li>• Name 5 classes of medications that cause constipation?</li> <li>• Name 5 classes of medications that cause loose stools?</li> <li>• Answer question 9 of the Quiz correctly?</li> </ul>			Conduct a short inservice education session if required. Refer the nurse to pages 12, 28 & 47-50 of the 'Supporting Information'. Stress the importance of ensuring that every resident being given an opioid medication is receiving a laxative.
Describe the steps he/she would use to establish the presence of constipation in a resident with advanced dementia.			Conduct a short inservice education session if required. Refer the nurse to page 10 of the 'Supporting Information'. Stress that reports from care staff, an accurate bowel chart, digital rectal examination and an X-Ray to establish faecal loading may all be required to confirm constipation.
<ul style="list-style-type: none"> <li>• Describe 5 different classes of laxatives, and their uses?</li> <li>• Describe the side effects of 2 different laxatives?</li> <li>• State 2 indications for giving rectal laxatives?</li> <li>• Answer questions 6,9,12,13,16,19,20 of the Quiz correctly?</li> </ul>			Conduct a short inservice education session if required. Refer the nurse to pages 18-23 of the 'Supporting Information', and the flowcharts for constipation (Figures 3&4, pages 5&6) of the 'Guidelines'. Emphasise that rectal laxatives should be avoided if at all possible in residents with advanced dementia.

<b>Can every registered nurse (RN) and enrolled nurse (EN):</b>	<b>Yes</b>	<b>No</b>	<b>If no, then:</b>
<ul style="list-style-type: none"> <li>Describe what signs and symptoms might be observed in a resident with faecal impaction or bowel obstruction?</li> <li>Answer questions 11, 14 &amp; 17 of the Quiz correctly?</li> </ul>			Conduct a short inservice education session if required. Refer the nurse to pages 14-16 & 20, 21 & 24 of the 'Supporting Information' for further information.
<ul style="list-style-type: none"> <li>Describe the signs and symptoms of mild and severe diverticulitis?</li> <li>Answer question 15 of the quiz correctly?</li> </ul>			Conduct a short inservice education session if required. Refer the nurse to pages 30 & 31 of the "Supporting Information' for further information.
Describe 3 symptoms associated with autonomic dysreflexia in a resident with spinal cord injury			Conduct a short inservice education session if required. Refer the nurse to the pages 34-58 of the 'Guidelines' for information relating to autonomic dysreflexia.
Describe the 3 categories of 'goals of care' that could apply to any resident.			Conduct a short inservice education session if required. Refer the nurse to pages 10-11 of the 'Guidelines' for information relating to goals of care.

## SECTION THREE: KNOWLEDGE and SKILLS

### Registered Nurses

All registered nurses are expected to have knowledge and skills as outlined in Sections One and Two. In addition, they should demonstrate more comprehensive knowledge and skills relating to the bowel assessment and management procedures in this section. Organise inservice education as required. NB an Endorsed Enrolled Nurse may have sufficient knowledge and skills to undertake some of the tasks associated with bowel assessment and management within this section.

- ✓ Assess each nurse to ensure he/she is competent to undertake each of the bowel assessment and management procedures. Alert the nurse a few days in advance that the assessment will be undertaken, to allow him/her to review the procedure if necessary;
- ✓ provide feedback to the nurse at the completion of the assessment process. Nurses assessed to be ‘not yet competent’ will require supervision until they become competent. Provide additional training and support to the nurse;
- ✓ repeat the assessment with the individual nurse one week later. If the nurse still cannot correctly complete the procedure, review the problem procedure again with him/her. Discuss the issue with facility management if there is a likelihood that the skills deficit will impact negatively on the care of the residents, so the nurse’s performance can be monitored appropriately;
- ✓ nurses assessed to be ‘not yet competent’ will require supervision until they become competent.

Can every registered nurse (RN):	Yes	No	If no, then:
<ul style="list-style-type: none"> <li>• Demonstrate / describe how to undertake a physical examination to assess the abdomen;</li> <li>• Answer question 7 of the Quiz correctly?</li> </ul>			Conduct a short inservice education session if required, based on Procedure 1: Assessing the abdomen (pages 31-33 of the ‘Guidelines’). Demonstrate the procedure to the participants, using a model or (clothed) volunteer. Assess each participant using the assessment procedure provided (pages 17-18 of this manual).

Can every registered nurse (RN):	Yes	No	If no, then:
<ul style="list-style-type: none"> <li>• Describe how to undertake a digital rectal examination for assessment of faecal loading;</li> <li>• Answer questions 10 &amp; 18 of the Quiz correctly?</li> </ul>			<p>Conduct a short inservice education session if required, based on Procedure 2 (pages 34-37 of the 'Guidelines'). Describe and discuss the procedure with the nurse(s). Assess each RN using the assessment procedure provided (see pages 19-20 of this manual).</p>
<p>Describe how to undertake an olive oil &amp; dissolved suppository retention enema, or a high evacuant enema for faecal impaction.</p>			<p>Conduct a short inservice education session if required. Refer the RN to pages 39-52 of the 'Guidelines'. Describe and discuss the procedure with the nurse(s). Assess each RN using the assessment procedure provided (see pages 21-23 of this manual).</p>
<ul style="list-style-type: none"> <li>• Describe when a manual removal of faeces is necessary;</li> <li>• Describe how to undertake a manual removal of faeces.</li> </ul>			<p>Conduct a short inservice education session if required. Discuss the facility policy relating to manual removal of faeces with the nurse(s). If manual removal is <u>not</u> to be undertaken per the facility policy, do not proceed any further with this topic.</p> <p>If manual removal of faeces is allowed per the facility policy, then refer the RN to pages 53-56 of the 'Guidelines'. Describe and discuss the procedure with the nurse(s). Assess each RN using the assessment procedure provided (see pages 24-25 of this manual).</p>

## PHYSICAL EXAMINATION OF THE ABDOMEN

### Registered Nurses

#### Assessment methods:

O = Observation; D = Demonstration; R = Review of resident records; V = Verbal description; W = Written response.

Competency	Assess Method	Date	Met = M Not Met = NM	Signature of assessor	For information refer to:	Follow up if 'not met'			
						Assess method	Date	Met = M Not Met = NM	Signature of assessor
RN prepares the resident: obtains consent, makes sure resident's bladder empty, positions resident correctly					Guidelines page 31				
When resident positioned RN can describe three signs that might indicate pain					Guidelines page 31				
When observing the abdomen RN can describe three abnormal findings that may be encountered					Guidelines page 31				
RN can demonstrate the procedure for percussing the abdomen					Guidelines page 32				
RN can describe what may cause diffuse tympany and distension					Guidelines page 32				
RN can demonstrate the procedure for palpating					Guidelines pages 32,				

Competency	Assess Method	Date	Met = M Not Met = NM	Signature of assessor	For information refer to:	Follow up if 'not met'			
						Assess method	Date	Met = M Not Met = NM	Signature of assessor
the abdomen					33				
RN completes the assessment in the correct order: inspection, percussion, palpation					Guidelines page 31				
RN correctly documents the findings and reports the findings to the appropriate people per the facility policy					Facility policy				

## DIGITAL RECTAL EXAMINATION (DRE)

### Registered Nurses

**Assessment methods:**

O = Observation; D = Demonstration; R = Review of resident records; V = Verbal description; W = Written response.

Competency	Assess Method	Date	Met = M Not Met = NM	Signature of assessor	For information refer to:	Follow up if 'not met'			
						Assess method	Date	Met = M Not Met = NM	Signature of assessor
RN describes under what circumstances DRE should never be undertaken					Guidelines Pages 36-37				
RN lists 5 conditions of the anal area that may complicate a DRE									
RN describes when extra care is required if undertaking a DRE									
RN describes the infection control procedures required if undertaking a DRE					Facility infection control policy				
RN collects the correct equipment for undertaking a DRE					Guidelines page 35				
RN demonstrates the correct positioning of the resident prior to a DRE					Guidelines page 35				

Competency	Assess Method	Date	Met = M Not Met = NM	Signature of assessor	For information refer to:	Follow up if 'not met'			
						Assess method	Date	Met = M Not Met = NM	Signature of assessor
RN can describe both normal and abnormal findings from the DRE					Guidelines page 36				
RN describes how, where and to whom to report the results of the DRE					Facility policy; Bowel Management record Form (page 59 of 'Guidelines')				
RN demonstrates how to use the bowel framework to decide what action is required following the DRE					Flowchart 'Severe Constipation' (Figure 3, Guidelines page 5)				
RN demonstrates the correct procedure for disposal of equipment used for the DRE					Facility policy				

## ENEMAS FOR FAECAL IMPACTION: OLIVE OIL & DISSOLVED SUPPOSITORY RETENTION ENEMA; OR (HIGH) EVACUANT ENEMA

### Registered Nurses

**Assessment methods:**  
 O = Observation; D = Demonstration; R = Review of resident records; V = Verbal description; W = Written response.

Competency	Assess Method	Date	Met = M Not Met = NM	Signature of assessor	For information refer to:	Follow up if 'not met'			
						Assess method	Date	Met = M Not Met = NM	Signature of assessor
RN describes when an enema for faecal impaction is given, including obtaining valid consent					Guidelines Pages 39- 40 & 46-47				
RN checks the medical order for the enema & anaesthetic gel									
RN collects the correct equipment for undertaking the enema									
RN prepares the enema solution correctly					Guidelines page 40 & 47				
RN prepares the resident, including making sure the bladder is empty, privacy considerations, explaining					Guidelines page 40 & 47				

Competency	Assess Method	Date	Met = M Not Met = NM	Signature of assessor	For information refer to:	Follow up if 'not met'			
						Assess method	Date	Met = M Not Met = NM	Signature of assessor
the procedure, positioning the resident, tilting the bed, having a colleague available									
RN can describe any observations (pulse, blood pressure) that need to be taken before commencing					Guidelines page 40 & 47				
RN undertakes the enema, including priming the tubing, lubricating the tubing, and administering the fluid; and observing the resident for distress					Guidelines pages 41, 42 & 48				
RN can describe the symptoms of autonomic dysreflexia, and emergency treatment of it					Guidelines page 42, 48-49				
RN can describe what he/she would do in the event a large faecal mass is unable to be passed					Guidelines pages 42-43 & 49-50				
RN demonstrates the correct procedure for disposal of equipment used for the enema					Facility policy				
RN describes the monitoring required following the enema in					Guidelines page 44 & 50-51				

Competency	Assess Method	Date	Met = M Not Met = NM	Signature of assessor	For information refer to:	Follow up if 'not met'			
						Assess method	Date	Met = M Not Met = NM	Signature of assessor
case of adverse effects									
RN describes how, where and to whom to report the results of the enema					Facility policy				
RN demonstrates how to use the bowel management framework to decide what action is required following the enema					Flowchart 'Severe Constipation' (Figure 3, Guidelines page 5)				

# MANUAL REMOVAL OF FAECES

## Registered Nurses

### Assessment methods:

O = Observation; D = Demonstration; R = Review of resident records; V = Verbal description; W = Written response.

Competency	Assess Method	Date	Met = M Not Met = NM	Signature of assessor	For information refer to:	Follow up if 'not met'			
						Assess method	Date	Met = M Not Met = NM	Signature of assessor
RN can describe the benefits and risks associated with manual removal of faeces					Guidelines Pages 53 & 54				
RN can list 4 contraindications for using lignocaine gel as a local anaesthetic during manual removal of faeces									
RN describes the infection control procedures required if undertaking a manual removal of faeces					Facility infection control policy				
RN collects the correct equipment for undertaking a manual removal of faeces					Guidelines Pages 53				
RN demonstrates the correct positioning of the resident prior to a manual					Guidelines page 53				

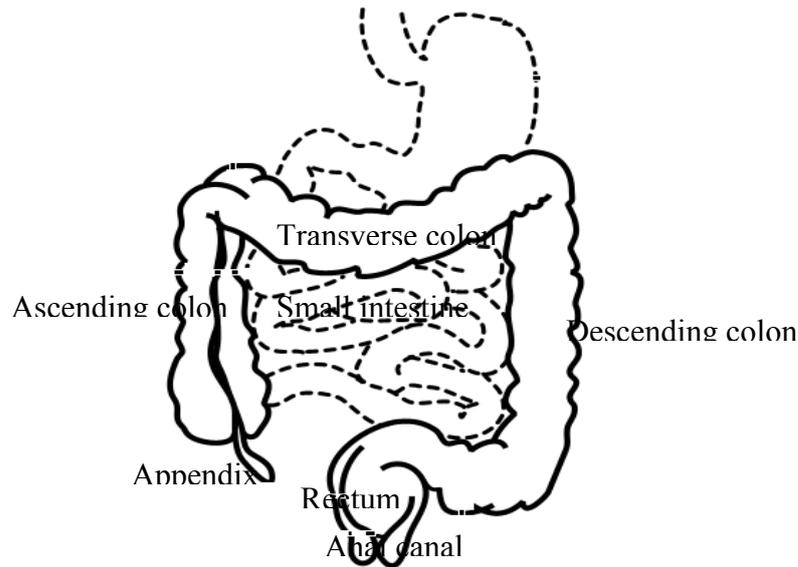
Competency	Assess Method	Date	Met = M Not Met = NM	Signature of assessor	For information refer to:	Follow up if 'not met'			
						Assess method	Date	Met = M Not Met = NM	Signature of assessor
removal of faeces									
RN can describe or demonstrate the correct procedure for removal faeces					Guidelines page 55				
RN can describe under what circumstances the manual removal of faeces should stop					Guidelines page 55				
RN describes how, where and to whom to report the results of the manual removal of faeces					Facility policy; Bowel Management record Form (page 59 of 'Guidelines')				
RN demonstrates the correct procedure for disposal of equipment used for the manual removal of faeces					Facility policy				

## **SECTION FOUR: QUIZ**

## ANSWERS

NB: Correct responses are underlined

1. On the diagram<sup>2</sup> below, indicate the position of the following anatomical structures: ascending colon; small intestine; descending colon; anal canal; transverse colon; appendix; rectum.



**For questions 2 – 4 please circle the correct response:**

2. The approximate length of the rectum is:

- a) 3-5cm;
- b) 12 cm;
- c) 20 cm.

**See page 7 of the ‘Supporting Information’**

3. The recommended intake of dietary fibre for healthy older women is:

- a) 15g/ day;
- b) 20g/day;
- c) 25g / day.

**See page 16 of the ‘Supporting Information’**

4. To prevent dehydration, it is recommended that a resident must drink:

- a) 1 litre per day;
- b) 1.6 litres per day;
- c) 1.8 litres per day;
- d) 2 litres per day.

**See pages 17 of the ‘Supporting Information’**

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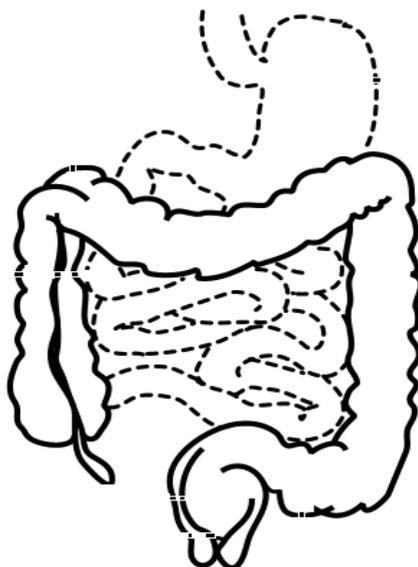
<sup>2</sup> Diagram in the public domain, drawn by Duncan Lock, available from:  
[http://en.wikipedia.org/wiki/Colon\\_\(anatomy\)](http://en.wikipedia.org/wiki/Colon_(anatomy)) retrieved 11<sup>th</sup> March 2008

**For questions 5 – 18 please place a tick in the box to indicate whether the statement is true or false.**

		<b>True</b>	<b>False</b>
5	Residents taking bulking agent laxatives should drink a minimum of 8-10 glasses of fluids per day to avoid becoming constipated	True. See page 18 of the 'Supporting Information'	
6	Osmotic laxatives such as Lactulose and Sorbitol can cause electrolyte disturbances	True. See page 19 of the 'Supporting Information'	
7	The sigmoid colon area is often tender when palpated.	True. See page 32 of the 'Guidelines'	
8	Residents with vascular dementia are less likely to develop constipation than residents with Alzheimer's disease		False. See page 11 of the 'Supporting Information'
9	Residents being given opioids need stimulant laxatives	True. See page 19 of the 'Supporting Information'	
10	A resident whose rectum is dilated and empty is not constipated		False. See Figure 3 (page 5) of the 'Guidelines'
11	Faecal loading can be diagnosed by x-ray	True. See page 21 of the 'Guidelines'	
12	Stimulant laxative suppositories should be inserted into the faecal mass		False. See page 20 of the 'Supporting Information'
13	Oral lubricant laxatives should be used for residents with dysphagia		False. See page 20 of the 'Supporting Information'
14	A resident with reflux may have impacted faeces	True. See page 15 of the 'Supporting Information'	
15	50% of residents aged over 80 years may have diverticular disease	True. See page 30 of the 'supporting Information'	
16	Olive oil enemas are given to help lubricate the stool	True. See page 39 of the 'Guidelines'	
17	A resident who is not passing any flatus may have a bowel obstruction	True. See page 24 of the 'Supporting Information'	
18	A resident with her rectum loaded with soft faeces should be given regular osmotic enemas		False. See Figure 3 (page 5) of the 'Guidelines'
19	You do not need to obtain consent before giving rectal preparations such as suppositories		False. See pages 40-42 of the 'Supporting Information'
20	Iso-osmotic laxatives draw additional fluid from the body		False. See page 19 of the 'Supporting Information'

## BOWEL MANAGEMENT QUIZ

1. On the diagram<sup>3</sup> below, indicate the position of the following anatomical structures: ascending colon; small intestine; descending colon; anal canal; transverse colon; appendix; rectum.



**For questions 2 – 4 please circle the correct response:**

2. The approximate length of the rectum is:
  - a) 3-5cm;
  - b) 12 cm;
  - c) 20 cm.
  
3. The recommended intake of dietary fibre for healthy older women is:
  - a) 15g/ day;
  - b) 20g/day;
  - c) 25g / day.
  
4. 4. To prevent dehydration, it is recommended that a resident must drink:
  - a) 1 litre per day;
  - b) 1.6 litres per day;
  - c) 1.8 litres per day;
  - d) 2 litres per day.

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<sup>3</sup> Diagram in the public domain, drawn by Duncan Lock, available from:  
[http://en.wikipedia.org/wiki/Colon\\_\(anatomy\)](http://en.wikipedia.org/wiki/Colon_(anatomy)) retrieved 11<sup>th</sup> March 2008

**For questions 5 – 18 please place a tick in the box to indicate whether the statement is true or false.**

		<b>True</b>	<b>False</b>
5	Residents taking bulking agent laxatives should drink a minimum of 8-10 glasses of fluids per day to avoid becoming constipated		
6	Osmotic laxatives such as Lactulose and Sorbitol can cause electrolyte disturbances		
7	The sigmoid colon area is often tender when palpated.		
8	Residents with vascular dementia are less likely to develop constipation than residents with Alzheimer's disease		
9	Residents being given opioids need stimulant laxatives		
10	A resident whose rectum is dilated and empty is not constipated		
11	Faecal loading can be diagnosed by x-ray		
12	Stimulant laxative suppositories should be inserted into the faecal mass		
13	Oral lubricant laxatives should be used for residents with dysphagia		
14	A resident with reflux may have impacted faeces		
15	50% of residents aged over 80 years may have diverticular disease		
16	Olive oil enemas are given to help lubricate the stool		
17	A resident who is not passing any flatus may have a bowel obstruction		
18	A resident with her rectum loaded with soft faeces should be given regular osmotic enemas		
19	You do not need to obtain consent before giving rectal preparations such as suppositories		
20	Iso-osmotic laxatives draw additional fluid from the body		