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| **Health Support Plan: Bowel Care** |
| **Participant Name:** |  |
| **District Nurse / Continence Nurse:** |  |
| **Date of Plan:** |  |
| **Recommended Review Date:** |  |
| **Upon review have changes been made to this plan?** | Yes No |
| **District Nurse / Continence Nurse Signature:** |  |
| **Preparation required / triggers for implementation**The bowel care plan is developed and overseen by the health practitioner |
| **Hygiene and infection control**Follow hygiene and infection control* wash hands with soap and water
* wear fresh gloves
* cleaning and disinfectant equipment

**Common types of bowel care support (refer to individual plan for details):*** laxatives (oral or suppositories) may be recommended by the health practitioner for constipation.
* absorbent pads or underwear may need to be worn for faecal incontinence
* enemas – administered by a nurse
* abdominal massage to help bowel movement
* digital stimulation – manual rectal stimulation technique to facilitate rectal emptying
* caring for stoma site
* changing colonoscopy bag

**How to administer a suppository:**1. Wash hands thoroughly before insertion
2. Use gloves
3. Position the participant according to their health support plan e.g., lie down on the side with the top leg slightly bent and the bottom leg straight.
4. Remove suppository from the wrapper and wet or use lubricating jelly
5. Insert the suppository gently into the rectum, narrow end first
6. Push the suppository gently but firmly past the sphincter
7. For adults push the suppository in about 6.5cm / 3 inches
8. Dispose of rubbish
9. Wash hands thoroughly with warm soapy water

**Caring for the stoma site:**1. Wash hands thoroughly with soap and water
2. Remove the ostomy pouch and baseplate.
3. Gently clean the skin around the stoma with warm water and mild soap
4. Rinse the skin thoroughly with water and pat dry with a soft towel
5. Inspect the skin for any signs of irritation, such as redness, rash or sores
6. Report and irritation to the supervisor and health practitioner
7. If advised, apply a thin layer of skin barrier cream around the stoma. This will help protect the skin from the stoma output and the adhesive on the ostomy baseplate
8. Apply the ostomy baseplate and pouch

**How to change a colonoscopy bag:**You will need these supplies:* + new colonoscopy bag
	+ adhesive remover wipes (optional)
	+ skin barrier wipes (optional)
	+ gloves
	+ washcloth
	+ mild soap
	+ warm water
	+ disposable bag for use supplies
1. Wash hands thoroughly with soap and water
2. Remove the old bag. Gently peel the old bag away from the skin (may need adhesive remover wipes)
3. Clean the skin around the stoma. Use a washcloth and mild soap. Rinse the area with warm water and pat dry
4. Apply a skin barrier if the skin is irritated. This can help the protect the skin from the adhesive on the new bag
5. Attach a new bag. Follow the instructions that came with the bag to attach to the stoma
6. Dispose of the old bag. Place the old bag in a disposable bag and seal tight
7. Wash hands again with soap and water to prevent the spread of infection

Disposal of bowel care medication:* Double bag body fluids

**Other procedures to be followed:** |
| **How would you like to be supported during this process?** e.g. would you like your worker to talk you through each step? How would you like your privacy to be protected and respected? How much body exposure. |
| **Prevention** – what steps to follow to minimise or avoid incidents**When symptoms show** – what steps to follow when symptoms show **Bowel care emergencies** can be sudden and unexpected, they can be very uncomfortable and even painful. Symptoms may include severe pain, bleeding, fever, nausea or vomiting, diarrhoea that is not stopping, constipation that is not responding to treatment.* Stay calm and collected
* Assess the situation and seek medical attention immediately
* Call 000, team leader or phone On Call 0417 156 239 and the health practitioner
* Record all observations and actions in the shift notes
* Supervisors may require an incident report form to be completed
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| **Specific alerts or risks and their management** |
| **List specific alerts or risks (if relevant):****Preferred management of alerts and risks (if relevant):****If medical assistance is required, please contact**  |
| **Monitoring and recording requirements** |
| Medication FormsCCF-94 Bowel Activity Record ChartCCF-95 Bristol Stool Form Scale (for reference)Carelink+ shift notes |
| **Signs or symptoms that indicate the need for the person to be reviewed earlier than planned** |
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| **Any other important information** |
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Participant / Nominee Signature:

Date:

**PARTICIPANT NAME:**

**PLAN DATE:**

# **Staff acknowledgement**

I have read and understood the Bowel Support Plan for this participant.

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| **#** | **Worker Name** | **Worker Signature** | **Date** | **Trained?** Date of training |
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