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Bowel Care Guidelines

Summary: The Bowel Care Guidelines are a guide for carers who do not have a formal background in health care to support a person to have a healthy bowel. The guidelines contain information about signs and symptoms that indicate when bowel health is compromised and requires intervention by a health professional.





Bowel Care Guidelines

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Summary	A guide for carers who do not have a formal background in health care to support a person to have a healthy bowel. The guidelines contain information about signs and symptoms that indicate when bowel health is compromised and requires intervention by a health professional.
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1 Bowel Care Guidelines

1.1 Introduction

The Bowel Care Guidelines are an additional resource to support the ADHC Health Planning Procedures.

The Health Planning Procedures (the Procedures) embody the principles of legal and human rights found in the New South Wales Disability Service Standards (the Standards), the commitment to deliver culturally responsive services to Aboriginal people under the Aboriginal Policy Statement (the Statement), and the person centred guiding principles of the ADHC Health and Wellbeing Policy.

The Bowel Care Guidelines are provided for carers who support people to manage their health and wellbeing, and in particular their bowel health. The Guidelines are for use by carers who do not have a formal background in health care, but who support people to make decisions about bowel health under the guidance of their 'usual' General Practitioner (GP)¹ and other health specialists.

In the context of these Guidelines the carer is the 'primary carer' and is a support worker, but may also be a family member or other informal support person, and is not a nurse.

Refer to the Health Planning Procedures for guidance on providing culturally sensitive support for managing bowel health with Aboriginal and Torres Strait Islander people.

1.2 Bowel health

Although it is common to have a bowel motion each day, there is no such thing as a 'normal' bowel habit. How often it happens is different for everyone, but most people have a pattern that is 'usual' for them.

Bowel health is directly related to good nutrition, and together they are essential for the overall health and wellbeing of the person. Bowel health can be adversely affected by many aspects of daily life, including:

- a diet lacking in fibre
- insufficient fluid intake
- disruption to regular diet or routine
- delaying bowel actions due to pain e.g. from haemorrhoids
- some medications

¹ [Medicare](#) defines the person's 'usual' GP as: *'The GP (or a GP in the same practice) who has provided the majority of services to the patient in the past 12 months, and/or is likely to provide the majority of services in the following 12 months'*.

- recent illness or hospitalisation
- low activity levels and reduced mobility, and
- reduced physical and emotional wellbeing.

People with disability are at risk of having a bowel that does not function properly (bowel dysfunction) for any or all of the reasons described above. Some conditions make people with disability more vulnerable to bowel problems due to physical immobility, neurological injury or muscle weakness, for example, Down Syndrome, Rett Syndrome and Cerebral Palsy.

Having a healthy bowel is essential to good quality of life for all people, but is a subject that people are often unwilling to discuss. For this reason it is important for carers to know the usual bowel habits of the person they support, and to recognise when something is wrong.

When a person is experiencing problems with bowel function carers should understand:

- the issues that affect bowel function, especially for the person they support
- signs and symptoms of bowel problems
- why they need to document bowel patterns to detect changes, and
- the importance of involving health professionals to assess the causes of bowel dysfunction, especially for people with complex health conditions.

1.3 Bowel dysfunction

1.3.1 What is it?

Bowel dysfunction is described as difficulty passing faeces (sometimes called stools), or keeping faeces contained in the bowel, or passing faeces that is not considered to be 'normal'² in consistency.

Bowel dysfunction is classified under three headings:

- constipation and poor bowel emptying
- diarrhoea
- faecal incontinence

Constipation causes discomfort and affects quality of life. It is described as difficulty or pain when passing faeces, or passing faeces infrequently.

Poor bowel emptying occurs for various reasons and causes constipation.

Diarrhoea is loose watery faeces and is usually frequent.

² See the attached Bristol Stool Chart for descriptions of different types of faeces

Faecal incontinence is uncontrolled passing of faeces and creates social or hygiene problems for the person. The person may not always be aware that it is happening.

1.3.2 Signs and symptoms

There are a number of signs of **constipation** including:

- straining or pain when trying to pass faeces
- lumpy or hard faeces
- feeling that the rectum is not completely empty
- having fewer than three bowel motions per week
- passing liquid stools (overflow) but having symptoms of constipation
- behaviour that is unusual for the person.

Diarrhoea can be observed by a carer but is difficult to identify if the person uses the toilet and does not report it. It may be associated with stomach bloating and pain, and be accompanied by vomiting.

Signs of **faecal incontinence** include the person's inability to get to the toilet in time, and repeated occasions of soiled clothing.

Other signs of bowel dysfunction may be reported by the person or observed by a carer.

Any of the following signs require immediate referral to the GP or local hospital:

- vomiting blood or faecal matter
- diarrhoea and/or vomiting that is more than a one-off event
- bleeding from the bowel
- fresh (red) or old (black) blood in faeces – see note below
- unusual pain before, during or after a bowel action.

NOTE Black faeces occur when a person is taking iron supplements. Take care not to confuse it with old blood in faeces which is also black.

NOTE An outbreak of diarrhoea must be reported to the NSW Ministry of Health, Public Health Unit. An outbreak occurs when diarrhoea affects two or more people in the house or unit, even when the cause is unknown. Follow this link to your nearest Public Health Unit

<http://www.health.nsw.gov.au/Infectious/Pages/phus.aspx>

1.3.3 Causes and risks

Constipation can be caused by disorders affecting digestion and bowel function, psychological or neurological conditions, or a bowel that is not necessarily diseased, but does not function as well as it should. Constipation may be associated with low mobility, inadequate diet, slow movement of faeces through the bowel, or abnormality of the muscles involved in emptying the bowel (pelvic floor muscles).

Diarrhoea can be acute and short lived, for example with food poisoning or a bowel infection, and may be spread to other people. It can be chronic as a result of inflammatory bowel disease, irritable bowel syndrome and coeliac disease. Diarrhoea may also be caused by food allergies, medications, radiation therapy, overuse of laxatives and diabetes.

- **Faecal incontinence** can be caused by poor muscle control, or muscle damage after surgery or child birth, infection or inflammation of the bowel, irritable bowel syndrome, or stress from haemorrhoids or other conditions involving the rectum or sphincter muscle. It may also be developmental.
- Nerve damage or disease caused by spinal chord injury, multiple sclerosis or spina bifida can result in faecal incontinence, as can lifestyle and environment factors. Some examples include poor toilet facilities, diet, and lack of independence to move around or manage clothing. A person with dementia may suffer loss of memory and skills, and experience incontinence.

1.3.4 Monitoring and supporting bowel health

Carers are not required to diagnose health problems. However, they are required to monitor and report regularly on the health and wellbeing of the people they support, including their bowel health.

What you can do to support the person to have a healthy bowel:

1. Learn about the person's usual bowel habit so you can identify when there is a change. A Bowel Chart and the Bristol Stool Chart are included among the Health Planning tools for recording bowel habits. These can also help you to know when medical intervention is required.
2. Use the Bowel Chart to record when the person has a bowel motion and the Bristol Stool Chart to describe what the motion looks like.
3. When the Bowel Chart shows that the person's bowel habit has changed (refer to **signs and symptoms** for commonly observed changes) record it in the person's Health Learning Log (My Health and Wellbeing Plan Part B).
4. As much as is possible, talk to the person about the observed change in bowel habit in case there has been some variation in the person's circumstances that might explain the change, for example, new medication, different diet or recent illness.
5. Report the change to a line manager or GP and agree on a plan of action.
6. Review Part B of the person's My Health and Wellbeing Plan for any previous occasions of changed bowel habits and what action was taken.
7. If there is an ongoing concern (see the previous page for signs that require immediate referral to the GP or hospital), make an appointment with the person's GP, as soon as possible, for an assessment of the observed changes.
8. The carer who is most familiar with the person, and this particular health issue, should accompany the person to the GP appointment.

9. Take the person's Bowel Chart, Medication Chart and My Health and Wellbeing Plan to the GP appointment.
10. Following a diagnosis and recommendations by the GP, continue to monitor the person's bowel habit.
11. If the GP has developed a bowel care plan, follow it and record what happens in the Bowel Chart.
12. Take the person back to the GP if there has not been a change within the timeframe recorded in the bowel care plan.

1.3.5 Health professionals

The carer supports the person to communicate bowel problems to the GP for diagnosis and treatment. The GP may not diagnose bowel dysfunction during the person's annual health assessment unless the person or carer report changes in bowel habits to the GP at the time.

If the person needs a bowel care plan, the GP develops one with the person and carer. Before leaving the surgery the person and carer should be certain that they understand how to implement the bowel care plan.

IMPORTANT Confirm with the GP what should happen following implementation of the bowel care plan, and how long it should take for the problem to be resolved.

Depending on the diagnosis, the GP may refer the person to another health professional such as a gastroenterologist or a dietitian. If the person's bowel dysfunction is chronic or complex, the GP has access to Medicare items for referring the person to a multidisciplinary team for management. Refer to the Chronic Disease Guidelines³ for information about GP Management Plans.

A health professional may also prescribe bowel retraining after illness or surgery. The person could require special equipment prescribed by an occupational therapist for seating in the best position to empty the bowel.

The person may need a nutrition review by a dietitian to establish the right amount of fibre and fluid for continuing bowel health.

A person with faecal incontinence may experience skin problems from exposure to faecal fluids and constant cleaning, and require a skin care assessment by a specialist.

There are many treatments for bowel dysfunction, and health professionals will prescribe different treatments depending on the diagnosis, their preferred approach, and other elements of the person's health and wellbeing.

1.3.6 Treatment

Some treatments are administered by a health professional, either a gastroenterologist, GP or a nurse specialist. Other treatments can be administered by the person or carer.

³ ADHC Health and Wellbeing Policy and Practice Manual, Volume 2.

Treatments that are safely administered by a person or carer, are taken either by mouth (orally) or inserted into the rectum. The method of administration, the dose and frequency is prescribed by the health professional.

Carers should request information and support from the health professional if they are to implement prescribed treatments.

Some examples of common treatments that can be safely administered by carers are:

Oral - laxatives	Action	Comments
Lactulose, Duphulac, Actilax	Increase water content in stools to make them more bulky and softer	Used for adults. Small doses of Lactulose and Duphalac are used in children with mild constipation.
Movicol,	Increases water content in stools to make them more bulky and softer	Used for adults and children with chronic or more severe constipation that requires a daily medication.
Metamucil, Benefiber	Adds fibre to stools to make them more bulky	Dissolve in fluids for easier administration
Senna, Osmolax	Stimulates peristalsis in the bowel	Senna: Long term use should be avoided due to adverse effect on bowel motility
Coloxyl	Softens hard stools	Safe for long term use
Rectal - treatments		
Glycerol	Stimulant suppository	Works well and is low risk
Microlax	Enema to soften stools	Low risk

Due to the intrusive nature and possibility of injury associated with rectal enemas, it is not recommended that carers, as defined in these Guidelines, administer enemas other than Microlax.

Microlax enemas are suitable for children less than three years old and, as such, present minimal risk of injury to children or adults during administration.

Consumer Medication Information is available for all medications, and carers should read it before administering Microlax and any other bowel medication.

1.4 Resources

1. Management of lower bowel dysfunction, including DRE and DRF. Royal College of Nursing, 2012
2. *Help patients win the constipation battle*. Best practice in the prevention and treatment of constipation in adults under 65 years. Dept Health and Ageing and Griffith University, Sept 2003
3. *The bowel management package*. Hunter New England NSW Health, 2006
4. Management of constipation in older adults. Best Practice Vol 12 Issue 7, 2008
5. Impact. Bowel care for the older patient, 2010
6. *Constipation*. Fact Sheets. Westmead Children's Hospital

2 Policy and Practice Unit contact details

You can get advice and support about this Policy from the Policy and Practice Unit, Contemporary Residential Options Directorate.

Policy and Practice, Service Improvement
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