

**HACKETTSTOWN REGIONAL MEDICAL CENTER
NURSING POLICY MANUAL**

INDWELLING STOOL MANAGEMENT SYSTEM FOR ADULT PATIENTS

Effective Date: 4/1/2013

Policy No: 8620.250

Cross Referenced:

Origin: Division of Nursing

Reviewed Date: 5/2015

Authority: Chief Nursing Officer

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Page: 1 of 4

SCOPE

All RNs on adult inpatient units

PURPOSE

To outline the use of the fecal management system to effectively divert and contain liquid and semi-liquid stool away from the body, in bedridden patients.

POLICY

1. A Physician order is required prior to insertion.
2. The device cannot be used on Pediatric patients
3. The device cannot be used for more than 29 consecutive days
4. Tap water or sterile water can be used to inflate the cuff; Never use saline to inflate cuff

DEFINITION

The device is a soft catheter that is placed inside the rectum to contain liquid stool and is held in place by a low-pressure retention balloon.

PROCEDURE:

A. Assessment

1. Identify appropriate patient population
 - a. Patients with liquid (watery) and semi-liquid stool (flowing)
 - b. Patients with Clostridium difficile diarrhea (C.Diff)
2. Prior to use, perform a digital exam to rule out fecal impaction
3. Contraindications:
 - a. Colorectal surgery within the past year
 - b. Rectal or anal injury/surgery
 - c. Severe rectal or anal stricture
 - d. Suspected rectal mucosa impairment
 - e. Rectal or anal tumor
 - f. Severe hemorrhoids
 - g. Fecal impaction

B. Insertion- Procedure

1. **After physician** has examined the patient, obtain an order
2. Confirmation of appropriate patient selection:
 - i. Liquid stool
 - ii. Bedrest
 - iii. Adequate sphincter tone
 - iv. None of the above contraindications noted
3. Connect bag by pulling back on the green trigger switch and engaging piston valve connector onto the collection bag hub. Ensure that the green ring at the base of the collection bag hub socket is not visible.
4. Remove any indwelling or anal device prior to the insertion of the stool management device.

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Page: 2 of 4

5. Remove any air from the retention balloon prior to insertion.
 - a. Attach the depressed syringe to the green inflation port.
 - b. Draw all the air from the green retention cuff by pulling back on the syringe plunger
6. Attached filled syringe to the green "INF" port by:
 - a. Filling the syringe with 45ml of tap water
 - b. Attaching the syringe to the green "INF" port
 - c. Attach only, DO NOT INFLATE at this time
7. Place the patient in the left knee-chest position
8. Perform a digital rectal exam to determine if fecal impaction is present
9. Squeeze the retention cuff to ensure all air has been removed
10. Flatten the retention cuff between both thumbs and index fingers and hold the flattened cuff at the upper green corner
11. FOLD the cuff by holding the upper left corner of the cuff between the thumb and index finger
12. Fold the top right corner of the cuff backward and down to the left in a 45 degree angle
13. Lubricate and insert the deflated/folded balloon into the rectum. Don't insert past the black line on the tubing. Use Lubricant supplied with kit. Lubricant can be applied to the sphincter area and/or the end of the catheter on the cuff.
14. Keep finger on the retention balloon, as the cuff passes into the patient, slide your thumb away from the cuff.
15. Use index finger to push the cuff through the sphincter into the rectal vault. Once inside the rectal vault, the cuff will open to its original conical shape.
16. Fill the retention balloon with up to a **maximum of 45 ml of water** by slowly depressing the syringe plunger that was already attached
17. NEVER inflate the balloon with more than 45ml.
18. Remove the syringe from the inflation port and gently pull on the catheter to ensure the cuff seating against the rectal floor.
19. Complete orange insertion sticker provided in package and place on device. Hang the bag by the beaded strap on the bedside at a position lower than the patient.

C. Irrigation of Retention cuff

1. A physician order is needed to irrigate the cuff.
2. Fill the syringe with TAP water at room temperature, 45mL
3. Attach the syringe to the "CLEAR" irrigation port, (marked "IRRIG"), and depress the plunger.
4. If leakage occurs, cuff may need to be repositioned and process repeated.

D. Flushing of the catheter tubing

1. If the catheter tubing becomes obstructed with fecal matter, attach a filled syringe to the "PURPLE" flush port and depress plunger
2. Make sure the flush port remains parallel to the catheter in order to prevent kinking in the tubing.
3. This procedure only flushes the tubing and not fluid enters the patient.

E. Maintenance and Bag replacement

1. Change the collection bag as needed or when bag is full.
2. Grab the piston connector, pull back on the syringe until the piston ejects from the collection bag.

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Page: 3 of 4

3. Once the bag is removed, insert the bag plug into the collection bag hub.
4. Connect a new bag as outlined in insertion procedure.
5. Observe device frequently at least once a shift, for obstructions from kinks, solid fecal particles or external pressure
6. Inspect the anal area for any irritation, erosion or tears. If present notify physician and obtain an order to discontinue the device.
7. Do not insert anything into the anal canal as long as the catheter is in place. The device must be removed by RN or Physician.
8. Recommend removing all the water from the cuff daily. Discard the water and reinflate the cuff with a 45mL of tap water.

F. Stool Sampling

1. To collect a sample from the catheter, open the “WHITE” sample port cap.
2. Gently kink catheter segment between piston valve connector and sample port
3. Tilt or milk catheter to collect fecal matter
4. Insert a slip tip syringe into sample port and draw appropriate specimen
5. Remove syringe and replace the cap on the port.

G. Administration of Medications

1. A physician order is required
2. Attach the supplied syringe and flush the irrigation line with 10ml of water.
3. Prepare a new syringe with prescribed medication. Position the cinch clamp loosely on the catheter at the black indicator line. Connect syringe to the Clear irrigation port (marked “IRRIG”) and administer medication.
4. To ensure delivery of medication into the rectum immediately flush the irrigation line with at least 10 ml of water. Tighten the cinch clamp on the catheter to ensure no flow through the catheter. Allow the medication to dwell in the rectum for the desired amount of time as dictated by the prescribing physician.
5. Slightly elevate tubing at an angle going into the rectum. This will assist the medication staying in place for desired time indicated.
6. Remove the cinch clamp and allow the medication to drain. Dispose of the syringe.

H. Removal/Disposal

1. When stool consistency thickens to the point where it cannot pass through the tube, discontinue device or if the patient no longer fits the selection criteria.
2. To remove the catheter from the rectum, the retention balloon must first be deflated.
3. Attach the syringe to the inflation port and slowly withdraw all water from the cuff.
4. Disconnect the syringe and discard.
5. Grasp the catheter as close to the patient as possible and slowly slide it out of the rectum.
6. Dispose of the device in the red bag waste.
7. If the catheter becomes dislodged, wash the catheter with soap and water. Reassess the patient to rule out traumatic injury to the area and continued need for the device. Reinflate the balloon to assure that it has not been damaged. Device can be reinserted if balloon is intact and no evidence of trauma.

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I. Reportables

Notify physician immediately if any of the following occur:

1. Rectal pain
2. Rectal bleeding
3. Abdominal symptoms such as distension/pain
4. Leakage of stool around the device necrosis or ulceration of rectal or anal mucosa
5. Temporary loss of anal sphincter muscle tone
6. Infection
7. Bowel perforation
8. Bowel obstruction

J. Documentation

1. Date and time of insertion
2. Results of digital exam prior to use
3. Consistency of stool
4. Time of pouch change with type and amount of output
5. Presence and patency of FMS with each shift
6. Condition of perianal skin
7. Discontinuation

REFERENCES:

1. Bard Medical DigniShield stool management system, bowel management reference guide, 2014