Assessment and initiation of bowel management programme

Evaluate bowel history
- Stool chart
- Frequency/duration
- GI Function
- Current bowel program
- Current symptoms
- Medications
- Fluid and dietary intake including daily fibre intake
- Prehistory pattern of elimination

Perform physical exam
- Abdominal
- Anorectal (including sensation, tone, anal contraction & reflexes)
- Stool testing (if indicated)

Assess knowledge, cognition, function and performance
- Completing, directing and effectiveness of bowel care

Design bowel management program
- Based on history, exam and assessment of knowledge, cognitive function, performance and community setting
- Establish consistent prescribed schedule
- Encourage diet, fluids and activity to achieve desired stool consistency and evaluate and select assistive techniques
- Establish structured and comprehensive bowel management education program

Reflex or Areflexic?

Reflexic*
- Daily or alternate day, at a regular time
- Attention to diet
- Regular oral medication for stool consistency (if required)
- Bristol stool scale type 4
- Stimulant Laxative 8-12hours before planned bowel care (if required)
- Hot drink and/or food 20-30mins before bowel care (Gastrocolic reflex)

Step 1 Gastrocolic reflex
Step 2 Insert rectal stimulant - Suppository/enema
Step 3 Abdominal massage
Step 4 Digital rectal stimulation (DRS)
Step 5 Digital removal of faeces (DRF) if required
Step 6 Digital rectal examination to check complete evacuation
Step 7 Rectum empty?
  - No - return to step 3
  - Yes - repeat check after 5 minutes to ensure evacuation is complete

Areflexic*
- Daily or twice daily at a regular time
- Attention to diet
- Regular oral medication for stool consistency (if required)
- Bristol stool scale type 2-3
- Hot drink and/or food 20-30mins before bowel care

Step 1 Gastrocolic reflex
Step 2 Abdominal massage
Step 3 Digital removal of faeces (DRF)
Step 4 Digital rectal exam to check if evacuation is complete
Step 5 Rectum empty?
  - No - Return to step 2
  - Yes - Repeat check in 5 minutes to ensure evacuation is complete

Avoid frequent changes of regimen
- Give each interaction time to work before changing following assessment, agree duration of trial (usually 10-14 days)

Monitor and document bowel care variables when developing or revising care program

Reflexic* Positive anal reflex. Bulbo-anal reflex. Injury/damage to spinal cord at or above 12th thoracic vertebra. Reflex or spastic paralysis
Areflexic* No anal reflex. Absent bulbo-anal reflex. Injury/damage to conus or cauda equine, at or below 1st lumbar vertebra. Flaccid paralysis