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An evaluation of the management of faecal incontinence in two intensive care units

Dr Karen Ousey
University of Huddersfield
Acknowledgements

- The authors would like to thank Convatec UK Ltd who kindly supported this work via an Unrestricted Educational Grant.
Background

- Little research in the management of acute incontinence.
- Consensus meeting

- NICE Guidance (2007):
  - “Healthcare professionals should consider a faecal collection device for people in intensive care settings and people receiving palliative care with faecal incontinence and associated loose stools”
Sample

- Intensive care services delivered by Calderdale and Huddersfield NHS Foundation Trust

- Huddersfield and Calderdale has a population of 435,000.

- Current estimates of in-patient activity, in the intensive care units combined, suggest a 200 patient throughput in a 3 month period and of these, 20-25% will have faecal incontinence problem.
Aims and objectives of study

- An evaluation of current practice in faecal incontinence (FI) management in two intensive therapy units.
- To establish the current evidence base in faecal incontinence management in acute settings.
- To observe current faecal incontinence management in intensive care.
- To explore the impact of faecal incontinence to patients, staff and the organisation.
- To establish or re-develop an audit-driven protocol for intervention in faecal incontinence.
- To involve clinical nursing staff in the service evaluation/audit and research process.
Data (Stage 1)

- Prevalence of FI in ITU.
- Cause of FI.
- FI management.
- No. of FI episodes
- Pharmacology.
- Biochemistry.
- Nursing time.
## Results

<table>
<thead>
<tr>
<th>Dates</th>
<th>Unit</th>
<th>In Patient No.</th>
<th>Patients with FI</th>
<th>Estimated prevalence per unit % (interval)</th>
</tr>
</thead>
<tbody>
<tr>
<td>16/3/09 – 16/4/09</td>
<td>CRI</td>
<td>18</td>
<td>5</td>
<td>27</td>
</tr>
<tr>
<td></td>
<td>HRI</td>
<td>57</td>
<td>11</td>
<td>19</td>
</tr>
<tr>
<td>16/4/09 – 16/6/09</td>
<td>CRI</td>
<td>34</td>
<td>8</td>
<td>23</td>
</tr>
<tr>
<td></td>
<td>HRI</td>
<td>92</td>
<td>21</td>
<td>23</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>201</td>
<td>45</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total Estimated Prevalence of FI (3 months)</td>
<td></td>
<td>22 (22.39)</td>
<td></td>
</tr>
</tbody>
</table>

Mean Age; FI patients: 63
M: F: 40: 60 (%).
<table>
<thead>
<tr>
<th>Cause</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respiratory</td>
<td>12</td>
<td>27</td>
</tr>
<tr>
<td>Sepsis</td>
<td>7</td>
<td>15</td>
</tr>
<tr>
<td>Surgery</td>
<td>7</td>
<td>15</td>
</tr>
<tr>
<td>Renal</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>Cardiac arrest</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>Overdose</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Misc. other</td>
<td>12</td>
<td></td>
</tr>
</tbody>
</table>
Faecal Incontinence: Cause.

<table>
<thead>
<tr>
<th>Cause</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unknown</td>
<td>17</td>
<td>38</td>
</tr>
<tr>
<td>Antibiotics</td>
<td>14</td>
<td>31</td>
</tr>
<tr>
<td>Feed</td>
<td>7</td>
<td>16</td>
</tr>
<tr>
<td>c.diff.</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Other</td>
<td>5</td>
<td>11</td>
</tr>
</tbody>
</table>

I.V. Antibiotics used

- Yes: Frequency 25
- No: Frequency 20
No. of Fl episodes (24 hour estimate)
Fl Management

<table>
<thead>
<tr>
<th>Management</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hygiene</td>
<td>14</td>
<td>31</td>
</tr>
<tr>
<td>Incontinence pad</td>
<td>9</td>
<td>20</td>
</tr>
<tr>
<td>Faecal collection bag</td>
<td>8</td>
<td>19</td>
</tr>
<tr>
<td>Flexi-Seal</td>
<td>7</td>
<td>15</td>
</tr>
<tr>
<td>BMS</td>
<td>7</td>
<td>15</td>
</tr>
</tbody>
</table>

**Bar Chart Description**

- **Flexi-seal**: Frequency 6
- **Zassi**: Frequency 5
- **Botty bag**: Frequency 5
- **Hygiene**: Frequency 14
- **Incopad**: Frequency 7

*Note: The bar chart shows the frequency distribution of different types of incontinence management products.*
## Waterlow Score

<table>
<thead>
<tr>
<th>Management</th>
<th>Mean Score</th>
<th>Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flexi-Seal</td>
<td>24.86</td>
<td>Very High</td>
</tr>
<tr>
<td>BMS</td>
<td>20.17</td>
<td>Very High</td>
</tr>
<tr>
<td>Faecal collector</td>
<td>18.75</td>
<td>High</td>
</tr>
<tr>
<td>Hygiene</td>
<td>18.86</td>
<td>High</td>
</tr>
<tr>
<td>Incopad</td>
<td>21.22</td>
<td>Very High</td>
</tr>
<tr>
<td>Total</td>
<td>20.45</td>
<td>Very High</td>
</tr>
</tbody>
</table>
Skin Breakdown

- 10 (22%) of patients had peri-anal skin breakdown after the onset of FI:

FI management of the 10 with skin breakdown:

- Flexi-Seal: 0 (0%)
- Hygiene: 3 (30%).
- Incontinence Pad: 2 (20%)
- Faecal collection Bag: 2 (20%)
- BMS: 3 (30%)
Management Options

- Intervention Protocol.
- Individualised patient assessment.
- Justification for management choice:
- Flexi-Seal Collection system.
- Faecal collection bag.
- BMS Collection system.
- Digni care
- Incontinence pads.
- Hygiene.
Acute, consistent faecal incontinence (FI)

Individual Patient Assessment of Continence Needs: [Dignity]
Reason for admission.
Family/carer input.
Post-surgery/trauma?
Concordance/patient comfort

Cause of FI?

Any indications for bowel manipulation/drug intervention?, e.g. constipation

C.Difficile? Treatment
I.V.Antibiotics? Review
Enteral feed? Change
Other

Infection Control

Waterlow Score

Bristol Stool Chart

Faecal Management System - (Flexi-Seal): Check: Contra-indications? (check product manual)
Trained to use?
Patient/family Consent

Faecal Collection Bag - Check: Skin integrity - any excoriation?
Patient/family Consent

Incontinence pads/hygiene - Check: Skin integrity
Patient/family Consent

Record: Fluid balance
FI management

Care plan

Review: 6-12 hourly
Faecal incontinence still present?
Stool consistency?
Waterlow score change?
Patient comfort/concordance

Discharge:
FI still present?: Liaise management

Intervention guidance - management of faecal incontinence in acute settings
Summary

- Systematic approach to FI management is required.
- There is an education and training need.
- Resource/cost issues.
- Effective and individualised, patient concordant, management is achievable.
- National guideline.