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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 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.
- To establish the current evidence base in faecal incontinence management in acute settings.
- To observe current faecal incontinence management in intensive care.
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 (%).
## Reason for ITU Admission

<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>
No. of Fl episodes (24 hour estimate)
## FI 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 showing frequency of FI management methods](chart.png)
## 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?
- C.Difficile-? Treatment
- I.V.Antibiotics-? Review
- Enteral feed-? Change
- Other

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

Infection Control

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

Waterlow Score

Bristol Stool Chart

Check:
- 15-20+
- 14-10
- 5+
- <5

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:
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Review: 6-12 hourly
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Faecal Management System-(Flexi-Seal):
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- Patient/family Consent

Faecal Collection Bag-
- Check: Skin integrity- any excoriation?
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Incontinence pads/hygiene
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Record:
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Review: 6-12 hourly
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- Stool consistency?
- Waterlow score change?
- Patient comfort/ concordance

Discharge:
- FI still present?: Liaise management
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.