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Ousey, Karen

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The background of the slide is a solid blue color. At the top, there are several wavy, horizontal lines in shades of blue and teal, creating a layered, wave-like effect that spans the width of the slide.

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

Dr Karen Ousey
University of Huddersfield



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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

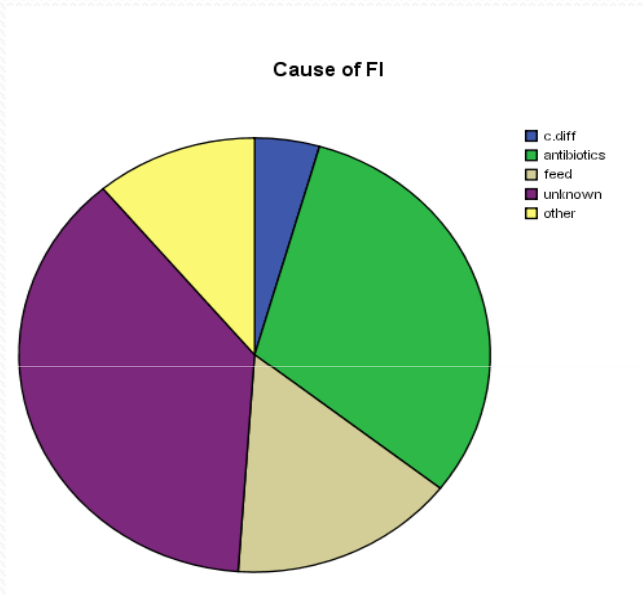
Dates	Unit	In Patient No.	Patients with FI	Estimated prevalence per unit % (interval)
16/3/09 – 16/4/09	CRI	18	5	27
	HRI	57	11	19
16/4/09 – 16/6/09	CRI	34	8	23
	HRI	92	21	23
	Total	201	45	
	Total Estimated Prevalence of FI (3 months)			22 (22.39)

Mean Age; FI patients: **63**
M: F: **40: 60 (%)**.

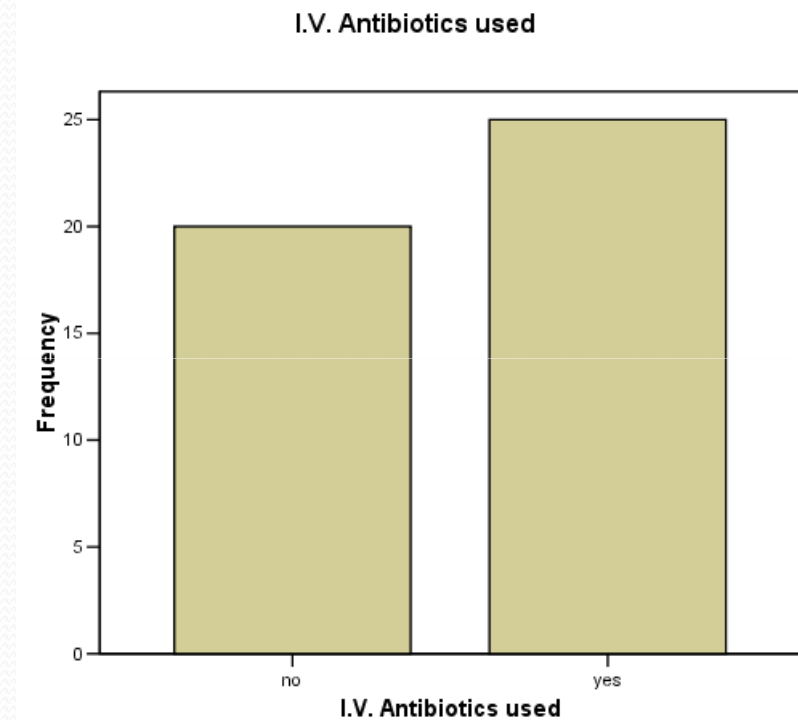
Reason for ITU Admission

Cause	n	%
Respiratory	12	27
Sepsis	7	15
Surgery	7	15
Renal	3	7
Cardiac arrest	3	7
Overdose	1	
Misc. other	12	

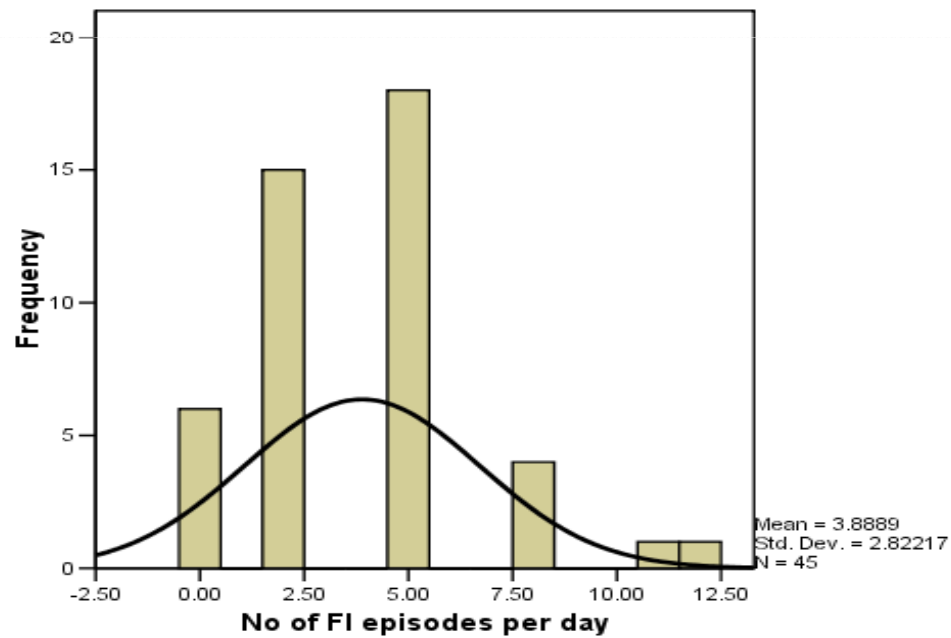
Faecal Incontinence: Cause.



Cause	n	%
Unknown	17	38
Antibiotics	14	31
Feed	7	16
c.diff.	2	4
Other	5	11

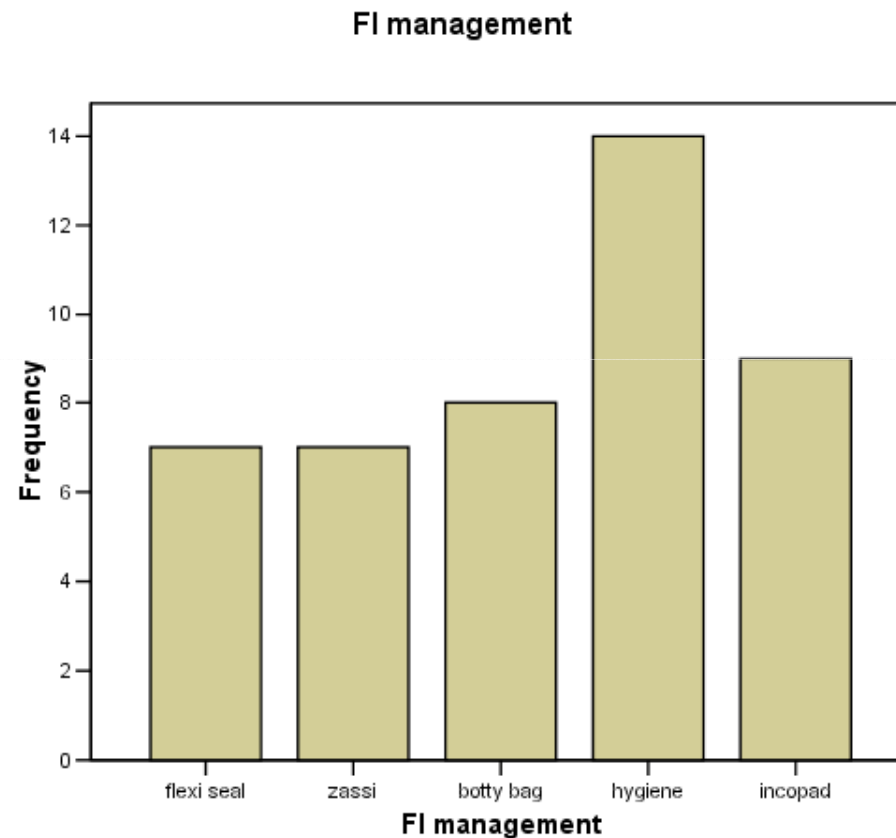


No. of FI episodes (24 hour estimate)



FI Management

Management	n	%
Hygiene	14	31
Incontinence pad	9	20
Faecal collection bag	8	19
Flexi-Seal	7	15
BMS	7	15



Waterlow Score

Management	Mean Score	Risk
Flexi-Seal	24.86	Very High
BMS	20.17	Very High
Faecal collector	18.75	High
Hygiene	18.86	High
Incopad	21.22	Very High
Total	20.45	Very High

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.

**Intervention
guidance-
management of
faecal incontinence
in acute settings**

**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

Bowel Management System

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

**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



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.