Evaluate the effectiveness of the bowel care program after 5 cycles of bowel routine

These indicators should be used to determine effectiveness by the interprofessional team:

- Time taken is less than 30 minutes
- Stool form is:
  - Bristol stool type 4 for reflexic
  - Bristol stool type 2-3 for areflexic
- Regular and predictable evacuations happen in a socially acceptable time and place:
  - Evacuations occur daily or alternate days
  - No incontinence
  - Routine fits with the client’s lifestyle
  - Client is adjusting/coping well with the routine
  - No signs or symptoms of autonomic dysreflexia
- No chronic constipation
- No abdominal pain
- No rectal pain
- No signs and symptoms of hemorrhoids
- No straining
- No pressure ulcers

Is the bowel care program effective after 5 cycles of bowel routine?

Yes  No

Re-evaluate and modify bowel care program components

Think about the following questions:
- Is the consistency as intended?
- Is functional continence achieved?
- What is going well?
- Can we rule out conditions unrelated to SCI?

Use an interprofessional approach to consider and modify:

- Fiber
- Fluid intake
- Oral medications
- Rectal interventions/medications
- Frequency/timing
- Assistive techniques

Adhere to bowel program and monitor

Continue as prescribed, monitor for effectiveness, and modify as needed.

Remember to change only one component at a time, until all elements of the program have been considered or until a successful outcome.

Is the bowel care program effective after 5 cycles of bowel routine?

Yes  No

Does the client have incontinence?

Do not initiate a bowel clean out.

Is the client constipated?

- Do a bowel clean before considering cone enema or trans-anal irrigation.
- Refer to the Bowel Clean Out Procedure.

Consider cone enemas and/or trans-anal irrigation

- RN/NP/Physician in collaboration with the client and family to consider trialing cone enemas or trans-anal irrigation with client.
- Provide teaching intervention on proper use and side effects.
- Continue to monitor all other aspects of the bowel care program.
- Developmental consideration: children under the age of 4 are likely not appropriate for this intervention.

Is the bowel care program effective after 2-3?

Yes  No

Consider surgical interventions

- RN/NP/Physician in collaboration with the client and family to consider whether surgical interventions, including a cycostomy or antegrade cone enema (e.g., MACE) is appropriate.
- Consultation with SickKids for client appropriateness may be needed.
- Continue to monitor all other aspects of the bowel care program.
- Developmental consideration: children under the age of 6 are likely not appropriate for this intervention.

Is the bowel care program effective after 6-12 months?

Yes  No

Refer to consultant or specialized centre
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Other Information

This document is referenced in the Holland Bloorview Neurogenic Bowel Management Standard of Care (00423).

References
