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

Dr Karen Ousey
University of Huddersfield
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 observe current faecal incontinence management in intensive care.
- To establish the current evidence base in faecal incontinence management in acute settings.
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>Total</td>
<td></td>
<td>201</td>
<td>45</td>
<td></td>
</tr>
<tr>
<td>Total Estimated Prevalence of FI (3 months)</td>
<td></td>
<td></td>
<td></td>
<td>22 (22.39)</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 FI 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>
# 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

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

Enteral feed?

C.Difficile?

I.V.Antibiotics?

Other

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

15-20+

14-10

5+

<5
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.