Protocols for Bowel Management Program for Children (under 60 Lbs.)

Policies and procedures for preventing fecal impaction in children in long term care facilities.

▶ **Reminder:** All newly adopted Policy and Procedures should be approved by the Quality Assessment and Assurance Committee.

▶ **Resources:** A Daily Activities Flowchart for the Fruit-Eze™ Bowel Program is available at: **www.fruiteze.com.** Select the **"for Professionals"** tab. **Note:** On the same page, Please select the links and read the protocols for individuals with G-Tube, Paralysis and Spina Bifida.

1. Obtain Physician Orders as Follows:

A. Hold all laxatives and enema orders including stool softeners and bulk laxatives.

B. Pediatric Dulcolax (bisacodyl) suppository - 1 pr to be given as needed for constipation.

C. Saline enema (100-150 cc) to be given as needed for constipation.

D. Fruit-Eze™ = 1 teaspoon to 4 teaspoons per day depending on bowel function and weight of child. Amount to be determined by RN/Charge Nurse (although it is not necessary to obtain physicians orders for use of Fruit-Eze™, many facilities obtain Physicians orders in order to have use of Fruit-Eze™ printed out on the medication sheet for tracking and reimbursement purposes).

Note: Servings are based upon the weight of the child.
Servings for children under 60 pounds are measured in **teaspoons**.
Servings for children weighing *over 60 pounds* are measured in **tablespoons**.

Regularity Goal:
To achieve the easy (without straining) passage of well formed stools (not too hard, nor too soft) at least once every two to three days.

2. Beginning the Program:

A. Before starting a child on Fruit-Eze™ Regularity Blend, ensure that one good bowel movement has occurred as Fruit-Eze™ Regularity Blend will not soften hard stools that are already in the colon. If necessary, administer one dose of children's Dulcolax (bisacodyl) suppository or one dose of a children's laxative to help the child to achieve a bowel movement. Note that when the colon has been emptied, another bowel movement may not occur for three days. After a good bowel movement has occurred, hold all laxatives and enemas including stool softeners and bulk laxatives as per physician order.

Note: Individuals currently taking more than 2 stimulant laxatives a day should be *gradually* weaned off of the laxatives. Consult the physician.

B. SERVING: The Fruit-Eze™ container should be dated and initialed when opened. Give entire serving of Fruit-Eze™ at one time, preferably in the morning by the spoonful with meds, on toast or in cereal. **NOTE:** If the child has been included in Program due to diarrhea, split up the serving throughout the day, a portion with each meal. Start with 2 teaspoons qd po. Children with severe bowel retention problems can be started with up to 4 teaspoons.

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C. In most instances, no special minimum fluid intake is required. If stool remains hard in spite of Fruit-Eze™ use, check to maintain at least 30cc per kg of body weight.

D. If the child is a diabetic and insulin dependent, ONE fruit exchange per day can be made for 3 - 6 teaspoons of Fruit-Eze™.

E. If possible, toilet the child daily 45 minutes after meals and gently massage abdomen in a clockwise direction. If necessary, assist the child with sitting up.

3. SERVING ADJUSTMENTS:

1. If the stool is too hard or too infrequent, the child is not receiving enough Fruit-Eze™.

2. If the stool is too soft or too frequent, the child is receiving too much Fruit-Eze™.

A. If stools are too frequent, or stools are too loose, or the child is uncomfortable with gas (the presence of gas is often reported in the early stages of the program and is an indication that normal bowel flora is developing), decrease serving by 1 teaspoon. Reassess daily.

B. If stools are too hard, or the child is having irregular BM's (less than three BM's per week) or having symptoms of constipation, increase serving by 1 teaspoon. Reassess daily.

C. Three days after beginning the program, and daily thereafter, if no BM in three days, perform a digital exam. If stool is present in rectum, give a glycerin suppository. Sit the
child upright on a toilet or a commode, and perform gentle abdominal massage in a clockwise direction.

D. If the child has not had a BM within five (5) days and glycerin suppositories, digitals, and abdominal massages have not produced results, a saline enema (100-150) cc's may be given.

E. If no spontaneous BM (BM without glycerin suppositories saline enema) has occurred within five (5) days, increase Fruit-Eze™ serving by one (1) teaspoon.

F. Continue giving Fruit-Eze™ daily. On an average it takes 4 - 6 weeks to fully retrain the bowel; well formed fecal matter is usually present within seven (7) days. Restoring the ability to spontaneously defecate takes somewhat longer. Once normal bowel function is achieved, the serving size may gradually be reduced to a maintenance level of 1 teaspoon per day.

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