

Fruit-Eze™ - Daily Activities Flow Chart

This chart assumes that all preparatory work (assessment, notification of physician, etc.) has been completed.

Note: If resident has had a BM within past 24 hours, begin at top of chart with Day 1 and Day 2. If not, begin with Day 3, or, administer a stimulant laxative 24 hours prior to starting program to induce a BM.

Day 1 & Day 2

Give 2 TBS of Fruit-EzeTM, Toilet 45' after meals. Note any BM including volume & texture.

Day 3 and Day 4

Give 2 TBS of Fruit-EzeTM Toilet 45' after meals.

Massage abdomen Note any BM including volume & texture. If no bowel movement, while resident is on commode, perform digital exam To determine if BM is in rectal sac.

BM in rectal sac: While resident is on commode, apply rectal pressure and/or digitally stimulate. No BM in rectal sac: Assess for discomfort or other symptoms.* If symptoms of discomfort are severe enough, consider more aggressive interventions.** If none, no interventions are needed at this time.

If bowel movement occurs,

note volume and texture. Continue with 2 TBS daily.

If no bowel movement occurs, put resident on

commode after next meal. Try rectal pressure and digital stimulation. If still no movement, try glycerin suppository. Assess for discomfort or other symptoms.* If present, consider more aggressive interventions.

** If no discomfort or symptoms, no further interventions are necessary at this time.

Most residents will have a BM within 5 days. Continue 2 TBS qd.

Day 5

Give 2 TBS of Fruit-EzeTM, Follow **Day 3** Procedures

If no bowel movement, and BM in rectal sac, and Day 3 procedures do not produce results, try tap water or saline enema (250-500cc) while on commode. Use only saline enema (250-500cc) if resident is in danger of hypervolemia, eg., children, or res. with extreme CHF.

Check with resident's physician.

Notes

Symptoms indicating possible need for further intervention may include: Abdominal pain (esp. left), back pain, change in cognition or activity, decreased appetite, dehydration, difficulty breathing, disorientation, dizziness, explosive diarrhea, fever, frequency of urination, halitosis, hard distended abdomen, increased bowel tones in ULQ, decreased bowel tones in LLQ, low blood pressure, nausea, oozing of foul smelling stool, rapid heart beat, sweating, vomiting.

** Be sure all shifts have recorded bowel activity before choosing additional interventions. More aggressive interventions may include MOM, Sm. SSE, 1/2 fleet enema, 1/2 Dulcolax supp., listed here in order of preference.

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After Day 5

Give 2 TBS of Fruit-EzeTM

If no bowel movement,

further assessment is needed. More aggressive interventions** may be needed, depending on resident history and presenting symptoms.

Week 2

If spontaneous bowel movements have not occured, or if stool is consistently hard, increase Fruit-EzeTM serving by 1 TBS. If stool is consistently too soft, consider decreasing serving by 1 tsp.