



## Protocols for Bowel Management Program for Adults

Policies and procedures for preventing fecal impaction in residents of 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](http://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.

### 1.0 Purpose/Objectives

- 1.1 Promote healthy bowel function in all residents.
- 1.2 Improve bowel function with minimal use of chemical or assisted
- 1.3 Improve dietary intake of fiber for the purpose of retraining the bowel, improving overall bowel function and preventing disease.

### 2.0 Responsibilities

The Director of Nursing has overall responsibility for the care of all residents. The RN/LPN Charge Nurse or Team Leader is responsible for the daily management of this program on the residents in his/her charge.

**Note:** Before starting the Fruit-Eze™ program, ensure that you have one good bowel movement as Fruit-Eze™ Regularity Blend will not soften hard stools that are already in the colon. If necessary, use a Dulcolax (bisacodyl) suppository or take one dose of a laxative to achieve a bowel movement. Note that when the colon has been emptied using a Dulcolax suppository, laxative or enema, another bowel movement may not occur for three days.

### 3.0 Procedure

- 3.1 A Laxative Use Audit will be conducted to determine use patterns of laxatives and assistive techniques. **There are forms available in the manual to assist with the audit.** Trends in use of laxatives and assistive techniques will be ascertained based on data collected in the Audit.
  - 3.1.1 At the inception of the Impaction Prevention Program, the Laxative Use Audit will be based on a twenty percent sample of the residents (but on no less than ten residents) to determine baseline data for future trend comparisons and will examine the laxative use of the sample population during a thirty day period.
  - 3.1.2 Thereafter, the Laxative Use Audit will be performed twice yearly on a twenty percent sample (but no less than ten residents).

Continued on page 2

3.2 Residents will be selected for inclusion in the Impaction Prevention Program based on their use of laxatives and need for assistive techniques, predisposition to constipation and physician's orders.

3.2.1 All residents will be assessed for inclusion in the Impaction Prevention Program and all new residents will be assessed within **fourteen** days of admission. **The assessment will include:**

- reason for assessment, (i.e. for inclusion in Impaction Prevention Program)
- nature of the problem
- frequency of spontaneous bowel movements during the past 30 days
- current use of laxatives or other interventions
- indication of organic bowel problems and other risk factors that may be interfering with normal bowel function (e.g., colitis; MS)
- indication of reason for inclusion in Program if other than bowel function (e.g., fiber intake or diagnosis)
- plan of action (i.e., Fruit-Eze™), which will appear in the Resident's Care Plan as well

3.2.2 Residents will be included in the Program who will benefit from it and may include those with:

- abnormal bowel function; i.e., impaction, constipation, diarrhea
- a history of chronic laxative use
- inadequate dietary fiber intake (i.e., less than 15 grams/day)
- diverticulitis/colitis

3.2.3 Residents who are questionable for inclusion in the Program and who require further physician consultation are those with:

- severely impaired bowel function due to organic or psychological causes
- less than three bowel movements per week and/or a history of impactions and/or hard stools
- conditions which contraindicate fiber intake and where medical regulation of fiber intake is required

3.2.4 Residents selected for inclusion in the Impaction Prevention Program will be assessed and a physician's order will be obtained specifying

- hold all laxatives and enema orders including stool softeners and bulk laxatives
- Fruit-Eze™ Regularity Blend = 1 Tbsp to 4 Tbsp per day depending on bowel function – amount to be determined by RN/Charge Nurse
- glycerin suppository – 1 pr to be given as needed for constipation
- tap water enema to be given as needed for constipation

### 3.3 Servings of Fruit-Eze™ Regularity Blend

3.3.1 Two rounded Tbsps of Fruit-Eze™ Regularity Blend once/day given in one serving. The RN/Charge Nurse may choose to begin resident on greater than 2 Tbsps if bowel problem is severe.

3.3.2 Minimum of 1500 cc of fluid per day.

3.4 Residents' bowel movements will be monitored daily for effectiveness of Program. Serving sizes will be adjusted as necessary. Other interventions will be introduced as required.

3.4.1 Initial serving size will continue for residents having soft stool daily.  
**Residents will be toileted for bowel movements daily.**

3.4.2 Serving size will be increased by 1 Tbsp if resident is having irregular bowel movements, hard stools or other symptoms of constipation. Progress will be reassessed weekly and PRN.

3.4.3 If the resident has not had a bowel movement for three days while on the program, the LN will perform a digital exam.

- If stool is present, a glycerin suppository will be given
- If no stool is present, then current serving size will be increased by 1 Tbsp.

3.4.4 If resident has not had a bowel movement for five days and glycerin suppository has not produced results, then a tap water enema will be administered.

3.4.5 If resident's stool is too soft or too frequent, the serving size will be decreased by 1 Tbsp.

3.5 After 30 days of non-use, laxatives will be automatically discontinued.