Clinical Competency

To safely care for a patient with a bowel management system.

Name:               Ward:               Date:

Method of assessment: Question, observation and case scenario’s

<table>
<thead>
<tr>
<th>No errors observed</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occasional errors, corrected by trainee</td>
<td>4</td>
</tr>
<tr>
<td>Frequent errors, corrected by trainee</td>
<td>3</td>
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<tr>
<td>Frequent errors, not corrected by trainee</td>
<td>2</td>
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<tr>
<td>Trainee unable to proceed without step-by-step instruction/prompting</td>
<td>1</td>
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</tbody>
</table>

K= knowledge  S= skill

<table>
<thead>
<tr>
<th>Observable criteria</th>
<th>Circle assessment outcome</th>
<th>Outcome</th>
<th>Assessor’s Signature and Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Describe the main purposes of the bowel management system (BMS).</td>
<td>K</td>
<td>Pass</td>
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<tr>
<td>2. Identify patients for whom it would be appropriate to use of a bowel management system (BMS)</td>
<td>K</td>
<td>Pass</td>
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<tr>
<td>3. Describe exceptions and contraindications for the use of a BMS</td>
<td>K</td>
<td>Pass</td>
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<td>4. Identify the physical examination which is essential prior to the insertion of a BMS</td>
<td>K</td>
<td>Pass</td>
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<td>5. Describe the process of patient assessment prior to insertion of a BMS</td>
<td>K</td>
<td>Pass</td>
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<td>6.</td>
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<tr>
<td>7. Identify who is responsible for approval of the use of the BMS.</td>
<td>K</td>
<td>Pass</td>
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<td>8. Explain how patient consent should be acquired and documented.</td>
<td>K</td>
<td>Pass</td>
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<tr>
<td>9. Describe the components of the BMS kit.</td>
<td>K</td>
<td>Pass</td>
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BMS competency LC0708.doc
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<tbody>
<tr>
<td>10. Demonstrate the process of insertion of the BMS (level 5 outcome required)</td>
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<tr>
<td>11. Describe the factors that will reduce the efficiency of the BMS</td>
<td>K</td>
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</table>
| 12. Demonstrate the process of maintenance of a BMS for all patients, with respect to:  
  - Flushing and rinsing the tubing  
  - Retention cuff  
  - Drainage bags (level 5 outcome required) | S                         |         |                    |
| 13. Describe the management of patients without diarrhoea, with respect to:  
  - Stool modification  
  - Irrigation               | K                         |         |                    |
| 14. Describe the process of removal of a BMS                                      | K                         |         |                    |
| 15. Describe the potential risks and complications of use of a BMS.             | K                         |         |                    |
| 16. Identify the documentation required for the patient with a BMS              | K                         |         |                    |
| 17. Describe the role of the nurse in evaluating the effectiveness of the BMS   | K                         |         |                    |
| 18. Discuss how the complications can be prevented or minimised                  | K                         |         |                    |
| 19. Discuss the actions to be taken in response to an adverse event related to the BMS | K                         |         |                    |
Learning log

To be completed by the assessor when all the sections above have been signed confirming that the above named person has been assessed as competent.

**Assessment outcome:**

- Pass ☐
- Refer ☐

**Assessed by:**

Name:               Grade:               Date:

Please place one copy in your professional portfolio and give a second copy to the ward leader.
### Competency 1 – *Caring for a patient with a bowel management system*

<table>
<thead>
<tr>
<th>Observable criteria</th>
<th>Knowledge</th>
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</table>
| 1. Describe the main purposes of the bowel management system (BMS). | • Diversion and containment of potentially infectious stool  
 • Protect damaged or excoriated skin from further tissue damage due to diarrhoea  
 • Access to the bowel for colonic irrigation  
 • Permits delivery and retention of rectally administered medications  
 • Provides comfort and dignity to patients in distress |
| 2. Identify patients for whom it would be appropriate for the use of a bowel management system (BMS) | • Major or posterior burns / skin grafts  
 • Perineal wounds at risk of faecal contamination.  
 • Sacral sores and excoriation.  
 • Bedbound patients who cannot use a commode e.g. obese / sedated / ventilated / at risk to move / or labour intensive patients.  
 • Persistent diarrhoea (non-overflow) for 48 hours (when no other risk factor has been identified)  
 • Patients at risk of skin breakdown due to faecal incontinence.  
 • Bedbound patients with known *Clostridium difficile* - if other means of containment have failed (Infection Control Team to advise).  
 • Protect staff and others from infectious stool and avoid further spread (if Infection Control Team advise).  
 • Ambulant patients, unable to control bowel movements i.e. malabsorption.  
 • Bowel medication required. |
| 3. Describe exceptions and contraindications for the use of a BMS | • Known sensitivity to silicone.  
 • Impacted stools.  
 • Rectal anastomosis or anal or sphincter reconstruction in the last six weeks.  
 • Suspected or confirmed anal or rectal mucosa impairment including, lacerations or fissures, stricture or stenosis (e.g. due to tumours, inflammatory condition, radiation injury, scarring), proctitis, ischaemic proctitis, haemorrhoids, bleeding or any condition where there is compromised rectal wall integrity.  
 • Under 18 years of age.  
 • Caution with inflammatory bowel conditions (Consultant advice only).  
 • Evidence of bowel obstruction. |
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<tr>
<th>4. Identify the physical examination which is essential prior to the insertion of a BMS</th>
<th>BMS insertion MUST be preceded by a digital rectal examination undertaken by a member of the medical team. The only exception to this is where the nurse responsible for insertion has been assessed as competent within their area, to perform this examination.</th>
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</table>
| 5. Describe the process of patient assessment prior to insertion of a BMS | Completion of a the Bowel Management System Assessment Form which includes the following information:  
If any of the following are present, do not insert. Seek medical guidance:  
- loaded rectum  
- under 18 years of age  
- rectal / lower bowel surgery in the last six weeks  
- haemorrhoids, proctitis, stricture or other anal or rectal problem  
- any undiagnosed bowel disorder  
- spinal cord injury  
Excluding the above, If any of the following are present then it may be suitable to progress:  
- three episodes of diarrhoea (type 6 / 7), not caused by faecal overflow, in a 24 hour period  
- all other means of containing diarrhoea have been tried  
- burns below the waist  
- complex dressings that could be contaminated by diarrhoea  
- sacral pressure ulcer  
- excoriated sacrum / skin or buttocks  
- infective diarrhoea  
- haemodynamically unstable |
| 6. Identify who is responsible for approval of the use of the BMS. | Approval MUST be given by the patient’s Consultant / Registrar and the Senior Ward Manager  
The BMS Assessment Tool MUST be signed by the patient’s Consultant / |
| 7. Explain how patient consent should be acquired and documented. | **Explanation**, including the reason for use of the BMS, must be given to the patient, and a written or verbal consent should be obtained if the patient has capacity.  
**Explanation**, including the reason for use of the BMS, must be given to the next of kin if the patient lacks capacity.  
If the patient lacks capacity, staff must endeavour to find out if the patient has a nominated representative to make decisions on their behalf, through a lasting power of attorney.  
If a nominated person has been identified to make decisions on behalf of the patient who lacks capacity, then a verbal or written consent must be obtained.  
If this is not the case, the medical team in charge of their care, will make the decision to use a BMS in the patient’s best interests. If the patient regains capacity, verbal or written consent should be obtained.  
The patient may ask for the BMS to be removed at any time. |
|---|---|
| 8. Describe the components of the BMS kit. | **Soft catheter**  
**Low pressure retention cuff**: inflate 35-40mls water (blue port). Radio-opaque marker visible on X-ray. Pilot balloon to show inflation status.  
**Intralumenal balloon**: use as introducer (red port) Inflate 20mls air to occlude for medication / irrigation. Pilot balloon to show inflation status.  
**Transphincteric zone**: soft, collapsible. either 4cms or 6cms  
**Anchor straps**  
**Triple lumen connector**: white port. Flushing and irrigation (bowel system only - non intravenous). Pilot balloon to show inflation status.  
**Flushing / sampling port**: half way down tubing – to flush and keep tubing free of blockages / take stool samples.  
**Drainable** (3000mls) and non-drainable (2000mls) collection bags  
**Irrigation bags and tubing**: gravity flow irrigation |
| 9. Demonstrate the process of insertion of the BMS | **Patient left lateral position**  
**Digital rectal examination** as above  
**Inflate intralumenal balloon 20 mls air**  
**Fully collapse retention cuff**  
**Prepare catheter with lubricating gel**  
**Insert retaining anterior orientation of triple lumen connector**  
**Once in position inflate blue lumen with 35 – 40 mls water** |
<p>| | |</p>
<table>
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</table>
|**10. Describe the factors that will reduce the efficiency of the BMS** | • Diarrhoea that is very watery  
• Poor or absent rectal tone |
|**11. Describe the process of maintenance of a BMS for all patients, with respect to:** | **Flush twice daily all patients:**  
• Inflate intralumenal balloon 20mls air (red port)  
• Flush slowly 50mls warm water  
• Aspirate air from red port (intralumenal balloon)  
**Retention cuff – Weekly:**  
• Inflate intralumenal balloon 20mls air (red port)  
• Use 50ml luer lock syringe to aspirate water from retention cuff (blue port)  
• Refill retention cuff 35 – 40 mls water  
• Aspirate air from intralumenal balloon  
**Drainage tubing and bags:**  
• Change bags weekly or as required more frequently  
• Rinse tubing via sample port.  
• ‘Milk’ material down tubing into collection bag  
Document all maintenance on care plan. |
|**12. Describe the management of patients without diarrhoea, with respect to:** | **Stool consistency should be like ‘apple sauce’. If the consistency changes or differs stool modification is required:**  
**General guidelines:**  
• BMS contraindicated for use in patients with impacted stools  
• Initiate stool modification plan prior to BMS insertion  
• In all cases rectum clear of stool prior to BMS insertion  
• Stool modification plan adapted for each individual patient according to their medical and pharmacological history |
**Interventions include:**
- Irrigation: Lukewarm water; usual volume 300ml, 500ml, 1000ml; usual frequency 8, 12 or 24 hourly.
- Consider additional agents: fibre (e.g. Fybogel plus additional dietary water)
- Stool softeners (e.g. Liquid paraffin)
- Osmotic laxative (Lactulose)

In all cases follow Stool Modification Guidelines on ICID.

| 13. Describe the process of removal of a BMS | • Patient left lateral position  
• Remove anchor straps  
• Inflate intralumenal balloon (red port) with 20mls air  
• Fully deflate retention cuff aspirating 35-40mls water. Disconnect syringe  
• Verify deflated state of retention cuff by confirming blue connector pilot balloon is collapsed  
• Grasp catheter close to cuff as possible. Ask patient to bear down and apply steady traction to slide catheter out of anal orifice  
• Clean patient  
• Document |
| --- | --- |
| 14. Describe the potential risks and complications of use of a BMS. | • **Potential risk of confusing the ports of the BMS with any other lines in the vicinity e.g. femoral lines.** Should be avoided as the ports of the BMS are clearly labeled.  
• **The BMS is contraindicated for use in patients with impacted stool**  
• Loss of anal sphincter muscle tone could lead to temporary anal sphincter dysfunction  
• Potential risk of pressure necrosis of rectal or anal mucosa (remove device if evident). Medical review essential.  
• Infection  
• Bowel obstruction  
• Perforation of the bowel  
• Extreme caution should be exercised with patients at risk of developing toxic megacolon.  
• The BMS should not be used after 29 days. |
| 15. Identify the documentation required for the patient with a BMS | • BMS Assessment Tool  
• Consent  
• BMS care plan |
<table>
<thead>
<tr>
<th>16. How is the effectiveness of the BMS evaluated?</th>
<th>A BMS evaluation form must be completed for each patient</th>
</tr>
</thead>
</table>
| 17. Discuss how complications can be prevented or minimised | - Do not place anything else into anal canal whilst device in place  
- Do not use if the packaging is open or damaged.  
- Use correct amounts and types of fluid. Never use hot liquids.  
- Do not use saline to inflate the retention cuff as this may adversely affect the valve function.  
- Do not allow products with a petroleum base to contact the catheter, as they may cause damage to the silicone and compromise the integrity of the device.  
- Take care to perform irrigations and medication administration via the correct ports.  
- Do not overinflate retention cuff or intralumenal balloon.  
- Never leave the intralumenal balloon inflated in an unattended patient. To verify complete deflation of the intralumenal balloon, aspirate all air until the red pilot balloon is collapsed when the syringe is removed from the connector.  
- Only use gravity for irrigation. Never connect a mechanical pumping device to the irrigation lumen.  
- Patients with tenesmus may not tolerate the device in place.  
- Notify the medical team if any of the following occur as these MUST be investigated:  
  - Persistent rectal pain  
  - Rectal bleeding  
  - Abdominal pain or distension |
| 18. Discuss actions to be taken in response to an adverse event related to the BMS | - Immediate medical attention  
- Adverse incident report for any untoward event |