



Bowel management

Introduction

This policy sets the principles for providing bowel care to people we support. Quality bowel care is about ensuring a person's bowels are effectively managed in a safe, consistent and hygienic manner that promotes a person's overall health and wellbeing. All participants we support deserve:

- Appropriate advice
- Monitoring
- Support and intervention.

Above all, participants must be treated with dignity at all times regarding a sensitive and important bodily function.

A healthy bowel can be affected by a number of factors including:

- A diet lacking in fibre
- Insufficient fluid intake
- Disruption to regular diet or routine
- Delaying bowel actions due to pain (such as from haemorrhoids)
- Recent illness or hospitalisation
- Low activity levels and reduced mobility—particularly those who are in wheelchairs, bed-bound or post-surgery
- Reduced physical and emotional wellbeing.

People with disability are more vulnerable to suffer from bowel dysfunction (a bowel that is not functioning correctly) for any of the reasons described above. Bowel function can also be affected by diabetes, obesity, heart problems and other

- Constipation and poor bowel emptying
- Diarrhoea
- Faecal incontinence.

Constipation

Constipation is a condition in which bowel movements occur less often than usual or consist of hard, dry stools that are painful or difficult to pass. While bowel habits vary, an adult who has not had a bowel movement in three days or a child who has not had a bowel movement in four days is considered constipated.

Constipation has many possible causes, including low mobility, inadequate diet, slow movement of faeces through bowels, or abnormality of the muscles involved in emptying the bowel.

Preventing constipation is best practice and involves ensuring a person:

- Has sufficient fibre in their diet—see list of high residue foods
- Relies less on foods low in fibre (low residue foods)
- Has adequate intake of fluids (typically 6-8 glasses of water a day)
- Reduces or avoids intake of caffeine drinks (tea, coffee and cola)
- Has regular exercise
- Goes to the toilet when the urge is felt and has enough time.



Low residue foods (low fibre foods slow down transit times)

- White bread, white rice, pasta
- Raw lettuce, cucumber, avocado
- Cooked vegetables without skin or seeds
- Clear broths and strained soups
- Raw fruit such as apricots, bananas, rock melon, honeydew, watermelon, nectarines, papayas, peaches, plums
- Tender-cooked meat, seafood, eggs
- Canned vegetables and fruit
- Butter, vegetable oils, margarine
- Voghurt, cottage cheese, ricotta cheese, milk, soymilk, tofu
- Fruit juice without pulp.

Low residue foods (low fibre foods slow down transit times)

- Wholegrain cereals, oats, brown rice, bread or cakes with bran, nuts or seeds, brown rice, wholemeal pasta
- Most leafy vegetables, broccoli, cauliflower
- Raw fruit and vegetables with skins and seeds
- Nuts, legumes, corn, popcorn
- Dried fruit, prunes
- Fruit juice with pulp, prune juice.

Diarrhoea

Diarrhoea is defined as more than 300mls of loose watery stools in a 24-hour period. Diarrhoea can be short lived such as with food poisoning or a bowel infection (which can be spread to other people) or it can be as a result of:

- Inflammatory bowel disease
- Irritable bowel syndrome
- Coeliac disease
- Crohn's disease.

Diarrhoea may also be caused by food allergies, medications, radiation therapy, overuse of laxatives and diabetes. Consult a doctor if a participant suffers ongoing diarrhoea.

Faecal incontinence

Faecal incontinence is leakage from the bowel due to poor bowel control. Incontinence can often be experienced by people with health conditions such as diabetes, obesity, heart problems, stroke, cancer, prostate and kidney problems, and neurological conditions such as spina bifida, autism, spinal cord injuries and Parkinson's disease. Incontinence is best managed or prevented with a healthy diet high in fibre, staying active, and regular bowel habits.

Seek medical attention

Call a doctor or seek medical advice if a participant experiences any of the following:

- Vomiting blood or faecal matter
- Diarrhoea and/or vomiting that is more than a one-off event
- Bleeding from the bowel
- Fresh (red) or old (black) blood in faeces (note: a person may also have black faeces when taking iron supplements)
- Unusual pain before, during or after a bowel action
- Constipation not resolved by medication—bowels not open for three days may indicate:



- Constipation not resolved by medication—bowels not open for three days may indicate:
 - Faecal impaction
 - Bowel obstruction
 - Paralytic ileus.

Applicability

When

- Applies when participants require ongoing bowel management

Who

- Applies to all employees, supervisors and key management personnel supporting participants with ongoing bowel management needs.

Documents relevant to this policy

- Bowel management (easy read)

Regulations relevant to this policy

- NDIS (Quality Indicators) Guidelines 2018 (Cth)

Promote good bowel management

Guidelines for promoting good bowel management:

- Ensure participants have sufficient fluid intake
- Ensure participants have sufficient intake of dietary fibre
- Ensure participants have adequate physical activity
- Provide a relaxed and unhurried setting with which participants can move their bowels
- If necessary, provide planning and daily bowel diary for participants with bowel management needs.

Bowel care guidelines

Guidelines for providing good bowel care:

- Maintain good hand hygiene
- Use disposable incontinence pads and pants if needed
- Suggest participants wear underwear made of natural fibres such as cotton
- Clean and wash surrounding peri anal skin/rectal region/moist areas of buttocks and groin with warm water and .mild unscented soap
- Monitor for skin reaction inflammation, redness, breakdown, bleeding or erythema.