



Complex Bowel Care Management Policy, Guidelines & Framework

Current Version

Service Area	Disability, Aged, Community	Version	1.0
Process Owner	Governance Lead CEO COO	Date of Issue	May 2023
Approved by	Chief Executive Officer	Review	May 2025

Modification History

Version	Date	Author	Approved by	Description of change
1.0	5/2020	Tahla Small	CC	New policy

In conjunction with:

- NCC Policies

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Complex Bowel Care Management

POLICY STATEMENT

To ensure that all client/participants receive effective bowel care management interventions to prevent risks associated with constipation and bowel obstructions, through individualised bowel care plans.

SCOPE

This policy applies to all National registered nurses and employees deemed competent in bowel care management.

POLICY

An individualised bowel management approach for client/participants, incorporating risk factors and diagnoses to establish a preventative regime and an emergency response to complex bowel incidents.

Registered Nursing Staff Responsibilities

- Assist with establishing a complex bowel regime in collaboration with the general practitioner, client/participant and or next of kin.
- Implementing complex bowel regime, assessing effectiveness of regime and providing feedback to general practitioner.
- Monitoring of client/participant's bowel movements, implementing the emergency regime to prevent constipation and bowel obstruction by intervening on day 3 bowels not open as per regime and up lining to general practitioner if not effective.
- Conduct a physical assessment, including an abdominal examination, auscultation for the presence of bowel sounds, palpate for any tenderness or tightness, look for signs of distention. (NSW Health 2017).
- Rectal examination – must be authorised by the general practitioner and consent gained by client/participant and or next of kin / guardian (NSW Health 2017).
- Communicate openly with client/participant and next of kin and maintain clear documentation on bowel management and interventions attended.

Care Staff Responsibilities

- Document all observed and reported bowel movements in the client/participants 'Bristol bowel chart' according to the classification guide.
- Report any abnormalities such as black stool, blood or blood clots, loose bowel motions etc to the registered nurse and document in the bowel chart.
- Assist with interventions as required by the registered nurse, such as re-positioning for a microlax.

Constipation Procedure

Day 2 - If BNO RN is to check nurse-initiated medication list for each client/participant:

- Add or continue coloxyl with senna



- Add Movicol sachet with, 125mL warm water, daily.

Day 3 - If BNO: RN is to check nurse-initiated medication list for each client/participant:

- Continue coloxyl with senna
- Continue Movicol sachet with, 125mL warm water, daily
- Inform GP and consider increasing no. of sachets

Day 4- If BNO: RN is to check nurse-initiated medication list for each client/participant:

- Inform GP, gain consent for Glycerine suppository, administer as per instructions, and inform GP if no effect in four hours, discuss with GP further interventions such as micro lax / enema.

Training Requirements

- Registered Nurses are required to undertake twenty hours of professional development, National encourages its registered nurses to attend a module on bowel management.
- Annual training on complex bowel requirements as per the training calendar.
- Annual external education session, on bowel management.
- Community employees to have a watch and learn buddy shift and a show and do buddy shift with registered nurse.
- Attend individualised client competency at client discretion with assessor competency

REFERENCES

- NSW Health
https://www.aci.health.nsw.gov.au/_data/assets/pdf_file/0006/306465/liverpoolBowel_Management.pdf