



# SPOTLIGHT ON **PREVENTION**

Partnering to protect people  
with special needs

## **PREVENTING INTESTINAL OBSTRUCTIONS**

### **Promising Practices for Agencies**

Promising practices are strategies or approaches shown to produce positive results and to effectively prevent and/or delay untoward outcomes. The policies and procedures and documentation practices outlined below are based upon Justice Center investigations and corrective action plan audits. These promising practices are offered to support the health of people receiving services and reduce the occurrence of health-related

problems such as constipation or intestinal obstruction. The information below is offered as a prevention resource and not meant as medical or professional advice. The suggested preventive measures may not be appropriate for all people receiving services or all treatment environments.



## Policies and Procedures

Ensure the agency has policies and procedures in place to address the following:

### ■ Detecting Signs and Symptoms of Illness

Guidance on how to detect both objective and subjective signs of change in the physical and/or mental health of a person receiving services' and the procedure to follow when changes are detected in a person's signs/symptoms, including what to do if a person is unable or refuses to alert staff about bowel movement difficulty.

### ■ Medical follow up

When to contact the RN/MD or other designated health care provider when early signs and symptoms of bowel movement difficulty are detected and what information to provide.

### ■ Emergency practices

When to contact, who to contact, what documentation and information should be provided to responding paramedics and other medical professionals.

### ■ Bowel movement monitoring protocol

Ensure clear guidance on when to implement a bowel movement monitoring protocol.

### ■ Communication practices

Ensure clear guidance exists to address employee responsibilities for open-communication across all disciplines and all shifts and documentation expectations for recording communication, and oversight is in place to monitor adherence with communication expectations.

### ■ Administrative oversight

Ensure a procedure is in place to monitor staff adherence to protocols/procedures and documentation requirements that the agency has developed for the monitoring of health and treatment for people receiving services. The procedure should include guidance on the process for conducting documentation audits and an assignment of a specific person responsible for completing the audits.

## Documentation

To ensure effective monitoring of individual health conditions, healthy bowel management, and consistent terminology consider implementing the following documentation tools:



### Develop assessment tools for detecting signs and symptoms of illness. Below are two sample tools:

- ▶ Symptom assessments, such as the Interactive symptom checker. A sample is available through the following hyperlink: <https://www.mayoclinic.org/symptom-checker/select-symptom/itt-20009075>
- ▶ Screening and referral tool. A sample tool, Constipation Screening and Referral Tool, is available on the following website: <https://www.dimensions-uk.org/wp-content/uploads/Constipation-Screening-and-Referral-Tool.docx>

### If a bowel movement tracking form is used it should include a minimum of the following data:

- ▶ Person's name and unit/program.
- ▶ Date and time
- ▶ Consistency of stool based on Bristol Stool Scale
- ▶ Quantity of stool (develop a standard for sizing to ensure consistency in recordings)
- ▶ Notes section (to document any details, observations, behaviors, if nurse/MD was notified, if PRN was given and the PRN, dosage, time)
- ▶ Staff initials of the person completing the form
- ▶ Area to record nurse/physician assessment of the person
- ▶ Area to record nurse's review of the document to ensure timely medical monitoring

A template for consideration can be found through the following link: <http://www.community-networks.ca/wp-content/uploads/2015/07/Bowel-Movement-Monthly-Monitoring-Chart-30-oct-2014.pdf>.

Consider incorporating the Bristol Stool Scale on the document for easy reference: [https://www.miralaxhcp.com/static/documents/pdf/MiraLAX\\_Bristol\\_Scale\\_Conversation\\_Aid.pdf](https://www.miralaxhcp.com/static/documents/pdf/MiraLAX_Bristol_Scale_Conversation_Aid.pdf)

### A checklist to ensure that specific aspects of care monitoring are implemented for people with history of constipation:

- ▶ Is the person on a bowel monitoring protocol?
- ▶ Is a bowel movement tracking form in place for the person?
- ▶ Are staff aware that they need to be recording this person's bowel movements?
- ▶ Is someone responsible for timely and regular review of the tracking form and ensuring timely medical follow up?
- ▶ Has the nurse, physician and/or pharmacist reviewed the person's medications to rule out any potential side effects prescribed/PRN medications are having on the person's bowel movement health?
- ▶ Are medication orders needed to assist in healthy bowel movements?
- ▶ Has the dietician/person responsible for food preparation reviewed and been made aware of this person's dietary needs—increased fiber, increased liquid intake, reduced sodium, etc.?
- ▶ Are environmental adaptations necessary to support the monitoring of one's bowel function? If so:
  - ▶ Do written orders include directives to address the recommended environmental changes?
  - ▶ Have the specific details been documented to ensure implementation (for example: is a hat needed in the toilet to collect stool, does one's access to the bathroom need to be monitored to ensure monitoring of one's bowel movement(s), is an order for enhanced supervision while in the bathroom necessary to ensure monitoring of one's bowel movement(s))?



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# Documentation

## Continued



### Food/fluid Intake log—include a minimum of the following data:

- ▶ Person's name and unit/program
- ▶ Date and time
- ▶ Identification of the food/fluid ingested
- ▶ Quantity of food ingested
- ▶ Notes section (to document any additional details or observations)
- ▶ Staff initials of the person observing the food/fluid intake and completing the log
- ▶ Area to record nurse's review of the document to ensure timely medical monitoring



### Exercise log – include a minimum of the following data:

- ▶ Person's name and unit/program
- ▶ Date/time
- ▶ Activity engaged in
- ▶ Notes section (to document any details, observations, behaviors)
- ▶ Staff initials of the person observing the exercise and completing the log

\*\*\*To ensure complete and accurate data collection, the above document types must be used consistently across all service programs the person receives services from\*\*\*

# Training

Provide staff with refresher training annually at minimum, and whenever documents are revised to ensure staff are familiar with and adhere to agency policies, procedures and person-specific treatment and care plans. Remind staff that they are responsible for adhering to all individual treatment plans and that their periodic review of the plans and other person-specific documentation is essential. Provide specific training and agency material on intestinal obstruction to all staff who interact with people receiving services including:

### ■ Policies and Procedures

Ensure staff receive adequate education in a manner that is applicable and retainable on agency policies and procedures and protocols specific to the signs and symptoms of illness and monitoring of one's bowel function.

### ■ Person-specific treatment and care plans

Ensure staff receive adequate education and timely retraining and updates on person-specific treatment, care plans, medication side effects detecting non-verbal cues that may indicate constipation.

### ■ Documentation requirements

Ensure staff receive training on how, when and what to document. During the training review specific forms/templates specific to bowel care and the expectations for completions the documents.

### ■ Non-verbal cues that may indicate constipation can include:

- ▶ change in stool frequency or consistency
- ▶ straining at stool
- ▶ guarding of/sensitivity of the abdomen region
- ▶ facial expressions
- ▶ refusal to eat or drink
- ▶ nausea and vomiting
- ▶ abdominal distension
- ▶ behavior changes that may indicate pain:
  - ▶ crying, wincing, aggression, withdrawal

Source: Non-verbal cues are based on the results of incidents involving intestinal obstruction that were reported to the Justice Center

## REFERENCES

OPWDD Safeguarding Alert! Important Information about Bowel Management [PDF document]. [https://opwdd.ny.gov/sites/default/files/documents/psa\\_bowelmgmt.pdf](https://opwdd.ny.gov/sites/default/files/documents/psa_bowelmgmt.pdf)

Bristol Stool Scale. (n.d.). In Wikipedia Online. [https://en.wikipedia.org/wiki/Bristol\\_stool\\_scale](https://en.wikipedia.org/wiki/Bristol_stool_scale)

Kripke, C. (n.d.). Constipation in People with Disabilities [PowerPoint slides]. [https://odpc.ucsf.edu/sites/odpc.ucsf.edu/files/pdf\\_docs/GI%20Problems.pdf](https://odpc.ucsf.edu/sites/odpc.ucsf.edu/files/pdf_docs/GI%20Problems.pdf)

(2013, January). Office of Ombudsman for Mental Health And Developmental Disabilities, Bowel Obstruction Alert [PDF document]. [https://mn.gov/omhdd/assets/Bowel-Obstruction-Alert-2013\\_tcm23-27759.pdf](https://mn.gov/omhdd/assets/Bowel-Obstruction-Alert-2013_tcm23-27759.pdf)

Dimensions, Constipation Screening and Referral Tool [Word document]. <https://www.dimensions-uk.org/wp-content/uploads/Constipation-Screening-and-Referral-Tool.docx>

(2015, May 18). Health Advisory: Clozapine: Management of Constipation & GI Hypomotility [PDF Document]. Office of Mental Health Clinical Advisories & Guidelines [https://omh.ny.gov/omhweb/dqm/bqi/cloz\\_constip\\_mgmt.pdf](https://omh.ny.gov/omhweb/dqm/bqi/cloz_constip_mgmt.pdf)