Establishing a Spinal Cord Injury Bowel Management R Program: An Interdisciplinary Approach

Background

A neurogenic bowel is a life altering consequence of spinal cord injury (SCI). If not properly managed, it can result in fecal incontinence or severe constipation. It affects the physical, social and emotional well-being of people with spinal cord injuries.

The following should be considered when establishing a bowel program in both inpatient and outpatient rehabilitation settings: medications and devices for bowel management, dressing and transfer techniques, patient education and insurance coverage.

The purpose of this study is to establish interdisciplinary guidelines for management of a neurogenic bowel program for SCI patients.

Problems Identified

- 1. Nursing is the primary discipline responsible for bowel management.
- 2. There is a misconception that a bowel program only involves providing medication to patients.
- Physical and occupational therapists are not consistently included in planning bowel programs for SCI patients.

The Interdisciplinary Team

Physician

- Assess the level of injury upon admission (upper motor neuron vs. lower motor neuron).
- Prescribe, monitor and reassess the effectiveness of the bowel program.

Nurses

- Teach best techniques for an effective program: timing, location, effectiveness of medication/process.
- Identify the patient's level of independence with implementation of proper technique, infection control, documentation and fluid management.

Physical Therapists

Assess and instruct regarding: transfer, trunk mobility/balance, lower extremity range of motion and mobility needs/techniques for positioning, LSP, SSP, pelvic position in wheelchair or bed, wheelchair set up (cushion, back rest, location of arm rests), ability to reach floor/ access feet, skin inspection/weight shift, wheelchair mobility and ability to manage leg/arm rests, reach and access needed supplies.

References

Consortium for Spinal Cord Injury, Clinical Practice Guideline :Neurogenic Bowel Management in Adults with Spinal Cord Injury, Paralyzed Veterans Association, 1998

M.Coggrave, C. Norton, J. Wilson-Barnett, Management of neurogenic bowel dysfunction in the community after spinal cord injury: A postal survey in the United Kingdom, Spinal Cord (2009), 47, 323 - 333

Case Manager

- Coordinate family education opportunities.
- Manage length of stay and insurance coverage/payment options for supply needs.

Occupational Therapists

Assess and instruct regarding: hand/upper extremity coordination/strength/dexterity (including opening packages, manipulation of items, reaching), splinting and support options, clothing management/lower body dressing and hygiene, durable medical equipment (shower commode chair vs. drop arm commode), positioning, assistive device options, modification of closures/ valves/ability to visualize (assess proprioception and sensation). Kathy Barna, RN, CRRN
Frank Hyland, PT, MS
Stacey Kinter, OT
Lorillie Soleta, RN, MSN, CRRN



Interventions

- An expert in bowel management for people with SCI provided three hours of training to Good Shepherd clinicians.
- 2. A bowel management team was established to review current practices and create a policy regarding bowel management.
- Each patient's bowel management status was included in patient-oriented discussions and team conferences.
- 4. All clinicians were educated regarded available bowel management devices.
- All disciplines were made aware of their roles and responsibilities in regard to neurogenic bowel management.
- 6. The bowel program continues to be monitored and evaluated.

Conclusion:

- 1. The program has helped patients establish regular bowel movements and live without fecal accidents.
- Patients are more educated on how to manage their bowels independently, including the use of devices and safe transfer techniques.