# Bowel and Continence Management

# Westmorland and Furness Care Services

To ensure service users with continence needs are supported appropriately and actively involved in decisions about their care and support.

## Procedure

1. Staff must wear the required Personal Protective Equipment and must be aware of the support a service user requires with their bowel and continence management as detailed in their person-centred care plan.
2. Staff must act upon all requests from the service user for assistance with bowel or continence support, in line with their person-centred care plan. Any concerns regarding the service user’s bowel movements or continence must be reported to the supervisor and a monitoring form commenced.
3. Reasons for a service user becoming incontinent of urine or their bowel movements changing should be investigated and details recorded in the persons daily records. Reasons may include:
* Change of environment
* Emotional stress
* Illness
* Mobility
* Diet
* Medication
1. A record should be kept, using the Appendix 1 Form below. This form can be used to record bowel movements and or faecal / urinary incontinence. Forms must be held with the care plan whilst monitoring is ongoing. This can include both fluid and continence monitoring if required.
2. Monitoring should only continue while symptoms persist and should not be on an ongoing basis. If symptoms persist advice must be sought from a health care professional.
3. As soon as the monitoring period is over, and information has been passed to the relevant professionals monitoring should be discontinued. This should be recorded in the notes action section on the reverse of the form and relevant staff informed.
4. Any advice received from health professionals must be followed and recorded in the service user’s daily records. If there is no improvement, further advice must be sought and actioned.
5. The person-centred care plan should include the service users own continence management routines, with the aim of supporting the service user to maintain their independence.
6. If a service user has specialist incontinence needs e.g. stoma, catheter or ileostomy, staff should receive appropriate training to meet the needs of the service user. The specific needs should be recorded in the Person-centred care plan and daily records. Disposal of incontinence aids – see Catheter Care C7 AND C13 Clinical waste disposal.

## Reablement, Domiciliary and Supported Living Services

All offensive waste must be placed in an appropriate nappy sack and double bagged immediately and discreetly transferred to the appropriate bin.

## Bowel and Continence Monitoring Form - Appendix 1

