



Service Priorities and Programmes
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Implementation of Bowel Management Program in ICU, TMH

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Introduction

Since critically ill in Intensive Care Unit (ICU) suffer from life threatening conditions, health care team members usually focus on life saving activities. Therefore, the area of bowel care has been placed on a low priority.

Objectives

As a critical care nurse, we should provide holistic care to our patients. We manage patient's complex and life-threatening health conditions while also address to their basic physiological needs. Bowel care is an area we need to pay more attention for better practice development.

Methodology

From clinical experience, ICU patients commonly have constipation and diarrhea due to critical condition, immobilization and antibiotics usage. To be evidence based, a retrospective audit was carried out for patients admitted between November and December 2011. The audit demonstrated the incidence of constipation as 73.5% in our ICU. On average bowels were opened on day 9 of admission. Diarrhea days were calculated as a percentage of the total number of ICU days of each admitted patient. In November and December 2011, diarrhea occurred in 7% ICU days in our unit. There were seven patients who developed skin breakdown in relation to diarrhea. In order to improve bowel care, Bowel Management Guideline had been developed and was implemented since July 2012.

Result

After implementation of the Bowel Management Guideline, a clinical audit was performed in November and December 2012. Constipation incidence decreased to 68.8% (73.5% for the same two months in 2011) and on average bowels opened on day 7 of admission (day 9 in 2011). Diarrhoea days decreased from 7% to 6.3% ICU days and number of patients with skin breakdown due to diarrhoea reduced from seven to three. The audit demonstrated that the incidence of constipation and diarrhoea can be reduced by following a standardized guideline of bowel management.