VCU Medical Center

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# Risky Business: Fecal Management System Use? Development of an Algorithm to Ensure Safety

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## Practice question

Fecal incontinence can be a difficult challenge for both the patient and bedside providers. Over time fecal incontinence may complicate the patient's course contributing to discomfort, skin breakdown, decreased strength and poor self-image. Bedside providers struggle to maintain the patient's dignity and confront the substantial time involved in caring for patients with fecal incontinence. At VCU Medical Center a commercial fecal management system (FMS) was being used without clearly defined indications. Additionally, the nursing policy did not effectively guide nurses to safely care for patients requiring an FMS. A task force of invested clinicians sought to bring evidence based practice to this clinical issue by seeking an answer to the question: **In the adult population what is the best practice for the use of a Fecal Management System?**

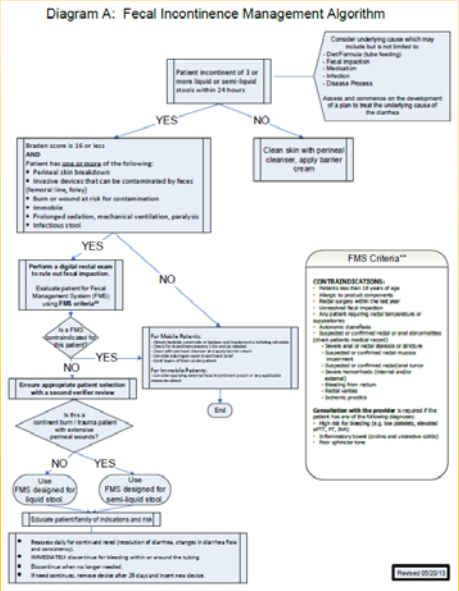
## Appraisal of Evidence

A Literature Search was completed using CINAHL, and PubMed. The following keywords were utilized: fecal management system, fecal diversion, fecal incontinence and stool diversion. A total of 14 articles were reviewed using the John Hopkins model, 11/14 were Level V non-research evidence.

## Strategies for Implementation

To prevent patient injuries, our organization critically evaluated the use, insertion and maintenance of fecal management systems. A thorough multifaceted plan was created to address all the components.

After conducting a thorough literature search, an evidence based insertion algorithm and competency plan were developed. To ensure critical evaluation and determine patient appropriateness prior to insertion, the patient selection process must be validated by a second reviewer. The FMS validators were trained to review insertion criteria with the bedside RN prior to FMS insertion. Also when the FMS product vendor changed, there was extensive training of all staff including vendor training and competency confirmation by a FMS validator.

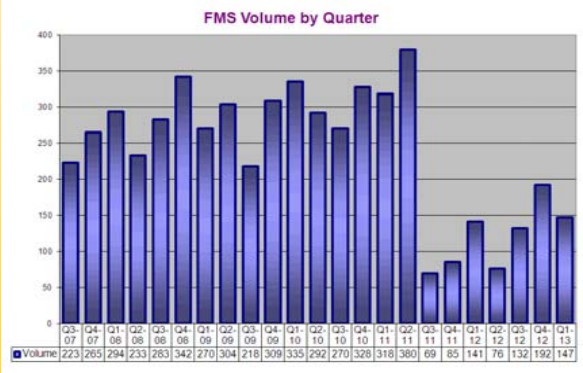



## Translation of Evidence

The literature search revealed few research studies related to FMS utilization. The majority of the evidence was lower level non research, indicating the need for further research in this area. It also brought to our attention the need for guidelines with the insertion and maintenance of this device. An algorithm was developed and the existing policy revised using the best evidence available. A patient/family education sheet was created to outline the usage of the FMS including the risk and benefits.

## Outcomes

From July 2011 the usage of the FMS decreased dramatically and there were no reported injury to patients.




## Primary References

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