FECAL MANAGEMENT SYSTEM (FMS) - ICU, Progressive Care Unit

PURPOSE: To outline the management of patients requiring indwelling fecal management system.

SUPPORTIVE DATA:

Primary indication for the use of the FMS is perineal wounds, ulcers, graphs, burns, or injury that can be contaminated by the presence of liquid fecal matter, in patients who are unable to control their fecalflow. FMS is for acute fecal incontinence and not intended for chronic incontinence management.

The patient must have liquid stool flow in order to use the system. FMS may be used only for the indications listed above and must not be used for caregiver convenience.

Use of FMS requires a physician's order and must be reordered by the physician for use after 29 days. A new FMS kit must be used for the second 29 days. Primary medical team must address the etiology of stool incontinence and institute appropriate treatment prior to reinsertion of catheter beyond the initial 29 days.

The FMS is not recommended for children.

PRE-INSERTION ASSESSMENT:

1. Ensure no contraindications are present. Do not use in patients with:
   - Impacted or formed stool
   - Severe strictures of the distal rectum or anal canal
   - History of recent rectal anastomosis
   - History of anal or sphincter reconstruction
   - Compromised rectal wall integrity
   - Known sensitivities or allergies to materials used in device
   - Lax anus who are unable to retain FMS catheter and experience catheter expulsion twice within 24 hours

TUBE INSERTION:

2. Follow manufacturer's recommendations for tube placement (Flexi-Seal Signal™):
   - Fill retention balloon with up with a minimum of 30 mL and to a maximum of 45 mL of water or saline
   - Stop filling balloon once the Signal indicator is fully expanded
   - If Signal indicator expands significantly at less than 30 mL, withdraw the liquid and reposition the balloon
   - Gently tug on the catheter after inflating the balloon, each time patient is repositioned or if the black indicator moves upward

ONGOING ASSESSMENT:

3. Assess a minimum of every 4 hours for:
   - Tube obstruction due to kinks, solid fecal particles, or external pressure
   - Changes in the location (e.g. position indicator line) as a means to determine misplacement of tube
   - Consistency, volume, and color of stool
   - Leakage of stool around catheter insertion site, with no stool in drainage tube
   - Skin breakdown near insertion site
   - Visible Black indicator line
   - Signal bubble is expanded
4. Measure stool output every 4 hours.

HYGIENE:

5. Clean insertion site with soap and water a minimum of every 12 hours.

SYSTEM MAINTENANCE:

6. Change the collection bag when bag contains 80 mL stool.
7. Obtain ordered stool specimens using catheter tip syringe via specimen port on tubing (lift tab). Do not obtain from collection bag
8. Administer rectal medications using Luer Lock syringe via blue irrigation port ("IRRIG./Rx").
9. Occlude the tubing with the black cinch clamp just outside of the patient so that the medication can dwell.

IRRIGATION:

10. Do the following a minimum of every 8 hours to keep solid particles cleared from tube and to control odor:
    - Irrigate the catheter using Luer Lock syringe filled with water or saline and inject into the irrigation port (irrigating often will help to prevent blockages from stagnant stool as well as minimize odors).
    - Irrigate the catheter
    - Milk catheter/tubing gently

LEAKAGE:

11. Do the following for leakage (a small amount of leakage is normal)
    - Check to see if black indicator line has moved (except for bariatric patients). If so, gently tug on the tubing until the black line is repositioned.
    - Verify that the retention balloon is in place by gently tugging on the catheter
    - Irrigate catheter tubing
    - If leakage persists, remove all fluid from balloon and refill
    - If leakage still persists deflate retention balloon and remove the device, wipe with disposable cloth and re-insert
    - Monitor the Signal indicator to ensure that the device is not overinflated

DISCONTINUE:

12. Discontinue FMS after 29 days of use.
13. Consider alternate therapy prior to replacement of another catheter after the initial 29 days. Replace existing catheter with a new one if reordered by a physician after 29 days.
14. Remove the catheter when patient's stool is no longer sufficiently liquid to allow for drainage.

REPORTABLE CONDITIONS:

15. Notify Physician for:
    - Leakage or drainage of stool around insertion site which continues after troubleshooting steps above
    - Dislodgement/obstruction of catheter
    - Clots or bloody drainage
    - Signs/Symptoms of bowel perforation
    - Pressure necrosis/wound infection
    - Abdominal distention
    - Persistent rectal/abdominal pain
    - Urinary obstruction

PATIENT/FAMILY EDUCATION:

16. Instruct on the following:
    - Regarding presence and purpose of catheter
    - Keep collection bag below patient to facilitate gravity drainage
    - Notify nurse of pain, discomfort or fullness in rectum/abdomen
    - Avoid tension on catheter
    - Maintain closed system

ADDITIONAL STANDARDS:

17. Refer to the following as indicated:
    - Pain management
    - Enteral feedings
    - Physiologic Monitoring/Hygiene/Comfort - ICU
    - Pressure Ulcer Prevention and Management

DOCUMENTION:

18. Document in accordance with Documentation standards.

Initial date approved:	Reviewed and approved by:	Revision Date:
04/07	Professional Practice Committee Nurse Executive Committee Attending Staff Association Executive Committee	12/12, 12/14, 3/15, 10/18