

Chapter 23

ELIMINATION OF STOOL

What You Will Learn

- Age-related changes affecting the digestive system
- Factors that maintain normal bowel function
- Characteristics of normal and abnormal stool
- Conditions that may cause abnormal bowel function
- Factors that can lead to constipation
- The In-Home Aide's responsibilities concerning client bowel function
- Special measures for abnormal bowel function
- Colostomy care/application of a fecal ostomy pouch (uncomplicated established colostomy) according to proper procedures
- Digital stimulation as part of a prescribed bowel program
- How to give a commercially prepared enema
- How to insert a rectal suppository as part of a prescribed bowel program

Age-related Changes Affecting the Digestive System

Aging affects all of the body systems including the digestive system. As we age and slow down, the need for calories decreases, but nutritional needs remain the same or increase. Constipation occurs due to slower peristalsis.

Factors That Maintain Normal Bowel Elimination

The elimination of stool is usually a daily occurrence for each client. Remember to respect his privacy and not embarrass the client by your comments or actions.

A diet containing fiber helps to maintain normal bowel elimination. Fiber holds water in the colon and makes the stool softer. Fibrous foods are slightly irritating to the bowel and move wastes along more rapidly. You should encourage clients to eat foods high in fiber to minimize constipation. Fresh fruits, fresh vegetables, prunes, and bran are all good sources of fiber.

Adequate fluid intake makes the stool softer and increases the bulkiness of the stool. Most clients should have 2000-3000mL of fluid per day.

Physical activity, such as ambulation, produces a “massaging” action of abdominal muscles to the intestines, promoting peristalsis. Encourage the client to ambulate if possible. If the client is on bed rest or confined to a wheelchair, encourage active ROM, and change the client's position every two hours, or according to the service plan.

Habit is another part of normal bowel elimination. Most people defecate at a certain time of day, sometimes more easily after eating or drinking certain foods or fluids. Find out from the client or a family member past bowel habits – how often, time of day, and any routine assistance from suppositories/enemas/medications. Clients will usually have more success if privacy is offered when using the bathroom.

Characteristics of Normal and Abnormal Stool

Normal stool is light to dark brown in color and may be soft or formed. Some people defecate three times a day while others may defecate every other day. It is important to know what is normal for your client. The amount of stool a person passes depends on their diet. A three (3)-inch circle of fecal material is as an example of a small amount of stool. A six (6)-inch circle is moderate, and a 12-inch circle is considered a large amount of stool.

Abnormal stool may smell unusual. It may be an abnormal color such as green, white, yellow or black. Black stool may be caused from bleeding in the gastrointestinal tract. Abnormal stool may be very large or small or pencil shaped. Stool that contains undigested food, blood, or mucus is considered abnormal. Stool that is liquid or very hard is also considered abnormal.

Conditions That Cause Abnormal Bowel Function

Constipation is the passage of unusually dry, hard stools. When stool is in rectum for a long time, too much water is absorbed from it. The stool becomes hard and dry. An impaction occurs when a hard mass of stool that cannot be passed normally forms in the bowel. Liquid stool passes around the blockage. A client with constipation or an impaction may also have stool incontinence, pain, discomfort, and abdominal distention.

Diarrhea is the frequent passage of liquid stools. If the client has diarrhea, note the color, consistency, amount, and frequency of stool. Encourage clear fluids. If not, the client is not vomiting. It is especially important to keep perineal area clean and dry when the client has diarrhea.

Hemorrhoids are varicose veins in the rectum. Lay term for hemorrhoids is “piles.” They may protrude from the anus, be very tender, and bleed from irritation. Hemorrhoids can be aggravated by straining due to constipation.

A bowel obstruction is a blockage in the intestine that does not allow stool to pass through. It can be caused by a twisting of the bowel, a tumor, or a large impaction of stool.

Bowel incontinence is the inability to stop or control the passage of stool. Bowel incontinence can be the result of confusion, sphincter muscle weakness and damage to

nervous system that prevents messages from getting to client's brain. Limited mobility and lack of assistance in getting to the bathroom can also lead to incontinence.

Factors That Can Lead to Constipation

There are many factors that can lead to constipation. The client on bed rest is inactive and may have difficulty using a bedpan due to position. It is difficult to pass stool with the legs straight out rather than being in a sitting position. Inactivity even if the client is not on bed rest can lead to constipation.

Inadequate fluid intake and lack of fiber in the diet puts the client at risk for constipation. If the client is unable to defecate at his usual time or does not have privacy he may become constipated.

Medications, especially pain medications and iron supplements, can cause constipation.

If the client is depressed, the entire body may slow down leading to constipation.

The In-Home Aide's Responsibilities Concerning Client Bowel Function

When caring for a client you should monitor the frequency and consistency of stools. Maintain privacy with the client when inquiring about BMs. Notify the supervisor/nurse if a client reports that he has not had a BM for two or more days. Encourage adequate fluid intake and foods that are high in fiber to minimize constipation and impaction. Encourage the client to be active to improve peristalsis. Provide good peri care for a dependent client. Notify the supervisor/nurse if the client has any signs of abnormal bowel function as listed above.

Special Measures for Abnormal Bowel Function

Some clients require special measure to treat their abnormal bowel functions. The doctor may order medications such as laxatives or suppositories to increase peristalsis and empty the bowel. An enema is the infusion of fluid into the rectum to remove stool. Some clients may have a colostomy or ileostomy. An ostomy is the creation of an artificial opening in the abdominal wall (called a stoma) and bringing a section of the colon or ileum to it. The client with an ostomy eliminates feces through a stoma. The location of the ostomy determines whether the stool is formed, soft and mushy, semi-liquid, or liquid. Depending on the consistency of the stool, the stoma may be covered with a simple dressing, a drainage pouch called an appliance, or any ostomy bag that is attached over the stoma.

Proper stoma care is required to maintain healthy tissue. If a client has an ostomy, the drainage contains digestive enzymes that are irritating to the skin.

When caring for a client with an ostomy the In-Home Aide should observe for leakage, odor, redness or skin irritation around the stoma, and bleeding.

Keep the area clean and dry and apply the fecal ostomy pouch according to the service plan.

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PROCEDURE FOR COLOSTOMY CARE/APPLICATION OF A FECAL OSTOMY POUCH (UNCOMPLICATED ESTABLISHED COLOSTOMY):

CAUTION: THE IN-HOME AIDE MAY PROVIDE CARE ONLY FOR AN ESTABLISHED COLOSTOMY; NEVER FOR A NEW COLOSTOMY. A NEW COLOSTOMY REQUIRES CARE GIVEN BY THE LICENSED NURSE.

1. Gather equipment – gloves, blanket, bed protector or towel, clean ostomy pouch, skin barrier paste if used, wash cloth, basin of warm water, soap, towel plastic bag, and commode if needed.
2. Provide privacy.
3. Explain what you are going to do.
4. Wash your hands and put on gloves.
5. Raise adjustable bed to the HIGH position or assist client to toilet or commode.
6. Place blanket over the client and fold top linens down to hips.
7. Remove old pouch by pushing against skin as you pull off the pouch. Discard in plastic bag, saving the clip. Note the amount and type of drainage and feces.
8. Cleanse area around stoma with warm water and soap. Clean the skin of the stoma and rinse with gentle strokes. Pat dry (Figure 23.1).
9. Observe skin around stoma for redness or breakdown.
10. Measure stoma with measuring guide. Cut pouch 1/8 inch larger than measurement to prevent pressure to stoma.
11. If used, apply skin barrier paste to peristomal area. Wet gloved fingers and spread paste around stoma.
12. Remove paper from adhesive area on pouch. Center and apply clean pouch over stoma (Figure 23.2).
13. Press adhesive around stoma to form a wrinkle-free seal.

Figure 23.1
Cleaning Stoma Area



Figure 23.2
Securing Pouch



14. Secure end of pouch with plastic clip (some pouches have clips; others do not).
15. Remove gloves and wash hands.
16. Make client comfortable; return bed to low position if it was raised.

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PROCEDURE FOR DIGITAL STIMULATION AS PART OF A PRESCRIBED BOWEL PROGRAM:

1. Gather equipment – gloves, lubricant, blanket, bed protector or towel, and toilet paper.
2. Provide privacy.
3. Explain what you are going to do.
4. Wash your hands and put on gloves.
5. Assist client to turn onto left side in bed.
6. Place blanket over client and fold top linens down to hips of client if in bed.
7. Place protective pad or towel under client's hips if in bed.
8. Apply lubricant to index finger of gloved hand.
9. Gently insert lubricated index finger gently into client's rectum.
10. Move the lubricated finger gently in a circular pattern maintaining contact with the rectal wall.
11. After completing two (2) rotations; remove the finger and clean the client's rectal area.
12. Remove gloves and wash hands.
13. Repeat procedure every 15-20 minutes up to four times, stopping when there is no further bowel movement.
14. Remove gloves and wash hands.
15. Make client comfortable.

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PROCEDURE FOR ADMINISTERING A COMMERCIALLY PREPARED ENEMA:

1. Gather equipment - commercial enema, bedpan or commode, gloves, blanket, bed protector or towel, and toilet paper.
2. Provide privacy.
3. Explain what you are going to do.
4. Wash your hands and put on gloves.
5. Assist client to turn onto left side.
6. Place blanket over client and fold top linens down to hips of client
7. Place protective pad or towel under client's hips.
8. Place the bedpan near the client if using a bedpan.
9. Remove the cap from the enema.
10. Separate the buttocks so that the anus is visible.
11. Ask the client to take a deep breath. Gently insert the enema tip 3-4 inches into adult client's rectum while he exhales. For a child insert the enema tip 2-3 inches.
12. Squeeze and roll the enema container gently maintaining pressure on the container until all of the solution has entered the rectum.
13. Remove the enema tip from the rectum and place the used container back into the box tip first.
14. Encourage the client to hold the enema until the urge to defecate occurs, usually 2-5 minutes.
15. When the client feels the urge to defecate, assist him onto the bedpan, commode or into the bathroom. Place toilet tissue within reach and provide privacy.
16. Remove gloves and wash hands.
17. When the client indicates he is finished, wash hands and put on gloves.
18. Observe the amount, color, and consistency of feces.



19. Assist the client to clean the perineal area and wash his hands.
20. Remove gloves and wash hands.
21. Make the client comfortable.

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PROCEDURE FOR ADMINISTERING A RECTAL SUPPOSITORY AS PART OF A PRESCRIBED BOWEL PROGRAM:

1. Gather equipment – rectal suppository as ordered, lubricant, gloves, bed protector or towel, bedpan or commode if needed and toilet paper.
2. Provide privacy.
3. Explain what you are going to do.
4. Wash your hands and put on gloves.
5. Assist client to turn onto left side.
6. Place blanket over client and fold top linens down to hips of client.
7. Place protective pad or towel under client's hips.
8. Remove suppository from wrapper and apply a small amount of lubricant to the suppository.
9. Separate the buttocks so that the anus is visible.
10. Ask the client to take a deep breath. Gently insert the suppository 2-3 inches into the rectum with your index finger. Make sure that the suppository is beyond the sphincter muscle and against the rectal wall.

NOTE: DO NOT EMBED SUPPOSITORY INTO FECAL MATERIAL.

11. Remove finger from rectum slowly and wipe excess lubricant from anus.
12. Encourage the client to relax and allow the medication to dissolve and take effect. This may take 30-60 minutes.
13. Remove gloves and wash hands.
14. When the client feels the urge to defecate, wash hands and put on gloves.
15. Assist client onto the bedpan, commode or into the bathroom. Place toilet tissue within reach and provide privacy.
16. Remove gloves and wash hands.
17. When the client indicates he is finished, wash hands and put on gloves.

18. Observe the amount, color, and consistency of feces.
19. Assist the client to clean the perineal area and wash his hands.
20. Remove gloves and wash hands.
21. Make the client comfortable.

Chapter Review

1. What age-related changes affect the digestive system?
2. What factors maintain normal bowel function?
3. What are characteristics of normal and abnormal stool?
4. What conditions may cause abnormal bowel function?
5. What factors can lead to constipation?
6. What are the In-Home Aide's responsibilities concerning client bowel function?
7. What are some special measures for abnormal bowel function?
8. How do you perform colostomy care/application of a fecal ostomy pouch (uncomplicated established colostomy) according to proper procedure?
9. How do you perform digital stimulation as part of a prescribed bowel program?
10. How do you give a commercially prepared enema?
11. How do you insert a rectal suppository as part of a prescribed bowel program?

Student Exercise

Complete the following short answer questions.

1. List two age-related changes affecting the digestive system.
 - a.
 - b.
2. List four factors that help a client maintain normal bowel functions.
 - a.
 - b.
 - c.
 - d.
3. What are the characteristics of normal stool?
 - a. Color –
 - b. Consistency –
 - c. Frequency –
4. List four factors that could lead to constipation.
 - a.
 - b.
 - c.
 - d.
5. List three characteristics of abnormal stool.
 - a.
 - b.
 - c.

Circle the letter of the correct answer.

6. Conditions that may cause abnormal bowel functions are_____.
- a. bladder and kidney infections
 - b. enemas and laxatives
 - c. flatus and suppositories
 - d. diarrhea and constipation
7. In the aging digestive system_____.
- a. peristalsis increases
 - b. nutritional needs decrease
 - c. saliva production increases
 - d. caloric needs decrease
8. Special measures for abnormal bowel functions include_____.
- a. ambulation
 - b. bed rest
 - c. colostomy
 - d. active ADLs
9. The In-Home Aide is responsible for which of the following duties concerning the client's bowel function?
- a. Administering laxatives as required.
 - b. Documenting BMs per in-home provider's policy.
 - c. Giving client an enema as needed.
 - d. Caring for new colostomy appliance.