Comprehensive Fecal Incontinence Management Program in Critical Care
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Abstract
The foundation for comprehensive incontinence management guidelines and an algorithm for clinical decision making include: (a) protection, (b) treatment of compromised skin with active ingredients and (c) use of containment devices for persistent incontinence. An estimated 33% of all hospitalized adults suffer from fecal incontinence (Nix, 2004). Incontinent patients are at 22% higher risk for pressure ulcer development and when immobile the risk increases to 30% (Vollman & Driver, 2005). Fecal incontinence reduces skin tolerance, macerates tissue, increases tissue permeability, reduces tissue tolerance for friction, exposes skin to bacteria, digestive enzymes, increases pain and removes the protective acid-mantle of the skin (Nix, 2004; WOCN, 2003, p. 6). Repeated cleaning with alkaline soaps, coarse washcloths and prolonged exposure to digestive enzymes are related to development of perineal dermatitis (PD). PD presents clinically as painful erythema with or without vesication, induration, denuding, crusting and scaling of the skin in the perineal and perianal regions (WOCN, 2003, p.14; Nix, 2004, p. 60). Incontinence management programs that address only cleaning and single product protection (Nix, 2004, p.59; Vollman & Driver, 2005) are insufficient to address PD in the presence of persistent incontinence.

A review of WOCN Clinical Practice Guidelines, AHRQ Clinical Practice Guidelines, Ovid, Info-Quest, Pro-quest and Medline databases from 2000-2005 was completed to support EBP and best clinical practice. Key search words included, “incontinence”, “fecal incontinence”, “perineal dermatitis”. Outcome and comparison data was collected by retrospective and post implementation review of CCU medical records. Product selection criteria included: (a) cost effectiveness, (b) ease of use, (c) patient comfort, (d) positive clinical outcomes, (e) compliance and (f) clinical validation of manufacturers’ product claims. Products selected included disposable wipes with 3 % dimethicone, a barrier/treatment product with active ingredients (tripsin-bassam-peru-caster-oil ointment in a safflower oil base) and fecal containment systems (internal and external). Key program elements include: (a) consistent protection of intact skin, (b) active treatment of compromised skin, (c) non-traumatic cleansing, and (d) containment of intractable fecal incontinence.

References
Skyline Medical Center
Incontinence Management Algorithm

Is the patient incontinent?
NO → Routine skin care

Is the skin intact & without S&S of PD?

Fecal

YES → Obtain Phys. Order

NO → Clean with disposable washcloths (Comfort Shield® Perineal Care Washcloths) with 3% dimethicone for final cleansing
- Protect & treat denuded tissue with Xenaderm® ointment—twice daily & PRN

Urine

Is an indwelling catheter indicated?

NO → Clean with disposable washcloths with 3% dimethicone for final cleansing with each incontinent episode
- Assess skin for S&S of PD

YES → Mtg: daily cath care with soap & H₂O
- Stat-Lock® for > 48° use
- Drainage bag below bladder level
- Maintain a closed system
- Use smallest cath size required

External Pouch

- 250cc-500cc in 24 hrs
- Intact perianal tissue
- Bedfast

No → Apply per guidelines
- Change 24-72 hrs.

Is a containment system/pouch indicated?

Yes → Flexi-Seal® FMS

- > 500cc/24 hrs or
- Decreased LOC or unconscious
- Bedfast
- See contraindications & guidelines

Consider alternatives to indwelling catheters & incontinence briefs

- Scheduled or timed voiding
- Bladder retraining
- Elimination of bladder irritants

Remove device for:
- LOC WNL
- OOB to chair
- Ambulatory pt.
- Formed stool
- > 29 day use

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