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 fecal incontinence. An estimated 33% of all hospitalized adults suffer from fecal incontinence. Incontinent patients are at a 22% higher risk for pressure ulcer development and when immobile the risk increases to 30%. Fecal incontinence reduces skin tolerance, macerates tissue, increases tissue permeability, reduces tissue tolerance for friction, exposes skin to bacteria and digestive enzymes, increases pain and removes the protective acid-mante of the skin. Repeated cleansing with alkaline soaps, coarse washcloths and prolonged exposure to digestive enzymes were related to development of perineal dermatitis (PD). PD presents clinically as painful erythema with or without vesication, induration, demading, crusting and scaling of the skin in the perineal and perianal regions. Incontinence management programs that address only cleaning and single product protection are insufficient to address PD in the presence of persistent incontinence.

A review of WOCN Clinical Practice Guidelines, AHRQ Clinical Practice Guidelines, Ovid, Inf-Quest, Prouet, and Medline databases from 2000-2005 was completed to support Evidence Based Practice (EBP) and best clinical practice. Key search words included, "incontinence", "fecal incontinence", and "perineal dermatis". 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) validation of manufacturers product claims. Products selected included disposable wipes with 3% dimethicone, a barrier/treatment product with active ingredients (tripipas-basam- perineal skin care protocol). Results of a prospective randomized controlled study were analyzed. The study was small, 20 patients, due to limitations in available data collection methodology. 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.

MATERIALS AND METHODS

PURPOSE AND HYPOTHESIS

To improve clinical outcomes for the incontinent ICU patient, the WOCN proposed to develop comprehensive guidelines for incontinence management based upon current clinical evidence. Development of guidelines included review of current literature, product trial, guideline trial, algorithm development, order-set development, and completion of the clinical approval process at Skyline.

Components of the proposed management guideline included:

1. Promotion of consistent protection of intact skin, 2, 3
2. Treatment of compromised skin with active ingredients, 4, 12
3. Containment option for intractable fecal incontinence, 8, 12
4. Non-traumatic cleansing of skin, 7, 9, 11

Comprehensive management of incontinence reduces the incidence of perineal dermatis (PD) and reduces the risk for incontinence related pressure ulcers. 

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2/27/06

References