

# Safe Use of a Fecal Management System\* (FMS)

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## Introduction

In 2006, the hospital WOC nurses became concerned that varying devices were being inserted into the rectum in an attempt to control diarrhea. A major concern was the potential of damage to the rectal sphincters and skin from indiscriminate use of Foley tubes, nasal trumpets and other non-approved devices.

Various options designed for the purpose of fecal containment were considered, and a fecal management system\* which was FDA-cleared for this specific use was selected. The soft balloon is designed to minimize the chance of tissue necrosis. The stool is contained in an odor-resistant, transparent pouch which is marked to allow for accurate measurement of the output.

## Discussion

Our concern when implementing this new FDA approved device was to ensure appropriate use of the tube, and having an appropriate patient selection process for maximum benefit with the FMS in place. In-servicing was conducted for the nursing units on the use of the device. At that time, training and insertion of the device at our facility was the responsibility of the WOCN or Critical Care Nurse, though that may change in the future. Training has helped to avoid inappropriate usage of the device by RNs or physicians. The physicians were not familiar with the indications and contraindications for the fecal management system\* also created. An MD order sheet was created as well as a critical care checklist to be used as an indication guide. A nursing documentation sheet was created to support the use of the fecal management system. It addressed proper maintenance of both the tube positioning and the patient response.

## Conclusion

At our facility use of the fecal management system\* has resulted in a dramatic decrease in the frequency of moisture-related skin damage. It also has helped to decrease the work load for the nursing staff and has provided a more accurate patient output record. This system has eliminated the use of traditional devices to manage diarrhea.

### ORH Critical Checks

**Procedure: Determine if the patient qualifies for the insertion of a fecal collection device. Identify if a fecal collection bag would be the suitable product to use.**

#### **Fecal Management System\***

1. Mainly used for containment of frequent liquid or semi-liquid diarrhea in bed bound patients
2. Patient has limited or no bowel control
3. If patient has burns or large rectal wound, check with Burn team or Colorectal department prior to insertion
4. Use with **caution** on patients with anticoagulants
5. Patient does **NOT** require a bowel management regimen to maintain liquid stool.
6. **Patient has adequate sphincter tone**
7. **Patient is not impacted**
8. **No previous rectal surgery within one (1) year**
9. No anal or rectal strictures from radiation or scar tissue
10. Patient does not have severe hemorrhoids
11. Patient is not allergic to silicone products
12. Patient does not have inflammation of rectum and/or anus from infection or trauma
13. MD order obtained for fecal management system\*
14. Consult placed to Wound Management Team
15. Trained Critical Care RN's and WMST may insert tube

### Checklist prior to insertion of fecal management system\* tube

1. Verify nursing documentation of frequent liquid or semi-liquid diarrhea; and that patient is bed bound.
2. Digital exam done to verify no impaction in rectum
3. Review chart carefully and verify with MD that patient has not:
  - A. Had previous rectal surgery within the last year
  - B. Had previous radiation to rectal area
  - C. Does not have liver disease
  - D. Does not have inflammatory bowel disease that has affected the rectum, such as ulcerative colitis or Crohn's disease
  - E. Does not have internal or external hemorrhoids
4. Use with caution for patients on anticoagulants. Notify MD of any rectal bleeding.
5. MD has written order for fecal management system\* tube
6. Write date of insertion on base of tube hanger
7. Order supplies from Central Supply. FMS number is #52266. Additional pouches are #52267
8. Notify MD of any rectal bleeding
9. Notify Wound Management of tube placement
10. Obtain Documentation form from Swift

\_\_\_\_\_  
Signature / Date

## Fecal Management System\* MD Orders

If patient does not meet the insertion criteria, notify M.D.\*\*

The fecal management system\* is used to manage acute diarrhea (frequent liquid to semi-liquid stool) in bed-bound patients.

Tube is not intended for bowel decompression.

This order set is restricted to Critical Care and Critical Care stepdown units.

1. Nurse to complete fecal management system\* tube pre-insertion form (#3305-100781 from Swift).
2. Obtain fecal management system\* (#52266 from Central Supply).
3. Place fecal management system. RN in Critical care and critical care step down units may place device. WMST will place device on other units. Notify WMST of date of insertion.
4. Write date of insertion on the base of FMS hanger.
5. If tube is blocked, irrigate with tap water, using the irrigation port until the tube is patent again. Repeat as needed. If stool does not flow into bag after repeated irrigations, check for external obstruction and/or discontinue device.
6. Apply a Moisture Barrier cream to perianal area Q12H and PRN for leakage - Verify position of the black indicator line that shows the tube is at the anal sphincter.
7. If fecal management system\* is expelled more than 3 times, notify M.D. and implement the stool modification program or discontinue tube and apply fecal collector pouch.
8. Notify M.D. of any rectal bleeding or blood in stool.
9. Obtain order from M.D. to discontinue device when the patient's bowel control, consistency or frequency returns to normal

Date: \_\_\_\_\_

Nurse signature \_\_\_\_\_

For Dr. \_\_\_\_\_

Contact # \_\_\_\_\_

\_\_\_\_\_, M.D. I.D.#: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

\*\*see full directions for use in package insert



| ORLANDO REGIONAL HEALTHCARE<br>1414 Kuhl Avenue • Orlando, Florida 32806-2093 |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|
| FLEXISEAL NURSING DOCUMENTATION SHEET   |   |   |   |   |   |   |   | LINE UP PATIENT I.D. LABEL HERE                             |
| Date of insertion: _____  |   |   |   |   |   |   |   |   |
| Date  |   |   |   |   |   |   |   |   |
| Shift RN Initial  | 7 am  | 7 pm  |
| Catheter position indicator line at anal sphincter?                           | <input type="checkbox"/> yes<br><input type="checkbox"/> no |
| Stool draining through catheter?  | <input type="checkbox"/> yes<br><input type="checkbox"/> no |
| Tube positioned between pt. legs?   | <input type="checkbox"/> yes<br><input type="checkbox"/> no |
| Stool amount documented on flow sheet?  | <input type="checkbox"/> yes<br><input type="checkbox"/> no |
| Leakage of stool around tube?   | <input type="checkbox"/> yes<br><input type="checkbox"/> no |
| Tube Irrigation for patency required?   | <input type="checkbox"/> yes<br><input type="checkbox"/> no |
| Clean the flange on the pouch?  | <input type="checkbox"/> yes<br><input type="checkbox"/> no |
| Initials  | Signature   |   |   |   |   |   |   |   |
| Initials  | Signature   |   |   |   |   |   |   |   |
| Initials  | Signature   |   |   |   |   |   |   |   |
| Initials  | Signature   |   |   |   |   |   |   |   |

FORM 3305-100781 6/06

### Product Notation

\*Flexi-Seal® Fecal Management System

Flexi-Seal is a registered trademark of ConvaTec Inc.

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