

# Reflex bowel management routine

Regular Diet and medications to adjust stool consistency  
to produce type 4 stool

- Start with stimulant laxative for example Senna (if needed) 8 – 12 hours before bowel care

- Stimulate Gastrocolic reflex by eating and drinking 20-30 mins before beginning routine

- Digital Rectal Examination (DRE) 'Digital Check' to assess for stool in the rectum

- Insert rectal stimulant i.e. suppository or micro enema allow time to stimulate response

- Abdominal massage following the lie of the colon

- Digital Rectal Stimulation(DRS) with single finger against rectal wall for approx 20-60 seconds. **Repeat until response tires or stool is evacuated**

- Digital Removal of Faeces (DRF) ie 'Manual evacuation' **if stool remains in rectum after DRS** – if assistance is required, this will be carried out on a height adjustable bed


- Single digital check to ensure rectum is empty after approx. 5 minutes and repeat previous 2 stages if stool present

- Document outcomes ie Amount, Type 1-7 and any unplanned results between planned bowel routine


## Flaccid bowel management routine

Regular diet and medications to adjust stool consistency

(if needed / available) to produce type 3 or 4 stool



- Start with stimulant laxative for example Senna (if needed) 8 – 12 hours before bowel care




- Stimulate Gastrocolic reflex by eating and drinking 20-30 mins before beginning routine




- Digital Rectal Examination(DRE) 'Digital Check' to assess for stool in the rectum



- Abdominal massage following the line of the colon



- Digital Removal of Faeces (DRF) ie 'manual evacuation' if stool remains in rectum – if assistance is required this will be carried out on the bed



- Single digital check to ensure rectum is empty after approx. 5 minutes and repeat previous 2 stages if stool present



- Document outcomes ie Amount, Type 1-7 and any unplanned results between planned bowel routine