



- This Complex Bowel Care Protocol must be developed with the person we support and their Health Practitioner.
- The Complex Bowel Care Protocol must be overseen by the Health Practitioner.
- **Staff members must be appropriately trained to administer or dispense medication and undertake any Complex Bowel Care Procedures.**
- Any complex medication administration via rectal enemas or suppositories must be documented and recorded in compact medication chart and medication record.
- This Complex Bowel Care Protocol should be read in conjunction with the relevant policies and procedures.

Personal Details <i>(to be completed by staff & person we support)</i>			
Name:		CIRTS ID:	
Date of Protocol:		Review Date:	

Complex Bowel Care Information <i>(to be completed by Health Professional only)</i>	
Complex Bowel Supports required	Individual Risk Factors
<input type="checkbox"/> Enema Administration <input type="checkbox"/> Suppository Administration <input type="checkbox"/> Ostomy Care	<input type="checkbox"/> Limited mobility <input type="checkbox"/> Medication side effects <input type="checkbox"/> Diet <input type="checkbox"/> Smoker <input type="checkbox"/> Obesity <input type="checkbox"/> Other:
Describe the persons preferred bowel routine <i>(Include information about diet and fluid intake, level of independence, time and location).</i>	
Preventative measures to be taken <i>(Include information about medication, diet, exercise, length of time to spend on toilet - if required)</i>	

Equipment required: *(Include information which symptoms equipment is used to assist and instructions for use)*

Person specific support requirements *(To be completed prior to completion/approval by the AQHP)*

Record any information specific to the person's support needs in relation to this protocol.

Details about any specific changes or preferences staff must know in order to support the person with this procedure: *(This section must be completed by the Health Professional)*

- ☐ Not Applicable, the person's supports do not require any modification.
- ☐ Modifications are required as follows:

Bowel Care Action Plan <i>(to be completed by Health Professional only)</i>			
Symptom <i>(describe how to recognise the symptom e.g.abdominal bloating,loss of appetite, no bowel motion etc.)</i>	Timing of intervention <i>(how long until action should be taken)</i>	Action required <i>(instructions including administration of enema, suppositories etc, treatment of stoma site.)</i>	Review requirements <i>(include timeframe for review, or signs a review is required urgently)</i>

Use the [NDIS LWB 5590 Bowel Movement - Recording Chart](#) to monitor Bowel Movements if required by Health Professional

In the event of an emergency, please contact 000 plus <i>(Completed by Person):</i>			
Name:		Contact Number:	
Relationship:			
Name:		Contact Number:	
Relationship:			

Protocol developed by: <i>(completed by Health Professional(s))</i>			
Name:		Profession:	
Contact details:		Date:	
Name:		Profession:	
Contact details:		Date:	

Review of protocol <i>(completed by Health Professional)</i>		
<input type="checkbox"/> Set review:	Date:	
Signature:		
<input type="checkbox"/> As needed review: This protocol will be reviewed following <ul style="list-style-type: none"> • a problem being identified while following this protocol • a new risk being identified • advice from the person's GP/ Allied Health Professional 		

Consent and Authorisation

I consent to the support requirements as detailed in this Protocol to be implemented in order to assist in the management of my health supports or receive general emergency response as required. If I am unable to give consent, LWB will seek consent from my guardian/person responsible.			
Name	Relationship	Signature	Date
	Self		
	Guardian / Person Responsible		
	LWB Line Manager		

Staff Declaration

All staff who work with this person to sign along with AQHP conducting Skills Assessment

✓I have read and understood the Complex Bowel Care Protocol








✓ I have received training and been assessed as competent in this procedure

[illegible]

Upload to CIRT5 as follows:

Plans & Assessments > New Plan > Service Type = the service providing the HIDPA > Plan name – [select from drop down] Complex Bowel Care Protocol > relevant dates > Add New Attachment > SURNAME, First Name. YYYY.MM.DD

APPENDIX – Bristol Stool Chart

Type 1		Separate hard lumps, like nuts (hard to pass)	Hard to pass
Type 2		Sausage-shaped but lumpy	
Type 3		Sausage-shaped but with cracks on the surface	Ideal consistency
Type 4		Sausage or snake like, smooth and soft	
Type 5		Soft blobs with clear- cut edges (easy to pass)	Difficult to control
Type 6		Fluffy pieces with ragged edges, mushy	
Type 7		Watery, no solid pieces (entirely liquid)	