

Bowel Health

Good bowel health can help minimise the risk of disease and help prevent or improve bowel control problems. A person's bowel health should be reviewed as part of their Annual Health Assessment and when any new issues arise, or difficulty is experienced with existing bowel conditions.

Where a person has diagnosed bowel management issues, treatment and support must be determined by a health professional. Life Without Barriers (LWB) staff should be aware of:

- the person's usual bowel habits
- documented support requirements
- how to provide support
- when the person's bowel habits change
- when to seek further advice

Signs of a healthy bowel

Bowel health is directly related to good nutrition and physical activity, and together they are essential for the overall health and wellbeing of the person.

Being 'regular' is a sign of a healthy bowel. 'Regular' means when a person goes to the toilet, they have no trouble doing soft, well-formed bowel motions (stools). 'Regular' includes doing a bowel motion ranging from 1-3 times a day to 3 times per week. The Bristol Stool Chart is an easy way to identify what bowel motions should look like.

Signs of a healthy bowel also include:

- being able to hold on for a short time after first feeling the urge to do a bowel motion
- doing a bowel motion within about a minute of sitting down on the toilet
- doing a bowel motion easily and without pain — not having to push too hard
- completely emptying the bowel when doing a bowel motion

Issues that affect the bowel health of people with disability

Some conditions make people with disability more vulnerable to bowel problems due to physical immobility, neurological injury or muscle weakness, for example, Down Syndrome, Rett Syndrome and Cerebral Palsy.

Bowel health can be adversely affected by many aspects of daily life including poor nutrition and limited physical exercise. People with disability are at risk of having a bowel that does not function properly (bowel dysfunction) for any of the following reasons:

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| • a diet lacking in fibre | • low activity levels and reduced mobility |
| • insufficient fluid intake | • reduced physical and emotional wellbeing |
| • disruption to regular diet or routine | • nerve injury or disease |
| • delaying bowel actions due to pain
e.g. from haemorrhoids | • weak pelvic floor muscles |
| • some medications | • damaged muscles around the anus |
| • recent illness or hospitalisation | |

Other risk factors include chronic diarrhoea, dementia and stroke.

Bowel Dysfunction

Bowel problems – known as Bowel Dysfunction, can occur in people of all ages. A person may have a problem with their bowel if:

- they can't control their wind / flatulence (farts)
- have to rush to get to the toilet when doing a bowel motion
- leak bowel motion / faeces onto their clothing
- have difficulty doing a bowel motion

Bowel Dysfunction includes:

- **Constipation:** causes discomfort and affects quality of life. It is described as difficulty or pain when passing faeces or passing faeces infrequently. Poor bowel emptying occurs for various reasons and causes constipation. There are several signs of constipation including:
 - straining or pain when trying to pass faeces
 - lumpy or hard faeces
 - feeling that the rectum is not completely empty
 - having fewer than three bowel motions per week
 - passing liquid stools (overflow) but having symptoms of constipation
 - behaviour that is unusual for the person
- **Diarrhoea:** loose, watery bowel movements that can be frequent. Diarrhoea can be observed by staff but is difficult to identify if the person uses the toilet independently and does not report it. It may be associated with stomach bloating and pain and be accompanied by vomiting. Diarrhoea has many possible causes including:
 - use of laxatives, especially if overused or used incorrectly
 - bowel or stomach infection such as gastroenteritis
 - bowel diseases such as diverticulitis, Crohn's disease, ulcerative colitis and irritable bowel syndrome
 - food allergies or intolerances e.g. wheat, gluten, lactose, dairy and fructose
- **Faecal Incontinence:** is uncontrolled passing of faeces and creates social or hygiene problems for the person. They may not always be aware that it is happening. Signs of faecal incontinence include the person's inability to get to the toilet in time, and repeated occasions of soiled clothing.

Bowel dysfunction can be tracked via the use of the [NDIS LWB 5597 Bowel Diary](#) and provided to a Health Professional for advice.

LWB staff responsibility

LWB staff should be aware of the usual bowel habits of the people we support, be able to identify when a person is experiencing problems with bowel function and understand:

- where there is doubt, seek advice from a health professional to confirm a problem
- once bowel dysfunction is confirmed, the issues that affect the person's bowel function
- monitoring requirements for existing conditions and to identify new issues arising

- documentation requirements to establish and monitor bowel patterns
- when to complete the [NDIS LWB 5590 Bowel Movement – Recording Chart](#)
- signs and symptoms of bowel problems
- where to find instructions on how to provide support with symptoms
- monitoring requirements following provision of support
- when to refer to a Health Professional for further advice / to address new issues
- When to call an ambulance / provide emergency response

Emergency Support

Staff must organise for an urgent review if the following bowel related symptoms are observed reported by the person we support:

- vomiting blood or faecal matter
- diarrhoea and/or vomiting that is more than a one-off event
- bleeding from the bowel or fresh (red) or old (black) blood found in faeces
- extreme or unusual pain before, during or after a bowel motion

Non-Complex Bowel Care Support

Where staff are unsure whether a person has difficulty with bowel health, they can use the [NDIS LWB 5597 Bowel Diary](#) to record the person's bowel motion habits. Where a person has a confirmed bowel support problem and the Health Professional has requested bowel habits to be tracked, the [NDIS LWB 5590 Bowel Movement – Recording Chart](#) should be used.

Where a person requires some support with bowel function that is not considered complex, a Health Professional can document instructions to determine their bowel monitoring and support requirements within the [NDIS LWB 5537 Non-Complex Bowel Care Plan](#).

Staff should ensure they read and understand the monitoring and support requirements documented within the plan including when to seek advice from the Health Professional or call an ambulance.

Note: If the person requires support that includes administration of an Enema, Suppository or support with an Ostomy, they must be supported via High Intensity Daily Personal Activities (HIDPA) procedures and have their support documented by an appropriately qualified health professional within the [NDIS LWB 5613 HIDPA Complex Bowel Care Protocol](#).

Review

Health Care Plans are important for ensuring the health and safety of the people that LWB supports. All Health Care Plans must be developed by a Health Professional who understands the individual needs of the person. To ensure plans remain relevant, each Health Care Plan must be reviewed at least annually, or more often if the needs of the person change. The Health Professional who develops the plan should also detail any signs that, if observed by staff, indicate an immediate review should take place. LWB Disability Support Staff must also monitor the person's health in the context of the STOP AND WATCH principles outlines in the [NDIS LWB 5501 Health and Wellbeing - Procedure](#). Health Care Plans can only be reviewed a maximum of six (6) times before a new plan must be

developed. Additionally, Health Care Plans can only be reviewed by the Health Professional who developed the plan, or by another professional with equivalent qualifications. If the treating Health Professional has changed since the plan was originally developed, the new Health Professional may choose to develop their own plan for the person.

Bladder Health

A person's bladder health should be reviewed as part of their Annual Health Assessment, where new issues are identified or if they are experiencing difficulty with existing bladder health conditions. Where the person does have bladder dysfunction, management of symptoms, treatment and aids should be determined by their health professional and regularly reviewed.

Signs of a healthy bladder

A healthy bladder:

- empties 4 to 8 times every day (usually every 3 to 4 hours)
- can hold up to 400-600ml of urine
- can wake a person up once at night to urinate (or twice if older than 65)
- lets the person know it is full - with enough time to find a toilet
- empties completely each time a person urinates
- does not leak urine

Bladder Dysfunction

Bladder Dysfunction is where a person has little or no control over their urine function.

People with poor bladder control may:

- have accidents and leak urine (urinary incontinence)
- need to hurry to get to the toilet to pass urine
- wet themselves before they can get to the toilet
- go to the toilet often throughout the day
- be woken up more than once a night by the need to empty their bladder
- leak urine when they get up from a bed or chair
- leak urine when they lift, laugh, cough or sneeze
- wet themselves and be unaware of it
- have a stream that stops and starts instead of a smooth flow
- wet the bed

Bladder Dysfunction is known as incontinence and can be classified under the following headings:

Stress Incontinence: is a leak of urine usually associated with a physical activity such as coughing, laughing or physical exertion. The most common cause of stress incontinence is weak pelvic floor muscles which can be aggravated by other medical conditions such as

asthma, being overweight as well as age. The management of this type of incontinence may also include the treatment of other medical conditions.

- **Urge Incontinence:** is a leak of urine associated with an uncontrollable strong need to pass urine. People with urge incontinence find it difficult to make it to the toilet on time. The cause may be that the bladder muscle is in spasm which makes it hard for the bladder to hold onto urine.
- **Overflow incontinence:** is a leak of urine associated with a bladder that cannot empty properly. Symptoms include uncontrollable urinary dribbling, passing small amounts of urine many times during the day and overnight with slow passing of urine. The cause is an obstruction to the outlet of the bladder (example, enlarged prostate).
- **Reflex incontinence:** is usually due to spinal cord or brain injury. It is usually a complete leak of all the urine in the bladder. The leak happens without a feeling of needing to go to the toilet and the person has no control over this.

The [NDIS LWB 5596 Bladder Diary](#) and use of the [Health Direct Urine Colour Chart](#) can assist to gather information to inform a health professional of the issues a person we support is experiencing.

Where staff are unsure of whether a person is experiencing bladder control issues, the person's bladder habits, and any changes can be tracked using the [NDIS LWB 5596 Bladder Diary](#). When using the Bladder Diary, ensure records are consistently recorded for at least 3 days and provided to the person's health professional for review.

When staff are concerned that the person we support may be experiencing bladder control problems, the [Bladder Control Problem Checklist](#) can be completed with the person and, where there are responses marked as Yes, provided to a Health Professional for advice along with the completed [NDIS LWB 5596 Bladder Diary](#).

Urinary Tract Infections

Urinary tract infections (UTIs) are very common – particularly in women and older people. Around one in two women and one in twenty men will get a UTI in their lifetime.

The urinary system is designed to minimise the risk of serious infection in the kidneys. It does this by preventing the urine from flowing back up into the kidneys from the bladder. Most urinary infections are confined to the bladder and, while causing symptoms, are not serious or life threatening.

Types of urinary tract infections (UTIs)

UTIs are caused by micro-organisms or germs, usually bacteria. The different types of UTI can include:

- **Urethritis:** infection of the urethra
- **Cystitis:** infection of the bladder
- **Pyelonephritis:** infection of the kidneys
- **Vaginitis:** infection of the vagina

Symptoms of UTIs

Observable symptoms of UTIs include:

- wanting to urinate more often and urgently, if only a few drops

- urine appears cloudy, red, pink or brown
- urine smells very strongly

The person may report the following symptoms:

- burning pain or a 'scalding' sensation when urinating
- a feeling that the bladder is still full after urinating
- pain above the pubic bone

Symptoms of kidney infections

If infection reaches the kidneys, the person must be reviewed by their GP or a health professional immediately. Presentation to hospital emergency department is required where an immediate appointment is not available.

In addition to the general symptoms of UTIs a person with a kidney infection can also experience:

- chills
- fever
- loin (lower abdominal) pain
- vomiting
- pain in the back

LWB staff responsibility

LWB staff should be aware of the usual bladder habits of the people we support and be able to identify when they are experiencing problems. They should understand:

- where there is doubt, seek advice from a health professional to confirm a problem
- once bladder dysfunction is confirmed, the issues that affect the person's bladder function
- monitoring requirements for existing conditions and to identify new issues arising
- monitoring of the person's urine via the [Health Direct Urine Colour Chart](#)
- documentation requirements to establish and monitor bladder patterns
- signs and symptoms of bladder problems
- signs and symptoms of possible Urinary Tract Infection
- where to find instructions on how to provide support with symptoms
- when to refer to a Health Professional for further advice / to address new issues
- when to call an ambulance
- continence support requirements including aids and how to use them

Non-Complex Bladder Care Support

LWB staff can provide people with support to monitor bladder health and incontinence aids that is non-complex. Where the person requires support that is complex and includes any Urinary Catheter Device or changing of associated equipment e.g. bags, tubing etc, they must be supported in line with HIDPA requirements via the relevant HIDPA Urinary Catheter Management Protocol. To access the LWB HIDPA Urinary Catheter Resources, click this [link](#).

Continence Support

There are many ways to manage bladder or bowel dysfunction depending on the type of problem experienced. Where a person we support appears to have an issue with bowel or bladder dysfunction, they should see their GP for a Continence Assessment.

During the assessment the GP / health professional will ask questions such as:

- how often the person goes to the toilet
- how much urine is passed
- what the bowel motions look like
- how often and how much the person leaks urine
- what the daily fluid and diet intake is
- what medications the person is currently taking
- whether there are any other health problems
- whether the person can take themselves to the toilet, dress themselves and keep themselves clean

Information on where to get help for incontinence is provided by the Continence Foundation of Australia by clicking on this [link](#).

Completed recording charts such as the [NDIS LWB 5590 Bowel Movement - Recording Chart](#), [NDIS LWB 5597 Bowel Diary](#) and [NDIS LWB 5596 Bladder Diary](#) will be reviewed as part of the assessment.

Instructions on how to provide support to the person with continence aids can be documented within the [NDIS LWB 5531 Personal Care - Plan](#) and can also include how often to check or change aids, implement a toilet routine and any creams or lotions that a health professional has advised to be applied to maintain the surrounding skin if relevant.

Further Resources

There are many organisations who provide information and resources on bowel, bladder and continence support. Further resources can be accessed via the links below:

<http://www.bladderbowel.gov.au/>

[Australian Government Department of Health – Managing bladder and bowel problems](#)

<http://www.continence.org.au/>

[Incontinence Foundation – Tips for caring for someone with incontinence](#)