



- This Complex Bowel Care Plan must be developed with the person we support and their Health Practitioner.
- The Health Practitioner must manage the Complex Bowel Care Plan.
- A health professional must train staff to deliver support activities outlined in this plan.
- **Before giving any medication in this plan. Staff must be trained in LWB medication administration.**
- Any complex medication administration via rectal enemas or suppositories must be documented and recorded in the medication chart and medication record.
- This Complex Bowel Care Plan should be read and followed along with the relevant policies and procedures.
- Staff will keep a record of all bowel output as per procedure.

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

Risks & Emergency Response	
Risks	
Does the person have Autonomic Dysreflexia? <input type="checkbox"/> Yes <input type="checkbox"/> No	
When to call an ambulance	
When to seek medical assistance	
Complex Bowel Care Information <i>(to be completed by Health Professional only)</i>	
Date of Plan	Review Date:

Complex Bowel Supports required	
<input type="checkbox"/> Enema administration <input type="checkbox"/> Suppository administration <input type="checkbox"/> Digital stimulation <input type="checkbox"/> Anal Flush	<input type="checkbox"/> Autonomic Dysreflexia <input type="checkbox"/> Manual evacuation/clearance <input type="checkbox"/> PR check <input type="checkbox"/> Ostomy care
Medications (for example, laxatives) - <i>this information must also be recorded in the medication chart.</i> <i>(When to be administered and prescribed amount)</i>	
Enema/Suppository details – <i>this information must also be recorded in the medication chart.</i> <i>(When to be administered and prescribed amount)</i>	
Digital stimulation <i>(How many times and times between each stimulation)</i>	
Anal Flush (for example, Peristeen Flush) (When)	

<p>Autonomic Dysreflexia <i>(What to do)</i></p>
<p>Manual evacuation/clearance <i>(When and how many times)</i></p>
<p>PR check <i>(When)</i></p>
<p>Ostomy care <i>(What to do)</i> <i>(A Stoma nurse may complete a separate form/plan)</i></p>

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

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

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

Consent and Authorisation (completed by person)

I consent to the support requirements as detailed in this plan 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		

Upload to CIRTS as follows:

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