Practice Notes

Table 10: Practice Notes from the Expert Panel

COMPONENTS OF ASSESSMENT	DETAILS OF ASSESSMENT
Obtain history of fecal incontinence and/or constipation	■ Obtaining a general health history can include the following: □ Identifying factors, including co-morbid conditions, to determine the possible underlying causes of fecal incontinence and/or constipation. • For a list of risk factors for fecal incontinence, please see **Appendix N**. • For a list of conditions that can cause constipation, please see **Appendix O**. □ Conducting a medication review of prescription and over-the-counter medications and supplements to evaluate if they contribute to fecal incontinence and/or constipation. Perform the medication review in conjunction with the prescriber and/or pharmacist. • For a list of medications that can cause or contribute to fecal incontinence, please see **Appendix N**. • For a list of medications that can cause constipation, please see **Appendix P**. □ Assessing the functional and cognitive status of persons experiencing fecal incontinence. ■ Obtaining a clinical history can include: □ Dietary history: daily intake of fibre and fluids (including caffeine and alcohol). □ Onset, duration and severity of symptoms. □ Frequency of bowel movements. □ Stool consistency. • For a sample Bristol Stool Chart to measure stool consistency, please see **Appendix Q**. • For a sample bowel elimination record, please see **Appendix R**. □ Previous anorectal surgeries. □ A perianal skin assessment to determine the impact of fecal incontinence and/or constipation on the physical aspects of quality of life. □ Degree of bother and the impact on social, psychological and sexual aspects of quality of life caused by fecal incontinence and/or constipation. □ Assessment for any red and/or yellow flags associated with fecal incontinence and/or constipation.

RECOMMENDATIONS

COMPONENTS OF ASSESSMENT	DETAILS OF ASSESSMENT
Obtain history of fecal incontinence and/or constipation (cont.)	• "Red flags" are high-alert clinical indicators that require reporting to the appropriate member of the interprofessional team and/or a continence specialist. Examples of red flags include (but are not limited to) pain or bleeding with bowel movement. • "Yellow flags" are concerning clinical indicators that require ongoing assessment (i.e., monitoring) and reporting to the appropriate member of the interprofessional team and/or a continence specialist. Examples of yellow flags include (but are not limited to): ○ fecal incontinence potentially caused by delirium, infection, medication side effects, diarrhea, stool impaction or inadequate access to a toilet; and ○ constipation potentially caused by inadequate intake of fluids/fibre, reduced mobility or medication side effects. **Note:** Health providers may ask a person's support network to collect assessment data if a person is unable to provide such details.
Report findings	■ A comprehensive assessment of fecal incontinence and/or constipation is to be conducted by a continence specialist. This includes performing a digital rectal examination to determine anal sphincter tone, anal fissure, rectocele and the presence of hemorrhoids. ■ Based on the individual needs of the person, findings can be reported to the following individuals: □ A member of the interprofessional team who may place a referral to a continence specialist following the initial assessment (as necessary). Examples include: • general practitioners; • nurse practitioners; • physiotherapists; and • dietitians. □ Continence specialists, who include: • gynecologists/urogynecologists; • gastroenterologists; • colorectal surgeons; • NCAs; • NSWOCs; or • occupational therapists. • pelvic floor physiotherapists ■ The reporting process also may be individualized based on the needs and wishes of persons and their support networks.

Supporting Resources

RESOURCE	DESCRIPTION
Identifying continence issues. In: Victoria State Government [Internet]. Victoria (AU): Victoria State Government; c2017-2020. Available from: https://www2.health.vic.gov.au/hospitals-and-health-services/patient-care/older-people/continence/continence-identifying	■ Website that outlines information on identifying continence issues in older adults. ■ It includes initial admission screening questions, assessment of contributing factors, details on taking history and more.
LeBlanc K, Christensen D, Robbs L, Johnston V, Cleland B, Flett N. Best practice recommendations for the prevention and management of incontinence-associated dermatitis. Wound Care Can. 2010; 8(3): 6-23. The journal article is available from: https://www.woundscanada.ca/docman/public/wound-care-canada-magazine/2010-vol-8-no-3/376-wcc-2010-v8n3-best-practice-english/file	■ An open access journal article which includes a validated four-item perineal assessment tool that assesses risks contributing to incontinence associated dermatitis (please see Table 2).
Locate a Professional. In: The Canadian Continence Foundation [Internet]. Peterborough (ON): The Canadian Continence Foundation; c2020. Available from: https://www.canadiancontinence.ca/EN/locate-a-professional.php	■ Website that outlines various types of continence specialists (and their respective roles) to care for persons living with constipation or fecal incontinence. ■ Allows persons in Canada to locate an appropriate professional within their city.