Pediatric Neurogenic Bowel Care Evaluation and Decision-Making Algorithm



Evaluate the effectiveness of the bowel care program after 5 cycles of bowel routine				
These indicators should be used to determine effectiveness by the interprofessional team:				
 □ Time taken is less than 30 minutes ■ Stool form is: □ Bristol stool type 4 for reflexic □ Bristol stool type 2-3 for areflexic 	■ Regular and predictable evacuations happen in a socially acceptable time and place: □ No abdom □ Evacuations occur daily or alternate days □ No rectal productions occur daily or alternate days □ No signs and □ Routine fits with the client's lifestyle □ No straining		 □ No chronic constipation □ No abdominal pain □ No rectal pain □ No signs and symptoms of hemorrhoids □ No straining □ No pressure ulcers 	
	-			
Is the bowel care program effective after 5 cycles of bowel routine?				
	Yes	No		
Re-evaluate and modify bowel care program components				
	Think about the followin - Is the consistency as into - Is functional continence	ended? - What is	going well? rule out conditions unrelated to SCI?	
Adhere to bowel program and monitor	Use an interprofessiona	l approach to consider and	l modify:	
Continue as prescribed, monitor for effectiveness, and modify as needed.	 ☐ Fiber ☐ Fluid intake ☐ Oral medications ☐ Rectal interventions/m ☐ Frequency/timing ☐ Assistive techniques 	☐ Emotide ☐ Cognided ☐ Cognided ☐ Physice ☐ Coals ☐ Physice ☐ Adapt	rence and participation onal factors (motivation, family support, coping) tive factors (memory, reasoning, understanding) cal function and independence or expectations for independence cal activity level tive equipment	
Remember to change only one component at a time, until all elements of the program have been considered or until a successful outcome.				
Is the bowel care program effective after 5 cycles of bowel routine?				
Yes				
Does the client have incontinence? Is the client constipated?			1?	
Do not initiate a bowel clean out.		☐ Do a bowel clean before Refer to the Bowel Cl	ore considering cone enema or trans-anal irrigation.	
	_			
A	Yes	Is the bowel care pro	gram effective after 5 cycles of bowel routine?	
No No				
Consider cone enemas and/or trans-anal irrigation				
 □ RN/NP/Physician in collaboration with the client and family to consider trialing cone enemas or trans-anal irrigation with client. □ Provide teaching intervention on proper use and side effects. □ Continue to monitor all other aspects of the bowl care program. ■ Developmental consideration: children under the age of 4 are likely not appropriate for this intervention. 				
Yes Yes Is the bowel care program effective after 2-3?				
No				
Consider surgical interventions				
 □ RN/NP/Physician in collaboration with the client and family to consider whether surgical interventions, including a cycostomy or antegrade cone enema (e.g., MACE) is appropriate. □ Consultation with SickKids for client appropriateness may be needed. □ Continue to monitor all other aspects of the bowl care program. ■ Developmental consideration: children under the age of 6 are likely not appropriate for this intervention. 				
Yes Yes Is the bowel care program effective after 6-12 months?				
No				
	Refer to consultant or specialized centre			



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Other Information

This document is referenced in the Holland Bloorview Neurogenic Bowel Management Standard of Care (00423).

References

Department of Family Medicine and Ontario Neurotrauma Foundation. (2012). Caring for Persons with Spinal Cord Injury – Neurogenic bowel. Available at:

https://web.archive.org/web/20200130074714/http://eprimarycare.onf.org/NeurogenicBowel.html

Multidisciplinary Association of Spinal Cord Injured Professionals. (2012). Guidelines for management of neurogenic bowel dysfunction in individuals with central neurological conditions. Available at: https://www.mascip.co.uk/wp-content/uploads/2015/02/CV653N-Neurogenic-Guidelines-Sept-2012.pdf