

Bowel Incontinence

Nr.	Nursing Diagnosis	Date	Nursing Intervention/s and tasks	Sign.
	<p><b>Bowel Incontinence</b></p> <p><b>Related factors:</b></p> <ul style="list-style-type: none"> <li>Chronic diarrhea</li> <li>Colorectal lesions</li> <li>Loss of rectal sphincter control</li> </ul> <p><b>Symptoms / Risk factors:</b></p> <ul style="list-style-type: none"> <li>Fecal odor</li> <li>Fecal staining of clothing and/or bedding</li> <li>Inability to delay defecation</li> <li>Inattention to urge to defecate</li> <li>Involuntary passage of stool</li> </ul> <p><b>Outcome / Goal:</b></p> <ul style="list-style-type: none"> <li>Patient establishes regular pattern of bowel care</li> <li>Patient states understanding of bowel care routine</li> <li>Patient is continent of stool or reports decreased episodes</li> </ul>		<p><b>Bowel Incontinence Care</b></p> <ul style="list-style-type: none"> <li>Assess patient's normal bowel elimination pattern</li> <li>Determine cause of incontinence (i.e., review related factors).</li> <li>Assess degree to which patient's daily activities are altered by bowel incontinence</li> <li>Ensure fluid intake of at least 3000 ml per day, unless contraindicated</li> <li>Provide high-fiber diet under the direction of a dietitian, unless contraindicated</li> <li>Institute a bowel program</li> <li>Teach patient/caregiver the causes of bowel incontinence.</li> <li>Teach patient the importance of a regular exercise program</li> <li>Teach patient the importance of fluid and fiber in maintaining soft stool</li> <li>Administer medication as prescribed</li> </ul>	