



Origination	03/2023	Contact	Stephanie Spain: Trauma Prgm Mgr Adult
Last Approved	06/2023	Area	Trauma Surgical Critical Care
Effective	06/2023	Applicability	Erlanger Health - Baroness
Last Revised	03/2023		
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Neurogenic Bowel Digital Stimulation Practice Management Guideline

1. Process/Procedure Description

Develop a consistent approach to bowel management, rectal digital stimulation program for patients with alteration of normal bowel function secondary to neurogenic dysfunction.

2. Who Should Read This Process/Procedure?

All Trauma Surgical Critical Care Staff/ Nursing

3. Definitions

Rectal digital stimulation is used as part of the Neurogenic Bowel Program in patients without areflexic/flaccid/hypotonic bowel. Physician's orders must be obtained prior to performing rectal digital stimulation bowel program. Specific orders will be obtained for any patient with a cardiac history, neurologic injury prone to neuro storming, or any intolerance to vasovagal stimulation.

The purpose of rectal digital stimulation in conjunction with a bowel program is to evacuate bowel contents as per a scheduled program, to stimulate peristalsis, and to relax the anal sphincter.

4. Process/Procedure

Step:	Process Instructions/Description:
	Physician's order will be obtained prior to starting neurogenic bowel program.
1.	Perform rectal digital stimulation 30 minutes following meal or hot liquid. A suppository and/or enema may also be used in conjunction with rectal digital stimulation as per physician orders.

2.	Assemble equipment:
	<ul style="list-style-type: none"> a. Examination gloves (obtain several pairs- will be changing frequently) b. Water soluble lubricant and/or local anesthetic ointment (requires physician's order). c. Under pads d. Wash basin, wash cloths and towels e. Bed, commode or bedside commode with any bowel program equipment as per OT and PT.
3.	Explain procedure to patient
4.	Wash hands
5.	Choose appropriate, private location and position patient on commode, bedside commode or bed on the left side with knees flexed and right leg over left unless medically contraindicated.
6.	Don gloves and apply a liberal amount of lubricant (and local anesthetic if ordered) to index finger.
7.	Gently insert lubricated index finger (utilizing water soluble lubricant) through the anal sphincter one inch. If stool is present gently remove it. Remove dirty gloves, don clean gloves, apply lubricant, reinsert finger as above to begin digital stimulation.
8.	Press gently but firmly against the rectal wall and anal sphincter in a circular motion maintain contact with rectal wall. Continue for only one to two minute maximum at a time. Remove finger from anus when anal sphincter is relaxed. If no results, may repeat gentle rectal digital stimulation in 15 minutes x 1. Don clean glove and reapply lubricant with each insertion of the finger.
9.	When results are produced, assist the removal of stool when necessary. Must wait 15 minutes before continuing the program. Continue to dilate the patient until no more stool is produced for 5 minutes.
10.	Discontinue procedure and notify the physician if rectal bleeding occurs, reflex tachycardia develops, bradycardia develops, any symptoms of autonomic dysreflexia develop or any other adverse effects.
11.	Cleanse the perineal area with soap and water and dry following the procedure.
12.	Return the patient to a safe and comfortable position
13.	Dispose of stool and contaminated material appropriately and document the procedure, the results and the patient's tolerance to the program.
14.	Educate the patient/caregiver on the procedure and assess for ability and willingness to competently perform. Document the education process. Include in family/caregiver education that long nails can cause autonomic dysreflexia.

References:

Approval Signatures

Step Description	Approver	Date
COO	Robert Maloney: Executive VP & Chief Operating Officer	06/2023
Trauma Services Committee Approval	Stephanie Spain: Trauma Program Manager	06/2023
	Stephanie Spain: Trauma Program Manager	06/2023

Applicability

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