

Translating Research into Practice (TRIP) Fecal Management Systems

What does the evidence say?

- Evidence ONLY supports the use of the Fecal Management System (FMS) as an internal device placed in the rectum for fecal collection. No evidence supports the use of any other rectally inserted tubes for this purpose ^{1,4}
- FMS are FDA approved and the preferred device for management of liquid stool; requires an MD order.
- The FMS is indicated for patients with **incontinence** associated dermatitis, peri-rectal wounds, C-diff, VRE and / or **severe incontinence of 3+ liquid stools/ day**.
- The first line of defense against incontinence associated dermatitis (IAD) still remains evaluating why the patient is having diarrhea, addressing the cause of the diarrhea, and using barrier creams for skin protection.

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Change in Practice

- Discontinue use of malecott tubes for fecal containment
- Evaluate cause of diarrhea: medications, diet
- Anticipate diarrhea with certain medications and protect the skin early with barrier creams, incontinence pads
- Continue the use of barrier creams, fecal containment devices and FMS.
- FMS is available through CS with a MD order for ICU use. CWOCNs will continue to evaluate for FMS usage with med/surg patients

Selected References (AMA format with level of evidence)

1. Beekman, D. Prevention and treatment of incontinence-associated dermatitis: literature review. *Journal of advanced Nursing*. 2009; 65(6): 1141-1154 (Level IV)
2. Gray, M. Incontinence-associated Dermatitis. *Journal of Wound Ostomy Continence Nurse*. 2007; 34(1): 45-54 (Level IV)
3. Beitz, J. Fecal Incontinence in Acutely and Critically Ill Patients: Options in Management. *Ostomy/ Wound Management*. 2006;52(12): 56-66 (Level IV)
4. The Wound, Ostomy and Continence Nurse Society. Role of the Wound, Ostomy Continence Nurse or Continence Care Nurse in Continence Care. *J Wound Ostomy Continence Nurse*. 2009;36(5):529-531 (Level IV)

