Expert recommendations for managing acute fecal incontinence with diarrhea in the intensive care unit


Algorithm for AFId risk assessment and management

Diagnosis of AFId
A second episode of fecal incontinence with diarrhea (liquid or semi-liquid stool, Bristol stool chart type 6-7) in 24 hours

AFId with or at risk of developing complications:

Risk of skin breakdown in perineal region, e.g.:
• Moisture lesion, excoriation, pressure ulcer, burn
• Wounds at risk of infection/fasciitis
• Fournier’s gangrene
• Post-op, e.g. transposition flap plasty

Risk of cross infection, e.g.:
• C. difficile, MRSA, E. coli, ESBL, CRE, etc.
• Enteric infection/enteritis with no isolation facility

Immobilitty, e.g.:
• Severe respiratory failure
• Multiple trauma, e.g. pelvic ring disruption
• ECMO (extracorporeal membrane oxygenation)
• Large-bore arterial/venous access
• Morbid obesity

Very frequent or long-lasting diarrhea, e.g.:
• Pancreatitis
• Hepatic encephalopathy
• GI bleeding with melena
• Induced (intentional/unintentional)
• Allogenic transplant/GVHD (graft vs host disease)
• Post-resuscitation care syndrome

Other clinical conditions, e.g.:
• Tube feeding/poor nutritional status

Patient comfort and dignity
For palliative care reasons

AFId with good prognosis:

• Well nourished/hydrated
• Short hospital stay
• Treatable
• Mobilised/mobilising soon

Manage with traditional methods:

• E.g. pads, incontinence sheets, fecal collectors
• Evaluate regularly
• Cleanse, moisturise and protect the skin

Contraindications for fecal management system (refer to product insert/IFU)

No
Yes

Insert FMS device
Evaluate every 12 hours
Cleanse, moisturise and protect the skin

Management with traditional methods, e.g. pads, incontinence sheets, fecal collectors
Cleanse, moisturise and protect the skin

AFId: acute fecal incontinence with diarrhea; C. difficile: Clostridium difficile; E. coli: Escherichia coli; MRSA: methicillin-resistant Staphylococcus aureus; ESBL: extended-spectrum beta-lactamase; CRE: carbapenem-resistant enterobacteriaceae; FMS: fecal management system; IFU: instructions for use.
Acute fecal incontinence with diarrhea is associated with important challenges in the ICU:1,2

- Skin breakdown and pressure ulcers
- Increased hospital stays and cost
- Cross-contamination with nosocomial infections

Experts recommend to implement a standardised protocol for the management of AFId to avoid associated complications1

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Flexi-Seal™ PROTECT PLUS FMS

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<tr>
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<td>1 kit/box, 1 bag</td>
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<td>1 kit/box, 1 bag</td>
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Flexi-Seal™ PROTECT FMS

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Flexi-Seal™ Signal™ FMS

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Flexi-Seal™ Fecal Collector

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<tr>
<td>Flexi-Seal™ Fecal Collector with Hydrocolloid Adhesive*</td>
<td>650078</td>
<td>10 collectors per box</td>
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*When Flexi-Seal™ Fecal Management Systems are not an option

References


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