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/fascitis
  - 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
- Immobility, 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

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
  - Insert FMS device
  - Evaluate every 12 hours
  - Cleanse, moisturise and protect the skin
- Yes
  - 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 complications\(^1\)

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### References

