



National Audit of Continence Care 2010

Clinical Proforma for Bowel Problems – Faecal Incontinence

please answer ALL questions

(one proforma to be completed per patient/resident).

Your Site Code

[Empty box for site code]

Instructions for completion:

- 1. Please use a black or blue pen for all sections.
2. Please cross the boxes as appropriate (X or X).

All enquires should be sent, quoting your site code, to:

Tel: 020 3075 1347 / 020 3075 1619 / 020 3075 1511 or e-mail: nacc@rcplondon.ac.uk

AUDITOR DISCIPLINE

Select main discipline for this case:

- Doctor Nurse Therapist Manager

Other

[Empty box for other discipline]

DEMOGRAPHIC INFORMATION

A. Patient audit number

[Empty box for patient audit number]

B. Age (years)

[Empty box for age]

C. Sex

- Male Female

D. Ethnicity:

- White British Other Not recorded

E. Is English the primary language of the patient?

- Yes No Not known Not documented

F. Please indicate in which care setting this patient is in? (choose one only)

- Care home (residential & nursing)
Community dwelling in-patient
In-patient of primary care trust run hospital
Patient of acute trust hospital

- Patient of local continence service
other (please specify):

[Empty box for other care setting]

1. SYMPTOMS

1.1 How often is the patient incontinent of faeces?

- Every day/night Not known
 Less than once weekly Not documented
 More than once weekly

1.2 What other relevant conditions does the patient have either currently or in the past? (select all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Anorectal surgery | <input type="checkbox"/> Neurological disease |
| <input type="checkbox"/> Colorectal carcinoma | <input type="checkbox"/> Pelvic radiotherapy |
| <input type="checkbox"/> Cervical myelopathy | <input type="checkbox"/> Pelvic surgery |
| <input type="checkbox"/> Dementia | <input type="checkbox"/> Spinal cord disease/trauma |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Diverticular disease | <input type="checkbox"/> Trauma at childbirth (women only) |
| <input type="checkbox"/> Faecal loading or chronic constipation | <input type="checkbox"/> Urinary incontinence |
| <input type="checkbox"/> Impaired mobility | <input type="checkbox"/> No documentation of these |
| <input type="checkbox"/> Inflammatory bowel disease | <input type="checkbox"/> Other (please specify) <input type="text"/> |
| <input type="checkbox"/> Irritable bowel syndrome | |

1.3 Is there documented evidence that the following factors have been identified in this case?
(answer all questions)

- 1.3i Faecal incontinence related to colorectal faecal loading Yes No Nothing Identified
- 1.3ii Faecal incontinence related to functional disability Yes No Nothing Identified
- 1.3iii Faecal incontinence due to loss of cognitive awareness Yes No Nothing Identified
- 1.3iv Faecal incontinence related to co-morbidity Yes No Nothing Identified
- 1.3v Anorectal incontinence (weak anal sphincters or anorectal condition) Yes No Nothing Identified

2. ASSESSMENT

History

2.1 Is there documented evidence of a bowel history? Yes No (If NO go to 2.2)

2.1i If yes, does the history of faecal incontinence include:

- Duration of symptoms Yes No Not documented Records not available
- Daytime symptoms Yes No Not documented Records not available
- Nocturnal symptoms Yes No Not documented Records not available

2.2 Is there documented evidence that a stool diary or bowel chart has been used to record frequency of incontinence? Yes No

2.3 Is the patient incontinent of urine? Yes No Not documented
(If NO go to 2.4)

2.3i If yes, is the patient catheterised because of incontinence? Yes No Not documented

2.4 Is the patient on medication that exacerbates faecal incontinence? Yes No Not documented
(If NO go to 2.5)

2.4i Has this medication been altered to minimise its impact? Yes No Not documented
 Not able to minimise further

2.5 Is there evidence that the impact of symptoms on quality of life have been recorded? Yes No No, but the patient is mentally incompetent to undergo an assessment.
(If NO go to 2.6)

2.5i If yes, has a standardised assessment scale been used e.g. Faecal Incontinence Quality of Life Scale? Yes No Not documented

Cognitive status

- 2.6 Has the patient's cognition been assessed? Yes No Not documented
(see help notes for guidance) **(If YES answer ALL / If NO or Not documented answer 2.6i and proceed to 2.7)**
- 2.6i Is the patient's cognitive status: Unimpaired Mild Moderate Severe
(see help notes for guidance) Insufficient information to calculate
- 2.6ii Is there documented use of a formal scoring system for assessment of cognition? Yes No
(see help notes for guidance)

Functional status

- 2.7 Has the patient's functional ability been assessed? Yes No Not documented
(see help notes for guidance) **(If YES answer all / If NO or Not documented answer 2.7i and proceed to 2.8)**
- 2.7i Is the patient's functional status: Unimpaired Mild Moderate Severe
(see help notes for guidance) Insufficient information to calculate
- 2.7ii Is there documented use of a formal scoring system for assessment? Yes No
(see help notes for guidance)

EXAMINATION

Basic examination

(for guidance on what constitutes "basic examination" see help notes)

- 2.8 Is there documented evidence of rectal examination to exclude faecal loading? Yes No **No, but** the patient has a colostomy or some other form of faecal diversion.

Focused examination

(for guidance on what constitutes "focused examination" see help notes)

- 2.9 Is there documented evidence that a focused examination has been performed? Yes No **(If NO go to 2.10)**
- 2.9i **If yes**, who has performed the examination? **Choose one only:**
- | | |
|--|--|
| <input type="radio"/> Geriatrician | <input type="radio"/> Therapist |
| <input type="radio"/> Gynaecologist (women only) | <input type="radio"/> Urologist |
| <input type="radio"/> GP | <input type="radio"/> Hospital ward based doctor |
| <input type="radio"/> Nurse | <input type="radio"/> Gastroenterologist |
| <input type="radio"/> Other (please specify) | <input type="text"/> |

- 2.9ii **If yes**, is there documented evidence of the following (answer all questions)

- 2.9ii a Assessment of mobility Yes No Not required
- 2.9ii b Examination of the abdomen for palpable mass or bladder retention Yes No Not required
- 2.9ii c Examination of perineum and anus. Yes No Not required
- 2.9ii d Rectal examination Yes No Not required
- 2.9ii e Bowel imaging Yes No Not required
- 2.9ii f Neurological examination, if neurological symptoms suspected Yes No Not required

Diagnosis

- 2.10 For which tests is there documented evidence to aid diagnosis?
- 2.10i Stool culture Yes No **No, but** specialist records unavailable for audit Not required
- 2.10ii Abdominal x-ray Yes No **No, but** specialist records unavailable for audit Not required
- 2.10iii Colonoscopy Yes No **No, but** specialist records unavailable for audit Not required
- 2.10iv Other (please specify)
- 2.11 Is there documented evidence of a clear identification of the types or causes of bowel problem? Yes No **No, but** specialist records unavailable for audit (relevant to care homes)

3. MANAGEMENT

Treatment

- 3.1 Is there documented evidence that **condition-specific intervention** has been given or planned for the following: (see help notes for guidance)
- 3.1i Faecal loading? Yes No Not applicable
- 3.1ii Potentially treatable causes of diarrhoea? Yes No Not applicable
- 3.1iii Rectal prolapse or third-degree haemorrhoids? Yes No Not applicable
- 3.1iv Acute anal sphincter injury? Yes No Not applicable
- 3.1v Acute disc prolapse/cauda equina syndrome? Yes No Not applicable
- 3.2 Are the patient's goals for treatment recorded? Yes No **No, but** the patient is incompetent to partake in decision making.
- 3.3 Did the patient require treatment? Yes No
- 3.4 Did the patient have a treatment plan? Yes No

If you answered 'NO' to both 3.3 & 3.4 go to 3.6 otherwise answer 3.5

- 3.5 Which of the following methods of treatment have been used or planned? (select all that apply)
- | | Used | Planned | Neither used or planned | |
|----------|-----------------------|-----------------------|-------------------------|--|
| 3.5i | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Advice on general health |
| 3.5ii | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Advice on lifestyle |
| 3.5iii | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Antidiarrhoeal drugs |
| 3.5iv | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Biofeedback |
| 3.5v | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Bowel clearance programme |
| 3.5vi | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Bowel retraining |
| 3.5vii | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Dietician |
| 3.5viii | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Faecal incontinence chart |
| 3.5ix | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Implementation of bowel training regimes / techniques |
| 3.5x | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Improved mobility |
| 3.5xi | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Improved quality of, and access to, toilet facilities |
| 3.5xii | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Pelvic floor training |
| 3.5xiii | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Laxatives / enemas/ suppositories |
| 3.5xiv | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Management of behavioural problems in severe dementia |
| 3.5xv | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Review of medication |
| 3.5xvi | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Rectal irrigation |
| 3.5xvii | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Specific pharmacological interventions, e.g: metronidazole for <i>C. difficile</i> |
| 3.5xviii | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Colostomy or ileostomy |
| 3.5xix | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Surgery |
| 3.5xx | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Toileting advice |
| 3.5xxi | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Toileting schedules |
| 3.5xxii | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Treatment of co-morbidities |
| 3.5xxv | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Other <input type="text"/> (please specify) |

3.6 Is there documented history of referral to other providers of treatment? (select all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Colorectal surgeon | <input type="checkbox"/> Neurologist |
| <input type="checkbox"/> Bowel dysfunction practitioner | <input type="checkbox"/> Practice nurse |
| <input type="checkbox"/> Continence practitioner
(see help notes for guidance) | <input type="checkbox"/> Unable to retrieve data, records not available on site (Care Homes Only) |
| <input type="checkbox"/> Dietitian | <input type="checkbox"/> Not documented |
| <input type="checkbox"/> Gastroenterologist | <input type="checkbox"/> Other (please specify) <input type="text"/> |
| <input type="checkbox"/> General practitioner (GP) | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Geriatrician | |

3.7 Is there documented evidence that long-term management of Faecal Incontinence has been given or planned? (answer all questions)

- | | |
|---|---|
| 3.7i Advice and information on continence products | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not required |
| 3.7ii Advice on skin care | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not required |
| 3.7iii Advice relating to preservation of dignity | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not required |
| 3.7iv Advice relating to preservation of independence | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not required |
| 3.7v Contact details for relevant support groups | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not required |
| 3.7vi Periodic review of symptoms | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not required |
| 3.7vii Psychological and emotional support | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not required |

Containment

3.8 Which of the following methods of management have been used or are planned for treatment? (select all that apply)

- | | |
|---|---|
| <input type="radio"/> Adapted clothing | <input type="radio"/> Pads |
| <input type="radio"/> Advice on skin care and odour control | <input type="radio"/> Not documented |
| <input type="radio"/> Anal plugs | <input type="radio"/> Other (please specify) <input type="text"/> |
| <input type="radio"/> Bags | |
| <input type="radio"/> Devices to aid toileting (see help notes) | <input type="radio"/> None of the above |

4. CARE PLAN / COMMUNICATION

4.1 Does the patient have a documented continence care plan? Yes No (if NO go to 4.2)
(see help notes for guidance)

- 4.1i If yes, when was the patient's care plan last reassessed?
- Less than 6 months
 - 6-8 months
 - 9-11 months
 - 12 months or more
 - No documentation of reassessment

4.2 Is there documented evidence that a copy of the care plan has been given to the patient? Yes No No, but the patient is mentally incompetent

4.3 Is there documented evidence that a copy of the care plan has been given to the carer/relative? Yes No No, but the patient has either no relevant carer/relative, does not wish the carer/relative to be informed or is mentally incompetent to partake in such discussion

Communication / Information

- 4.4 Is there documented evidence of a full discussion with the patient of the causes and treatments of the bowel problem? Yes No **No, but** the patient is mentally incompetent to participate in such discussion
- 4.5 Is there documented evidence of a full discussion of the causes and treatments of the bowel problem with the carer/relative? Yes No **No, but** the patient has either no relevant carer/relative, does not wish the carer/relative to be informed or is mentally incompetent to partake in such discussion