Patient safety information



Information15 September 2004

The NPSA has identified that patients with an established spinal cord lesion are at risk because their specific bowel care needs are not always met in acute trusts.

Nursing staff need to be aware that some people with an established spinal cord lesion are dependent on manual evacuation (the digital removal of faeces) as their routine method of bowel care. Evidence shows that failing to support such individuals can place them at risk of developing autonomic dysreflexia. This is a syndrome unique to people with a spinal cord lesion and is considered a medical emergency with potential damaging outcomes such as cerebral haemorrhage, seizures and cardiac arrest.

Action for the NHS

The NPSA recommends NHS acute trusts take the following actions to reduce the risk of autonomic dysreflexia:

- 1 have a policy for manual bowel evacuation based on guidelines such as the Royal College of Nursing's Digital Rectal Examination and Manual Removal of Faeces: Guidance for Nurses (April 2004)¹;
- 2 make sure that nursing staff in all care areas are aware of:
- the risks associated with these patients developing constipation or an impacted bowel;
- the potential harmful outcomes of developing autonomic dysreflexia;
- how to access staff able to undertake a manual evacuation.
- 3 make sure experienced healthcare staff are available at all times to undertake and teach the procedure;
- 4 recognise that these patients are experts in managing their bowel care.

For the attention of all NHS acute and community trusts (including foundation trusts)in England and Wales:

For action by:

• Directors of nursing in acute care

For information to:

• Directors of nursing and/or lead nurses in primary care organisations and local health boards

For dissemination by directors of nursing to:

- Modern matrons
- Nurse managers
- Relevant specialist nurses
- Continence advisors
- PALS leads
- Risk managers

Disseminated by the NPSA to:

• Nursing leads in strategic health authorities in England and regional offices in Wales

- Royal College of Nursing
- Spinal Injuries Association
- Association of Continence Advice
- British Association of Spinal Cord Injury Specialists
- Multi-Disciplinary Association of Spinal Cord Injury Professionals
- Spinal injuries centres in England and Wales
- Community health councils in Wales
- Independent Healthcare Forum
- Independent regulator for NHS foundation

Patient safety information 01

Bowel care for people with established spinal cord lesions



Page 2 of 2

Background

Manual evacuation, or the digital removal of faeces, is rarely undertaken as a method of bowel care in NHS acute trusts and is unfamiliar to many nurses. People with established spinal cord lesions experience loss of normal bowel function and control as a direct and permanent consequence of nerve damage. Many are dependent on manual evacuation as their essential and routine method of bowel care. Not meeting this care need could be a breach of the Nursing and Midwifery Council Code of Conduct.

It can be harmful, and even life-threatening, to deviate from these patients' routine method of bowel care which will have been established with their specialist spinal injuries centre. The patient, their carer or spinal injuries centre should be consulted if an alternative method of bowel care is being proposed.

There can be serious implications if the bowel becomes distended due to constipation or impaction. This is one of the most common causes of autonomic dysreflexia (severe hypertension) amongst people with established spinal cord lesions². Autonomic dysreflexia usually occurs in people with a spinal cord lesion above the level of the sixth thoracic vertebra. If left unresolved autonomic dysreflexia could have damaging outcomes such as cerebral haemorrhage, seizures and cardiac arrest.

Next steps

The NPSA, with the Spinal Injuries Association, is developing a support card that patients can give to healthcare staff. It explains that the patient will require manual evacuation and directs staff to their trust's policy, the Spinal Injuries Association's website and the NPSA's website.

- ¹ Digital Rectal Examination and Manual Removal of Faeces: Guidance for Nurses, Royal College of Nursing, April 2004
- ² Karlsson A K, *Autonomic dysreflexia*, Spinal Cord (1999) 37, 383-391

Further details

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This patient safety information is written in the following context:

It represents the view of the National Patient Safety Agency, which was arrived at after consideration of the evidence available. It is anticipated that healthcare staff will take it into account when designing services and delivering patient care. This does not, however, override the individual responsibility of healthcare staff to make decisions appropriate to local circumstances and the needs of patients and to take appropriate professional advice where necessary.

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