NHS Improvement

Patient Safety Alert

Resources to support safer bowel care for patients at risk of autonomic dysreflexia

25 July 2018

Alert reference number: NHS/PSA/RE/2018/005

Resource Alert

Patients with spinal cord injury or neurological conditions may have neurogenic bowel dysfunction, which often means they depend on routine interventional bowel care, including the digital (manual) removal of faeces (DRF).

Some of these patients, especially those with spinal cord injury above T6, are particularly susceptible to the potentially life-threatening condition autonomic dysreflexia, which is characterised by a rapid rise in blood pressure, risking cerebral haemorrhage and death. A small number of patients who have had a severe stroke or who have severe forms of Parkinson's Disease, multiple sclerosis, cerebral palsy, or spina bifida may also be susceptible to autonomic dysreflexia.

Autonomic dysreflexia can be caused by non-adherence to a patient's usual bowel routine or during or following interventional bowel care. For all of these patients, bowel care is vital for their health and dignity.

Patients have made NHS Improvement aware of difficulties ensuring their regular bowel care is provided when they come into hospital or mental health units, or access other NHS care such as community care. For example, one patient said:

"Despite explaining my situation, I had to wait eight days for an enema. I'd had shoulder surgery so couldn't do it myself. Had the beginnings of autonomic dysreflexia."

A search of the National Reporting and Learning System (NRLS) over a four-and-a-half-year period identified 61 reports of significant delays in providing DRF or an appropriate alternative, including three cases of autonomic dysreflexia. Reports came from acute hospitals, community services and care homes.

The key issues appeared to be a lack of staff with the training and experience to perform DRF (particularly as opportunities to learn and practice are limited outside of spinal injuries units and community teams who regularly undertake this procedure), or an inability to identify staff with the appropriate training.

The search also indicated:

- unclear local policies stating who could perform DRF, including the patient's carers or healthcare professionals from another provider
- lack of knowledge of relevant clinical guidance
- uncertainty over requirement for and provision of training
- uncertainty over using alternative methods of bowel management
- a mistaken belief that this type of care constitutes assault.

Despite a previous Patient Safety Alert,[1] national clinical guidance,[2,3] profession-specific guidance[4,5,6,7] and patient resources,[8] issues persist that cause patients distress and can put them at risk of severe harm or death. Providers have indicated that additional resources to develop and maintain staff skills in this area would be helpful. This alert provides links to a range of resources[9] to support safer bowel care for patients at risk of autonomic dysreflexia, and highlights the publication of NHS England's Excellence in continence care guidance 2018[10] which addresses how providers can overcome implementation challenges.

Actions

Who: All providers of NHS-funded inpatient and community healthcare*

When: To begin as soon as possible and be completed by 25 January 2019

1. Identify an appropriate clinical leader to co-ordinate implementation of this alert.
2. Using the resources referred to in this alert, review your local clinical policy and guidance relating to bowel assessment and management.
3. Review your local education and training provision for interventional bowel management, and develop an action plan to ensure patients have adequate and timely access to staff who are appropriately trained to carry out these procedures, including in the evening and at weekends.
4. Share your reviewed local guidance, advice on how to identify staff who can provide DRF, and the key messages in this alert with medical, nursing and other relevant clinical staff.

*GP's would not be expected to lead on policy/training actions but should be aware of the need to act quickly, and appropriately escalate care for affected patients.

Sharing resources and examples of work

If you are aware of any resources or examples of work developed in relation to this alert that you think would be useful to others, please share them with us by emailing patientsafety.enquiries@nhs.net

See page 2 for references, stakeholder engagement and advice on who this alert should be directed to.

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NRLS search dates and terms

The NRLS was searched for incidents occurring on or after 13 May 2013 if reported by 19 May 2016, and this search was updated for incidents occurring on or after 13 May 2013 if reported between 19 May 2016 and 1 December 2017, using the search terms [%stool% or %faeces% or %bowel%] AND [%manual% or %digital%] AND [%remov% or %evac%]. This combined search yielded 61 relevant reports describing difficulties providing appropriate bowel care, including three incidents where autonomic dysreflexia had occurred.

References

1. National Patient Safety Agency 2004 Patient briefing and patient information notice 'bowel care for patients with established spinal cord lesions' http://webarchive.nationalarchives.gov.uk/20171030124321/http://www.nrls.npsa.nhs.uk/resources/?entryid45=59790&p=16
2. National Institute for Health and Care Excellence clinical guideline 2014 [CG49] Faecal incontinence in adults: management https://www.nice.org.uk/guidance/cg49
3. National Institute for Health and Care Excellence quality standard 2014 [QS 54] Faecal incontinence in adults https://www.nice.org.uk/guidance/qs54
4. British Association of Spinal Cord Injury Specialists (BASCIS), Multidisciplinary Association of Spinal Cord Injury Professionals (MASCIP), Spinal Injuries Association (SIA) 2014 Statement on Autonomic Dysreflexia https://www.spinal.co.uk/wp-content/uploads/2018/06/Statement-on-Autonomic-Dysreflexia-2017.pdf
5. Royal College of Nursing 2012 Management of lower bowel dysfunction, including digital rectal examination and digital removal of faeces. https://www.rcn.org.uk/professional-development/publications/pub-003226
6. Nursing and Midwifery Council 2018. Future nurse: Standards of proficiency for registered nurses https://www.nmc.org.uk/globalassets/sitedocuments/education-standards/future-nurse-proficiencies.pdf
7. Multidisciplinary Association of Spinal Cord Injured Professionals 2012 Guidelines for management of neurogenic bowel dysfunction in individuals with central neurological conditions http://www.mascip.co.uk/wp-content/uploads/2015/02/CV653N-Neurogenic-Guidelines-Sept-2012.pdf
8. Spinal Injury Association 2013 Patient and professional resources https://www.spinal.co.uk/wp-content/uploads/2017/05/Autonomic-Dysreflexia.pdf
9. NHS Improvement 2018, Resources to support safer bowel care for patients at risk of autonomic dysreflexia webpage https://improvement.nhs.uk/resources/resources-to-support-safer-bowel-care-for-patients-at-risk-of-autonomic-dysreflexia
10. NHS England (updated 2018) Excellence in continence care framework https://www.england.nhs.uk/publication/excellence-in-continence-care/

Resources

- The resources to support the implementation of this Alert are available on the NHS Improvement website https://improvement.nhs.uk/resources/resources-to-support-safer-bowel-care-for-patients-at-risk-of-autonomic-dysreflexia

Stakeholder engagement

- Royal College of Nursing Continence Forum
- NHS England Excellence in Continence Care Committee
- The Spinal Injuries Association
- National Patient Safety Response Advisory Panel (for a list of members and organisations represented on the panel, see improvement.nhs.uk/resources/patient-safety-alerts/)

Advice for Central Alerting System officers and risk managers

This alert is particularly relevant to all healthcare services where patients with existing spinal cord injury may need care for other conditions, and is likely to include community nursing services and mental health inpatient units, as well as acute hospitals for adults and children, and care homes.

This alert requires central co-ordination of a revision to local policies and training, so should not be widely circulated until these have been developed.

If you are unsure who to direct this alert to, your local continence nurse specialist will be able to signpost the medical, nursing and allied health professional staff and educational leads who will coordinate local implementation of this alert.