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| Title of Document | Bisacodyl Solution | | |
| Name of Department | Clinical Team | | |

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| What type of document is this? | Work Instruction (WI) | This is a simple guide to follow in order to complete a particular task | |
| Which Helping Hands policy/SOP does this WI relate to? | N/A | Index number of policy/SOP | N/A |

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| Which Operational Priority/Priorities does this document link to? | Governance Framework | Superior Client Care | People, Performance & Culture | Business Growth |
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| Custodian of document | Clinical Team | Committee/Group responsible for this document | Quality & Governance Committee | |
| Approval date and committee chairperson signature | 24.10.23 | When is its next scheduled review? | 24.10.26 | |

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|------------------------------|--------------------------------|-----|--------------------------------|----|---|
| Who does it apply to? | All staff working with clients | | | | |
| | Does it apply to bank workers? | Yes | Does it apply to agency staff? | No | Does it apply to third party contractors? |

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| Purpose of the Work Instruction | To ensure that all staff who work with customers have competency and knowledge to deal with Bisacodyl Solution | | | | |
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Bisacodyl Solution Work Instruction

1.0 Purpose

Bisacodyl solution is a stimulant laxative which aids emptying of the bowel. It works by increasing the activity of the Colon to produce a bowel movement. The required amount is administered into the rectum using a rocket rectal syringe.

It is paramount to remember that we at Helping Hands can only facilitate prescribed Bowel treatment. We cannot administer “Over the counter” products without a prescription.

2.0 Process

- 2.1 Explains procedure and gains consent from the customer, or undertakes best interest assessment if appropriate. Communicates with the customer throughout the procedure to ensure they feel comfortable and involved in all aspects of their care.
- 2.2 Checks the customers' history within the Activities to understand their Bowel Activity history.
- 2.3 Maintains customers privacy and dignity, closing doors and curtains, assisting to loosen clothing that ensures they are covered where possible.
- 2.4 Assists customer to lie on left side, knees flexed, buttocks near edge of the bed, if possible.
- 2.5 Places disposable pad/incontinence sheet or towel underneath customers' buttocks to protect the bed.
- 2.6 Carer washes their hands and puts on non-sterile gloves and apron.
- 2.7 Draws up the prescribed dose of solution into a rocket tipped syringe, warming the solution to body temperature in accordance with the manufacturers' guidelines.
- 2.8 Places some lubricating gel on nozzle of syringe, expels excessive air from the syringe prior to administration
- 2.9 Separates the customers' buttocks and inserts the solution into the rectum as per manufacturers' guidelines.
- 2.10 Slowly introduces the solution and once instilled, slowly withdraws the syringe.
- 2.11 Cleans and dries anal area.
- 2.12 Disposes of used equipment, double bagged into the household waste.
- 2.13 Wash hands with soap and water or decontaminate hands using alcohol-based hand gel.
- 2.14 Ideally the customer should lie down for around 30 minutes to let the solution take effect.
- 2.15 Once this has been done, carer needs to assist the customer to the toilet, how appropriate for them. Prior to this Carer washes their hands and puts on non-sterile gloves and apron.



- 2.16 Following this, again, disposes of used equipment, double bagged into the household waste.
- 2.17 Wash hands with soap and water or decontaminate hands using alcohol-based hand gel.
- 2.18 Completes the customers' eMAR.
- 2.19 Documents the outcome of the procedure within the Activities log, uses the Bristol Stool Chart for guidance.
- 2.20 Reports any issues as appropriate, to the customer, the customers' Health Care Professional, Helping Hands Manager; whilst also completing an Accident and Incident form.

3.0 Training

This intervention is a Nurse Led intervention only. Training is to be completed using online resources on the Helping Hands company Workspace training platform "LMS" and a face-to-face competency sign off with the customers' Registered Nurse. From which, a Tac form needs to be completed, if this cannot be obtained, please consult your Regional Clinical Lead Nurse or the Clinical Team within Helping Hands who will facilitate the training and sign off.

Note – Equality Impact Assessments are not required for Work Instructions

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| What was the previous version number of this document? | Version 01 | |
| Changes since previous version | Amendments to 2.0 | |
| Author of the document | Clinical Team | |
| Who was involved in developing / reviewing/ amending this work instruction? | Clinical Nursing Team | |
| How confidential is this document? | Public | Can be shared freely within and outside of Helping Hands |

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| Associated Documents | Training & Competency Form – Academy |
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Controlled Document

