

Title of Document	Bisacodyl Solution
Name of Department	Clinical Team

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

Which Operational Priority/Priorities does this document link to?	Governance Framework	Superior Client Care	People, Performance & Culture	Business Growth

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

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?	No

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 aides 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***

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

Associated Documents	Training & Competency Form – Academy
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Controlled Document