

(place patient label here)

Patient

Name: _____



PROVIDER ORDERS

Order Set Directions:

- > (✓) - Check orders to activate; Orders with pre-checked box will be followed unless lined out.
- > Initial each place in the pre-printed order set where changes such as additions, deletions or line outs have been made
- > Initial each page and Sign/Date/Time last page

Diagnosis: _____
Allergies with reaction type: _____

REHAB AREFLEXIVE BOWEL PROTOCOL

Version 6 [6/5/2019]

Spinal cord injury involving sacral segments produces areflexic or LMN bowel in which no spinal cord mediated reflex defecation can occur.

- Do not change any elements of program until 3 to 5 cycles complete
- Keep stool firm for easy manual removal
- May require up to twice daily bowel care for continence

Nursing Orders

- Encourage Fluids
- Nutrisource Fiber
Supplement Frequency: TID
Number of Scoops: 2
Additional Instructions: Orally
- Manual Bowel Program
 - Have patient void prior to start of procedure
 - Position left side-lying or upright
 - Water soluble lubricant for manual evacuation

Medications

bisacodyl (DULCOLAX)

- 10mg orally 8 hours before scheduled Manual Bowel Program
- 10mg rectally PRN Constipation

Fleets Enema

- PRN constipation

Provider Signature: _____ Date: _____ Time: _____