**ICU Fecal Management System (FMS) Orders (Flexi-Seal®)**

<table>
<thead>
<tr>
<th>Items with check boxes must be selected to be ordered</th>
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**Date:** __________________________  **Time:** __________________________  **RN/LPN Initials:** __________________________  **Comments:**

**Contraindications:**

- Stool soft, pasty, hard or formed
- Suspected or confirmed fecal impaction
- Sensitivity or previous allergic reaction to product components (i.e. silicone)
- Rectal or lower large bowel surgery within the last year
- Inadequate anal tone to retain device
- Suspected or confirmed anal/rectal mucosal impairment or injury
- Rectal or anal tumour, stricture or stenosis
- Hemorrhoids (of significant size and/or symptomatic)
- Age less than 18 yrs
- Coagulopathy (platelets less than 50 x10^9/L, or INR greater than 1.5, or PTT greater than 2X control value)
- Neutropenia (neutrophils less than 1x10^9/L)
- Patient is ambulatory or sitting out of bed
- Patient is C. difficile positive and at risk for perforation or toxic megacolon

**If any of the above contraindications are present, do not insert FMS**

**Indications for use:**

Select one of the following indications.

- **To contain infectious** stool (i.e. *C. difficile* associated diarrhea) within a closed drainage system in order to minimize the risk of spread of infection. (Exception: patient at risk for perforation or toxic megacolon)

- **To prevent** skin breakdown or exacerbate existing skin breakdown in the presence of ongoing diarrhea (Definition: greater than 3 loose/liquid stools or 300 mL over the past 12 hours) that persists for greater than 48 hours.

___________________________  ________________  _____________
Prescriber’s Signature  Printed Name  College ID

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729  ICUFMS  Jun-09
**ICU FECAL MANAGEMENT SYSTEM (FMS) ORDERS**

*(FLEXI-SEAL®)*

(items with check boxes must be selected to be ordered)

**PRE-INSERTION:**

- Obtain abdominal x-ray to rule out constipation/impaction
- RN to perform digital rectal exam:
  - To rule out fecal impaction
  - To test for anal sphincter muscle tone (if decreased or absent, do not insert FMS)
  - To rule out stricture
- Discontinue ICU Bowel Protocol
- Remove any rectal devices (i.e. rectal probe) and do not insert any rectal medications while FMS is in place

**POST-INSERTION:**

- Monitor position of black indicator line Q6H and document on flow sheet as per FMS Clinical Practice Document (CPD). If needed, reposition FMS as per CPD.
- Document stool output Q6H (mark stool collection bag with black marker and record output on flow sheet)
- Notify MD if any of the following occur:
  - Persistent rectal pain
  - Rectal bleeding
  - Abdominal distention and/or pain
  - Decreased or absent anal tone
- Notify MD and discontinue FMS if:
  - Stool is soft, semi-formed, solid, or less than 300 mL in 12 hours
  - FMS has been in situ for 29 days
- Upon transfer to ward consult WOCN

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**Prescriber’s Signature**

**Printed Name**

**College ID**