

Leamington Mennonite Home  
Long Term Care

POLICY AND PROCEDURE

<b>CATEGORY:</b> Nursing	<b>SUBJECT:</b> Disimpaction Procedure	<b>SECTION:</b> D
<b>DATE:</b> February 1995	<b>Administrator:</b> _____ <i>J. M.</i>	<b>POLICY:</b> 4
<b>REVISION DATES:</b> November 2012	<b>Director of Care:</b> _____ <i>Cheryl Allick</i>	

DISIMPACTION PROCEDURE

**POLICY:**

Under certain circumstances, it may be necessary to follow the procedure for disimpaction for assessment and comfort due to constipation and/or impaction.

**PROCEDURE:**

1. Explain the procedure to the resident.
2. Gather the necessary materials:
  - a. Vinyl gloves
  - b. Toilet tissue
  - c. Bedpan with cover
  - d. Lubricant
  - e. Under pad.
3. Wash hands.
4. Provide privacy, turn the resident on his/her side.
5. Place blue pad under the resident.
6. Expose buttocks by folding up the gown and pulling the sheet down.
7. Place the bedpan and toilet tissue within easy reach.
8. Examine rectally for impaction.
9. Reassure the resident. Seek assistance if necessary.
10. Don gloves, use lubricant on the index finger and gently insert into the anus. The index finger should follow the wall of the rectum. When fingers come in contact with feces, note consistency. Move finger into lower portion of the fecal mass.
11. Break up and remove impaction, as much as you can reach.

12. Remove soiled gloves and place them in paper towel.
13. Place the resident on the bedpan.
14. If this is unsuccessful, give a suppository, enema or laxative as per orders and protocol.
15. Provide peri – care for the resident. Remove the blue pad. Position the resident comfortably.
16. Raise the siderails if necessary.
17. Ventilate and spray room with deodorizer.
18. Observe characteristics of the stool.
19. Remove and clean or dispose of used items.
20. Report to the Registered Staff: the characteristics of the stool and any further procedures, i.e. enema.
21. Wash hands.
22. Record results on the flow sheet.