



- Only staff trained by an Appropriately Qualified Health Professional (AQHP) can perform this procedure.
- Ensure that the person’s staffing preference, as detailed in their Personal Care Plan, is applied to this procedure.
- This procedure should be read in conjunction with the [NDIS LWB 5600 High Intensity Daily Personal Activities - Procedure](#), [NDIS LWB 5501 Health and Wellbeing - Procedure](#), [NDIS LWB 5531 Personal Care - Plan](#) and in consultation with the person or their HIDPA Complex Bowel Care Plan.

This information is intended as a guide only and may not be appropriate in all circumstances – instructions from an AQHP should be followed.

The AQHP is to provide training in any required complex bowel care, and that is in the scope of practice of a Disability Support Worker (DSW).

## Digital Stimulation Procedure

### Check

- Check the person’s Complex Bowel Care Plan – the duration and frequency of digital stimulation depends on the person’s needs and must be detailed in their Complex Bowel Care Plan.
- Explain the procedure to the person and ask for their consent.
- Ask the person when their last bowel movement occurred. Then, confirm the information against the person’s bowel chart.

### Support

**Autonomic Dysreflexia – This is a medical emergency, immediately call an Ambulance (000) and follow the person’s care plan to alleviate symptoms. Do not leave the person alone.**

In Spinal Cord Injury, Autonomic Dysreflexia can be related to Bowel: constipation, a full bowel, haemorrhoids, or other rectal irritations.

Symptoms include:

- Severe, pounding headache
- High blood pressure
- Sweating above the level of injury
- Goose bumps above the level of injury
- Red blotches above the level of injury (face, neck, arms)
- Stuffy nose

- Anxiety and apprehension

**Seek Medical attention if any of the following occur:**

- Rectal bleeding
- Pain in the chest
- Changes in bowel routine
- Blood in stools
- Haemorrhoids may feel like small grapes, and they may bleed during bowel care.

**No Bowel Movement**

Check the bowel chart. The bowel may be empty if there has been a spontaneous bowel movement since the last digital stimulation. Seek medical advice if there has been no bowel movement for 3 days.

**Seek medical advice** if the person's stomach is distended or is uncomfortable, vomiting or has a headache.

**Diarrhoea**

Overstimulation of the bowel can result in diarrhoea. If diarrhoea occurs, stop the procedure.

The person should stay close to a toilet for about an hour or until diarrhoea stops.

If diarrhoea persists, **seek medical attention.**

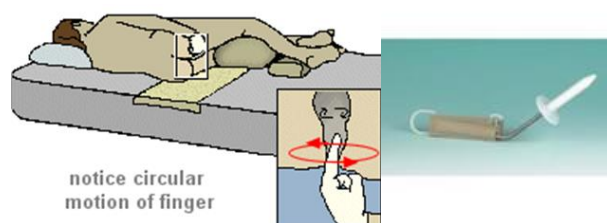
- Long or artificial nails increase the risk of damage or rupture to the bowel. Therefore, all LWB staff who administer digital stimulation support must have their fingernails cut to no longer than the end of their fingertips.
- PPE for digital stimulation includes two (2) pairs of gloves. This is known as double gloving.
- Follow [NDIS LWB 5507 Let's Talk About PPE for Support Activities](#) to ensure the correct personal protective equipment (PPE) for this procedure and follow hygiene and infection control procedures.
- Double-check the bowel chart to ensure digital stimulation is given on the correct day.
- Gather 2 pairs of gloves and lubrication, a dill stick (if used) and a small bag for disposal of gloves, towel or disposable sheet for over the bed, toilet paper or toilet wipes.
- Wash your hands and put on two (2) pairs of gloves. This is known as double gloving. Perform the procedure in an area with privacy.
- Actively involve the person in their support, as outlined in their plan, and to their chosen level.
- Assist the person in removing any necessary clothing.

- Position the person in the correct position for the procedure. For example, some people may have a procedure while lying down. Others prefer to sit on their commode over the toilet during the procedure.

### **Performing the Procedure on the Person's Bed**

- Place a protective disposal sheet underneath the person.
- Ask the person to lie on their left-hand side with their knees drawn up towards their chest, their feet pushed forward, and their anus exposed.
- Or, if required, position the person.
- Look for abnormalities, including bruising, pressure injury, skin tags and haemorrhoids.
- Apply a moderate amount of lubricant to your index finger and perform a rectum check to see if there are faeces in the rectum that requires removal. If faeces are present, proceed with digital stimulation.
- Take off the outer gloves and dispose of them.
- Apply a large amount of lubricant to the index finger or the dill stick and gently insert your finger or the dill stick into the rectum just past the sphincter muscle.
- Gently rotate your finger or the dill stick in a circular motion for 20 -30 seconds.
- Extract your finger or the dill stick.
- This procedure can be repeated up to three times at 10 to 15-minute intervals. The medical professional may direct more repetitions.
- Remove and place the soiled disposable sheet in a bag and seal.
- Remove and dispose of the gloves, wash and dry your hands and put on clean gloves.
- Perform toilet hygiene with the person and ensure the person is clean and comfortable.
- Assist the person in dressing and make them comfortable.
- Remove and dispose of the gloves and bagged soiled disposable sheets as required.
- Wash and dry your hands.

### **Digital Stimulation**



**Dill Stick**

### **Performing the Procedure on the Commode**

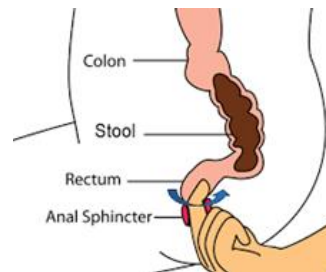
- Transfer the person onto their commode in the bathroom near the toilet.
- Position yourself beside or behind the commode. Again, remember safe movement and positioning.

### Safe Positioning for Staff



- Look for abnormalities, including bruising, pressure injury, skin tag and haemorrhoids.
- Check to see if faeces in the rectum require removal. Procedure with digital stimulation.

### Digital Stimulation



- Take off the outer gloves and dispose of them.
- Apply a large amount of lubricant to your index finger or the dill stick and gently insert your finger or the dill stick into the rectum just past the sphincter muscle.
- Gently rotate your finger or dill stick in a circular motion for 20 -30 seconds.
- Extract your finger or the dill stick, leave the person (if it is safe to do so), and position the commode over the toilet.
- This procedure can be repeated up to three times at 10 to 15-minute intervals. The medical professional may direct more repetitions.
- Remove and dispose of the gloves, wash and dry your hands and put on clean gloves.
- Perform toilet hygiene with the person.
- Remove and dispose of the gloves and wash and dry your hands.
- Assist the person in dressing and make them comfortable.



### Report

- Document bowel movement results and observations in the [NDIS LWB 5590 Bowel Movement - Recording Chart](#) using the [Bristol Stool Chart](#) as a guide.
- Record any abnormalities, including bruising, pressure injury, skin tags and haemorrhoids, in progress notes and organise a medical review of any abnormalities. See the [NDIS LWB Responding to Unexplained Bruising Suspicious Mark or Injury – Procedure](#).

- Report any concerns or issues related to the person’s bowel care immediately to the Disability Support Leader<sup>1</sup> or On Call.

## **For Further Guidance and Advice**

Please contact the AQHP who developed the person’s HIDPA Complex Bowel Care Plan.

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<sup>1</sup> All references to Disability Support Leader (DSL), includes all Frontline Leadership roles, such as House Supervisor.