

## NURSING PROTOCOL AND PROCEDURES

Procedure: Seating Protocol	Subject: Seating for toileting
Performed by: RN, DSP, Caregivers	Date Written: August 2019 Prepared By:

**General:** As caregivers, we need to ask how we can best facilitate the ability of Mary to use the toilet for effective bowel and bladder elimination. Provide opportunities for active participation and increased independence in toileting routine. Providing Mary with a feeling of stability on the toilet is key to this process.

After the transfer from wheelchair to toilet, positioning is important. Adaptations are usually necessary to accommodate for lack of muscle tone and lack of postural control while ensuring that Mary is stable, comfortable, and positioned in the best possible way for effective elimination. Without optimal positioning, Mary may not be able to completely empty her bowel and bladder, putting her at an increased risk for urinary tract infections, constipation, and other complications.

Mary is best supported in toileting if she is taken at the same times daily. First thing of the morning upon waking, after her breakfast G-Tube feed, after lunch, 3pm, 5pm, and bedtime. Mary is also asked hourly if she needs to toilet.

### Procedure:

1. Prepare the toilet, put a hat to catch the elimination. (Remember, Mary is on I/O charting and BM charting.) Most people will urinate also when a bowel movement occurs.
2. Prepare Mary to be transitioned from her wheelchair to the toilet. Pants and brief are lowered, a hoyer sling is placed under her in preparation to lift her. This procedure requires two staff to assist Mary onto the toilet. Once Mary is securely placed on toilet, only one staff need stay with her.
3. Using the Hoyer lift, lower Mary to the toilet seat. The recommended basics include a firm base of support with the feet planted. She has a step stool that is kept in the cabinet to elevate her knees higher than her hips. This helps facilitate better bowel and bladder elimination by mimicking the squatting position.
4. Help Mary to a forward leaning position of the shoulders and upper extremities (as when holding on to or leaning against an anterior support) facilitates better head and trunk control and stability.

5. Mary needs to feel stable, comfortable, and relaxed on a toilet. Comfort is important because it takes time to complete the toileting task. Do not rush Mary, it can take anywhere from 5 to 45 minutes.
6. Monitor Mary's facial expression for discomfort or pain. Notify nurse if Mary is grunting, straining, red faced. Notify nurse if Mary's stomach appears bloated/distended. Notify Nurse if no BM occurs for three days, according to physician orders.
7. Once elimination is complete, Mary is cleaned. Any skin irritation or breakdown is reported to the nurse. Barrier cream is applied as ordered.
8. Second staff returns to help with transferring Mary back into her chair. Clothes and brief are replaced.
9. Chart the BM following the Bristol Stool Chart.

Approved

by/date: \_\_\_\_\_  
physician

Read/Trained by Staff:

Date:


**Nurse Providing Training:** \_\_\_\_\_

