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|   | **Risk Assessment Management Plan – Constipation Risk Assessment** |

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| **RISK ASSESSMENT** |
| **Name** |  | **Reference Number** |  |
| **Identified Risk** | Risks of constipation  |
| **Assessment Date** |  |
| **Risk Factors** | **Likelihood** | **Severity** |
| Rare | 1 | None / Trivial | 1 |
| Unlikely | 2 | Minor / No Injury | 2 |
| Likely | 3 | Moderate / First Aid | 3 |
| Very Likely | 4 | Severe / Medical assistance | 4 |
| Almost Certain | 5 | Extreme / Fatal | 5 |
| **Risk Matrix** | **=** | **Severity** |
| **Likelihood** | **1** | **2** | **3** | **4** | **5** |
| **1** | 1 | 2 | 3 | 4 | **5** |
| **2** | 2 | 4 | 6 | 8 | 10 |
| **3** | 3 | 6 | 9 | 12 | 15 |
| **4** | 4 | 8 | 12 | 16 | 20 |
| **5** | 5 | 10 | 15 | 20 | 25 |
| **Risk Level and Action** | **Level** | **Action** |
| 1 – 4 | NO CURRENT RISK | No further action, but ensure controls are maintained and monitored |
| 5 – 9 | LOW RISK | Develop management plan and review quarterly |
| 10 – 16 | MEDIUM RISK | Develop management plan and review monthly |
| 16+ | HIGH RISK | Develop management plan and review subject to each occurrence |
| **Assessment Summary** |  |
| **Author(/s)** | **Print Name** | **Position / Relation** | **Signature** |
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| **RISK MANAGEMENT PLAN** |
| **Purpose** | The purpose of this risk management plan is to identify the risks and measures to be taken to minimise risks associated with Constipation.  |
| **Proactive Measures** | **The following risks need to be considered for people with a history of or who are considered to be at risk of constipation.** * Insufficient quantities of fibre and water in meals
* Changes in diet or normal activities
* Physical inactivity
* Holding stool for long periods even with the urge
* Medication and known medical history that may lead to bowel problems
* Abdominal pain and fever
* That the last bowel movement was more than 3 days ago
* Leaking stool
* Recurrent bleeding from the rectum
* Vomiting occurs and the vomitus has a bright yellow or green coloration (bile)
* Vomiting and swelling or unusual abdominal distention
* Severe pain in the rectum
* Melaena or black/tarry stool
* There are no bowel movements at all
* Skin integrity

**Action to be taken to minimise the risk of constipation:*** Care plan with clear staff guidance.
* Increase fluids and fibre rich diet with recommended amounts.
* Document 24-hour food and fluid intake
* Increase activity if possible
* Review medication with GP
* Give aperients if prescribed and PRN protocols in place as applicable with staff guidance.
* Monitor bowel movements and document using Bristol stool chart.
* Note any health issues such as bleeding and report to GP
* Notify GP if no bowel movements at all and document advice.
* Awareness of normal toileting habits.
* Mobility issues
* Care of the skin
 |
| **Individual Risk Measures and specific guidance**  | *You may want to include some of the following: (this list is not exhaustive)* *Terminology by client used to request the toilet and description of bowel habits**Cognitive awareness**Consent for any internal examinations**Consent for enema / suppository if prescribed**Assistance required for mobility issues**Continence aids used**Topical applications used and skin integrity issues noted**Note regular toileting*  |
| **Author(/s)** | **Print Name** | **Position / Relation** | **Signature** |
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| **Cosignatories** **(Staff Team)** | **Print Name** | **Position / Relation** | **Signature** |
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|  | **RISK ASSESSMENT REVIEW**  |  |
| **Date** | **Notes** | **Name & Signature** |
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