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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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