

Appendix 1 - Faecal Management System (FMS) Pre-Insertion Checklist

Patient ID label

Date:

Person undertaking assessment:

You need to be able to answer True to **ALL*** of the questions below in order to use the Flexi-Seal Faecal Management System

Faecal Management System (FMS) Assessment	True / False
1. The patient is incontinent with liquid or semi-liquid stool (type 6 / 7 as per Bristol Stool Chart)	
2. The patient is over 18 years of age	
3. The patient is not sensitive or known to have had allergic reactions to any component within the kit i.e silicone	
4. The patient has not had lower large bowel or rectal surgery within the last twelve months	
5. The patient does not have suspected or confirmed rectal mucosal impairment	
6. The patient does not have any rectal or anal injury	
7. The patient does not have a confirmed rectal/anal tumour or stenosis or stricture	
8. The patient does not have haemorrhoids of significant size and/or symptoms	
9. The patient does not have faecal impaction (perform PR check)	
10. The patient does not have any in-dwelling or anal device (e.g. thermometer) or delivery mechanism (e.g. suppositories or enemas in place)	
11. The patient does not have a spinal cord injury*	
<p>*If you have answered FALSE to statement 11 (i.e. the patient does have a spinal cord injury), please seek advice from the spinal unit. FMS is contraindicated in patients with spinal cord lesion at T6 or above because of the risk of autonomic dysreflexia.</p>	
<p>Patient consent:</p> <p>Consultant / Registrar consent (sign & print):</p> <p>Senior Nurse consent (sign & print):</p> <p>Inserted by (sign & print):</p>	