

FOR CHART

PATIENT SELECTION CRITERIA FOR STOOL MANAGEMENT SYSTEM (SMS)

Patient Selection Parameters for SMS Use: (Check All That Apply)

- Adult Use Only
- Rectal Tone: Confirmed by Digital Rectal Exam
- Fecal Impaction: Absent
- Stool Frequency: 3-6 Stools in 24 hrs
- Stool Consistency: Semi-Liquid to Liquid
- Stool Culture: Positive for *C. difficile*
- Braden Scale Score: ≤ 14
- IAD* Risk Level: High Risk to Severe IAD

*Incontinence-Associated Dermatitis

CONTRAINDICATIONS for SMS Use (Check All That Apply)

If Any Box Checked DO NOT PROCEED

- Previous uninterrupted use of SMS for the past 29 days
- Known sensitivity or allergy to any system components
- Lower large bowel or rectal surgery within last year
- Patients with any rectal or anal injury, stricture, stenosis, tumor, severe hemorrhoids or fecal impactions
- Suspected or confirmed rectal mucosal impairment
- Indwelling rectal or anal device, delivery mechanism or enemas in place

Have You?

- Obtained order from physician/provider
- Reviewed device warnings, precautions and instructions for use?
- Explained procedure to patient/family member and provided education

Date/Time _____
Initials _____
Signature _____

FOR DEVICE/BAG CONNECTOR

Insertion



Date _____
Time _____
Initials _____

Device removed after 29 consecutive days



RIGHT PATIENT

Quality indicator to confirm selection criteria met and no contraindications are present

Peel and place sticker where indicated on Date/Time label for device



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