ZERO-IN™

COMPREHENSIVE CLINICAL SOLUTIONS PROGRAM

Fecal Incontinence Risk Based Intervention Table

Treat the underlying cause of the fecal incontinence as appropriate
Ensure no contraindications or warnings apply or selected interventions
Consult physician or multi disciplinary team providers as needed

FI Management Parameters	Risk Level for Developing Complications Associated with FI		
	At Risk	Moderate Risk	High Risk
Fecal Containment/ Moisture	Adult Incontinence Briefs	External Fecal Containment Device (FCD) or Indwelling Stool Management System	Indwelling Stool Management System (SMS)
	Utilize moisture absorbent underpads		
Friction/Shear	Maintain HOB <30 degrees; Limit bed linens and keep linens wrinkle-free		
	Utilize draw sheet and appropriate assistive devices for lifting and repositioning as needed		Position semi-prone BID Low air loss mattress/overlay
Remobilization	Maintain proper body alignment		
	Implement turn schedule		Increase Turn Schedule frequency
Skin Care	Inspect skin every shift and clean after every incontinent episode with no-rinse cleanser, then apply moisturizer to soothe and moisture barrier/protectant to protect skin. Treat open skin with Zinc Oxide moisture barrier and non-adherent dressing per facility policy		
Hydration/Nutrition	Maintain fluid intake; Increase calorie/protein intake; Vitamin supplements as needed		
Positive Infectious Agent	Implement appropriate isolation procedures per facility policy Administer antimicrobial agents as prescribed		

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Indications: The BARD® DIGNISHIELD® Stool Management System (SMS) with odor barrier properties is intended for fecal management by diverting and collecting liquid or semi-liquid stool in bedridden patients and to provide access for the administration of medications.

Contraindications: The device should not be used for more than 29 consecutive days, on patients with certain medical conditions including rectal or anal abnormalities, or on patients who have had lower large bowel or rectal surgery within the last year. Do not use on patients with indwelling rectal or anal device, delivery mechanisms, or enemas in place.

Warnings and Adverse Events: There is a potential risk of misconnections with connectors from other healthcare applications. As with the use of any rectal device, adverse events can occur including: leakage of stool, loss of anal sphincter muscle tone, pressure necrosis, infection, bowel obstruction, and perforation of the bowel. Changes to the patient including: rectal bleeding indicating possible pressure necrosis, abdominal distention, cuff migration, and rectal pain should be investigated.

Please consult package insert for more detailed safety information and instructions for use.