CHAPTER 49 / Fecal Elimination

CLIENT TEACHING

**Healthy Defecation**

- Establish a regular exercise regimen.
- Include high-fiber foods, such as vegetables, fruits, and whole grains, in the diet.
- Maintain fluid intake of 2,000 to 3,000 mL a day.
- Do not ignore the urge to defecate.
- Allow time to defecate, preferably at the same time each day.
- Avoid over-the-counter medications to treat constipation and diarrhea.

In a supine position, the client tightens the abdominal muscles as though pulling them inward, holding them for about 10 seconds and then relaxing them. This should be repeated 5 to 10 times, four times a day, depending on the client’s health.

Again in a supine position, the client can contract the thigh muscles and hold them contracted for about 10 seconds, repeating the exercise 5 to 10 times, four times a day. This helps the client confined to bed gain strength in the thigh muscles, thereby making it easier to use a bedpan.

**POSITIONING.** Although the squatting position best facilitates defecation, on a toilet seat the best position for most people seems to be leaning forward.

For clients who have difficulty sitting down and getting up from the toilet, an elevated toilet seat can be attached to a regular toilet. Clients then do not have to lower themselves as far onto the seat and do not have to lift as far off the seat. Elevated toilet seats can be purchased for use in the home.

**CLIENT TEACHING**

**Managing Diarrhea**

- Drink at least 8 glasses of water per day to prevent dehydration. Consider drinking a few glasses of electrolyte replacement fluids a day.
- Eat foods with sodium and potassium. Most foods contain sodium. Potassium is found in meats and many vegetables and fruits, especially purple grape juice, tomatoes, potatoes, bananas, cooked peaches, and apricots.
- Increase foods containing soluble fiber, such as rice, oatmeal, and skinless fruits and potatoes.
- Avoid alcohol and beverages with caffeine, which aggravate the problem.
- Limit foods containing insoluble fiber, such as high-fiber whole-wheat and whole-grain breads and cereals, and raw fruits and vegetables.
- Limit fatty foods.
- Thoroughly clean and dry the perianal area after passing stool to prevent skin irritation and breakdown. Use soft toilet tissue to clean and dry the area. Apply a dimethicone-based cream or alcohol-free barrier film as needed.
- If possible, discontinue medications that cause diarrhea.
- When diarrhea has stopped, reestablish normal bowel flora by taking fermented dairy products, such as yogurt or buttermilk.
- Seek a primary care provider consultation right away if weakness, dizziness, or loose stools persist more than 48 hours.

A bedside commode, a portable chair with a toilet seat and a receptacle beneath that can be emptied, is often used for the adult client who can get out of bed but is unable to walk to the bathroom. Some commodes have wheels and can slide over the base of a regular toilet when the waste receptacle is removed, thus providing clients the privacy of a bathroom. Some commodes have a seat and can be used as a chair (Figure 49-9). Potty chairs are available for children.

Clients restricted to bed may need to use a bedpan, a receptacle for urine and feces. Female clients use a bedpan for both urine and feces; male clients use a bedpan for feces and a urinal for urine.

There are two main types of bedpans: the regular high-back pan and the slipper, or fracture, pan (Figure 49-10). The slipper pan has a low back and is used for clients unable to raise

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**Figure 49-9** A commode with overlying seat.

**Figure 49-10** Top, The high-back or regular bedpan; Bottom, the slipper or fracture pan.