

## DIGNISHIELD® Stool Management System (SMS)

### Skills Training Checklist

Hospital: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Employee number: \_\_\_\_\_

Dept/Unit: \_\_\_\_\_ Date: \_\_\_\_\_

**Objective: Clinician will demonstrate correct procedure for insertion/removal of DIGNISHIELD® SMS, administration of medication, obtaining a stool sample and assessing patency of tubing**

DIGNISHIELD® STOOL MANAGEMENT SYSTEM (SMS)	Task Completed (Y/N)	Trainer Initials
<b>Insertion</b>		
1. Demonstrate knowledge and understanding of device indications, contraindications and warnings.		
2. Explain procedure, using the patient/family education flyer. Position patient (left side lying). Perform a digital rectal exam to evaluate for fecal impaction.		
3. Open DIGNISHIELD® SMS tray. Identify cuff end (green cuff).		
4. Verify retention cuff has been completely deflated. If air remains within cuff, attach 60 ml syringe to green inflation port and withdraw all remaining air from cuff.		
5. After cuff has been fully deflated, fill the 60ml syringe with 45 ml of tap water and attach to inflation port. <b>DO NOT INSTILL!</b>		
6. Using a permanent marker, record the catheter insertion date on the label located on the valve connector (or complete and place the orange date sticker).		
7. Attach collection bag. Pull slide bar back with thumb of dominant hand. Hold collection bag with non dominant hand. Fit catheter into hub socket on collection bag until it snaps into place. Ensure green band on the catheter hub is not visible.		
8. Position tubing of catheter lengthwise on bed and assure tubing is not coiled.		
9. Lubricate (included) patient's anus.		
10. Position cuff in hands with irrigation channels aligned at 9 o'clock and 3 o'clock. Squeeze to flatten cuff. Fold right top corner to meet bottom left corner of cuff, creating a 45° angle and "leading edge". Make the edge as small as possible.		
11. Holding the "leading edge" of cuff tightly, insert it into patient's rectum until entire cuff is in the rectal vault.		
12. Slowly instill 45 ml of tap water (previously drawn up) into cuff and disconnect syringe. The green inflation port has an external pilot balloon used as a reference to determine proper inflation.		
13. Gently pull on the drainage catheter to ensure cuff is securely in the rectum and positioned against the rectal floor.		
14. Locate irrigation port. Irrigate with water to determine patency and position of cuff.		
15. Locate purple flush port. This port is designed to flush and clear tubing only. Flush tubing at least twice per shift and as needed per hospital protocol.		
16. Secure hanger to bed (below the level of the patient's rectum) and position catheter alongside patient.		
17. Document procedure according to hospital protocol.		

<b>Medication Delivery</b>		
1. Confirm irrigation line is clear by attaching a Luer lock syringe to the "IRRIG" port and flushing system with water.		
2. Place tube clamp near patient (tube clamp comes pre attached to piston valve hanger string).		
3. Attach a Luer lock syringe with medication to be delivered (as prescribed by a physician) to "IRRIG" port. Elevate drainage tubing and infuse prescribed amount of medication.		
4. Immediately flush "IRRIG" port with at least 10mL of water.		
5. Slide tube clamp onto drainage tube until tube contacts hinge. Position the tube clamp as close to patient's buttocks as possible without touching patient's skin.		
6. Using two hands to facilitate ease of closure, place thumb on thumb to snap tube clamp shut. Ensure the patient does not lie on the tube clamp		
7. Dispose of syringe according to hospital protocol.		
8. After prescribed dwell time, <b>remove tube clamp</b> and reattach to piston valve hanger string. Verify unobstructed flow from patient into collection bag.		
<b>Obtaining a Stool Sample</b>		
1. Locate sample port near bag end of tubing. Lift cover.		
2. Obtain stool sample using a slip-tip syringe.		
3. Follow your hospital policy for handling sample.		
4. Replace sample port cover.		
<b>Removal</b>		
1. Explain procedure to patient.		
2. Deflate cuff by attaching syringe to inflation port and slowly withdrawing all water. If less than 45 ml removed, reposition patient and repeat as needed. Disconnect the syringe and discard.		
3. Grasp the catheter as close to the patient as possible, and slowly slide catheter out of the anus.		
4. Dispose of the device per hospital protocol.		
<b>Collection Bag Removal / Replacement</b>		
1. Grab the piston valve connector and gently pull backward on the switch located on the slide of the connector until the piston ejects from the collection bag.		
2. With collection bag removed, insert the bag cap into the connector and dispose of the collection bag in accordance with institutional protocol for disposal of medical waste.		
3. Replace the collection bag by attaching by inserting the piston valve of drainage catheter into the collection bag hub. Pull the switch back and push the connector onto the hub until it snaps into place.		

Participant Signature: \_\_\_\_\_ Date \_\_\_\_\_

Trainer Signature: \_\_\_\_\_ Date \_\_\_\_\_

The BARD® DIGNISHIELD® Stool Management System (SMS) with odor barrier properties is intended for fecal management by diverting and collecting liquid or semi-liquid stools 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 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 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.**

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