

**Irritable Bowel Syndrome (IBS) Risk Plan**

**Participant’s Name:**

**Date plan Begins:**

**Date Plan Expires:**

**Dates of Revisions:**

**Written by:**

**Risk:**       is at risk of experiencing symptoms of irritable bowel syndrome (IBS).

**Desired Outcome:**       will minimize symptoms of irritable bowel syndrome by avoiding triggers, such as certain foods or stress. Staff will respond as trained if symptoms of       are exhibited.

**History:**

[**Irritable**](https://www.webmd.com/heart-disease/ss/slideshow-tips-for-taking-blood-thinners) **bowel syndrome (IBS)** is a group of symptoms that occur together, including repeated pain in your abdomen and changes in your bowel movements, which may be diarrhea, constipation, or both. With IBS, these symptoms occur without any visible signs of damage or disease in your digestive tract. There are 4 types of irritable bowel syndrome: IBS-C (constipation), IBS-D (diarrhea), IBS-M (mixed-alternating pattern of constipation and diarrhea), and IBS-U (unsubtyped-cases that don’t fit into the other 3 types). Though certain types of food and stress do not cause IBS, they may trigger or worsen symptoms and triggers may vary from person to person.

**Supports and interventions:**

* Staff will encourage      , as needed, to eat a balanced, high fiber diet, avoiding IBS triggers, such as, wheat, dairy products, citrus fruits, beans, cabbage, milk, and carbonated drinks.
* Staff will encourage      , as needed, to maintain a low stress lifestyle choices and relaxation techniques.
* Staff will encourage      , as needed, to consume plenty of water and exercise to stimulate bowel movements and decrease the risk of constipation.
* Staff will encourage     , as needed, to wear clothing that is not restrictive around the waist.

**Monitor:**

* Food intolerance
* Fatigue
* Difficulty sleeping
* Depression or anxiety
* Abdominal pain, cramping, or bloating that is related to passing a bowel movement
* Gas (flatulence)
* Changes in appearance of bowel movement
* Changes frequency of bowel movements
* Mucus in stool
* Diarrhea or constipation or alternating pattern of constipation and diarrhea
* Symptoms of constipation:
  + Hard, small, dry stools
  + Spending a lot of time sitting on the toilet
  + Bloating and gas
  + Straining to have a bowel movement
  + Development of rectal hemorrhoids or inflamed hemorrhoids
  + Bright red blood in stool or on under garments
  + Enlarged or firm abdomen
  + Decreased or poor appetite
  + Vomiting
  + Liquid runny stools may indicate fecal impaction

**Severe symptoms of IBS:**

* Weight loss
* Diarrhea at night
* Rectal bleeding
* Iron deficiency anemia
* Unexplained vomiting
* Difficulty swallowing
* Persistent pain that isn't relieved by passing gas or a bowel movement

**Notify:**

* **CALL 911 if exhibiting severe abdominal pain, vomiting material that smells like BM, or has a very hard, protruding abdomen, emergency intervention was necessary, such as, back blows, abdominal thrusts, CPR, etc., exhibiting multiple or severe symptoms, if more than first aid is needed for injuries, if they hit their head, any type of reaction that interferes with the ability to breathe or swallow, rapidly worsening symptoms, or loss of consciousness.**
* **See doctor for severe symptoms of IBS as they may be signs of a more severe condition.**
* Notify Program Manager, Health and Safety Tech and/or Nurse of any symptoms of IBS, change of condition, or concerns.
* Program Manager will notify family, guardian, other Program Managers, and/or Providers of any symptoms of IBS, change of conditions, or concerns.
* Staff will document on incident report by end of shift.

**If 911 is called:**

* Remain with       until EMTs arrive. If emergency intervention was necessary, continue as trained until relieved by EMTs.
* Ensure that emergency personnel are aware of all medical conditions, allergies, and medications.
* Follow       to the hospital and remain with participant until relieved by staff or family.
* Complete an incident report by end of shift and BDDS report within 24 hours.

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| **Provider** |  | **Risk Plan** |  |  | **Date Effective** |
| **Paladin** | | **Irritable Bowel Syndrome (IBS)** | | |  |
| **Print Name** | | **Signature** | **Company/Title** | | **Date** |
|  | |  | **Paladin/Program Manager** | |  |
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