

Commodes

- Carry out a manual handling assessment prior to use and ensure patient/client's weight does not exceed maximum recommended for the commode (see manufacturer's instructions)
- Make sure the patient/client understands why a commode is necessary and consents to use it
- Always consider how you can maintain privacy and dignity so you avoid unnecessary embarrassment for the patient/client
- Once seated, make sure the patient/client's feet are positioned directly below their knees and supported flat. You may need to use a small footstool, cushion or pillow to achieve a safe and comfortable position – remember an upright, crouching position is considered anatomically correct for defecation (PLEASE SEE LEAFLET SHOWING POSITION)
- If exposed, cover the patient/client's knees with a towel, blanket or sheet
- Make sure that toilet paper and call bell (if used) are within reach and leave patient/client to have privacy, but remain nearby
- When the patient/client has finished using the commode, assist them to clean the perineal area using toilet paper and where necessary, soap and water
- Offer a bowl of water for the patient/client to wash their hands
- Don't forget to measure the amount of urine passed if this is being monitored and to note the colour, e.g. to check for dehydration etc. and record
- Note the size and characteristics of any bowel movement, comparing to the Bristol Stool Chart
- Dispose of contents according to your local policy
- Clean the commode according to your local policy
- Don't forget to wash your hands and wear gloves and apron when assisting a patient/client to use the commode and wash your hands again after removing glove and apron

N.B. Make sure you give the patient/client TIME

REMEMBER THE GASTRO-COLIC REFLEX