DEMENTIA IN LONG-TERM CARE
FECAL DIGGING AND SMEARING

1. Utilize clothing that makes access to feces limited, such as one-piece items that zip up the back. In addition, mittens may also make digging more difficult to perform.

2. Make sure constipation is not an issue. Often this becomes the primary reason for digging due to the discomfort of impaction. Consultation with the dietician and the primary provider to develop a dietary and medication-based treatment plan is essential.

3. A routine toileting schedule may provide the patient an opportunity to evacuate their stool while staff provides toileting hygiene to lessen the possibility of digging/scratching.

4. Aside from dietary and pharmacologic management of constipation, daily rectal exams may be required to determine if the stool is present in the rectal vault. If so, an enema may aid greatly in removing the stool and therefore reducing the stimulus to dig.

5. Eliminating the possibility of protozoal infections may be required.

6. Examination to eliminate stimulus to dig or scratch in or near the anus, such as ulcerations, rashes, hemorrhoids, rectal prolapse, or fistulas, would need to be completed to rule out such incentives to scratch or dig.

7. Encopresis or diarrhea can also promote some patients to dig, scratch, or touch around or in the fecal material. Discussion with dieticians and/or primary providers may be required to evaluate and treat the causes of these conditions.

8. Barrier creams and anti-itch or anti-pain topical agents can reduce stimulation to scratch the anal area if skin lesions or dryness are painful or irritating.

9. Providing patients the opportunity to be involved in activities that require a great many options to keep the patient’s hands busy and provide tactile stimulation, such as folding towels or playing with clay, can lessen their need to scratch or dig feces.

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