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 bowel 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**