THE EVALUATION AND IMPROVEMENT OF THE FECAL OCCULT BLOOD TEST IN THE CONSTIPATED CHILD

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Background: Constipation is a common problem seen in childhood. Approximately 3% of all primary pediatric visits and 25% of all pediatric GI visits are constipation related. The evaluation and treatment of pediatric constipation in the pediatric gastroenterology (GI) outpatient clinic includes collecting a thorough history, performing a physical examination, and in some instances, testing. A simple test often used in the outpatient setting is the Fecal Occult Blood Test (FOBT). A positive FOBT indicates presence of blood in the stool and may indicate consideration for additional testing or diagnoses.

Purpose: This quality improvement project (QIP) examined the use of Fecal Occult Blood Test in the constipated child in a pediatric GI outpatient clinic.

Conceptual Framework: The Demming Cycle of “Plan-Do-Check-Act” was utilized for this QIP.

Sample Description/Population: Inclusion criteria were any initial assessment of children from birth to 18 years of age seen at any of the pediatric GI outpatient clinic locations. Inclusion diagnoses were: constipation, functional constipation, fecal soiling, encopresis, constipation with overflow incontinence, and constipation by outlet obstruction.

Setting: The setting was a large mid-western hospital with multiple pediatric GI outpatient clinics serving urban and rural locations within the state.

Method/Design & Procedure: A pre-intervention post-intervention design was utilized for this QIP. The intervention consisted of a PowerPoint presentation summarizing aims of the QIP and reviewing North American Society of Pediatric Gastroenterology, Hepatology, and Nutrition (NASPGHAN) (2006) recommendations for use of FOBT in the constipated child. The retrospective chart review was completed on 100 children seen for an initial visit with the GI provider. Data gathered included the number of FOBTs performed and the child’s coinciding symptoms were tallied and compared to the NASPGHAN recommendations.

Results: The data showed a 19.6% decrease in the use of FOBTs performed during the post intervention time frame. However, when used in conjunction with NASPGHAN recommendations, the appropriateness of FOBT use increased by 71.4% in the post intervention patients.

Conclusions: Conclusions for this QIP includes that reviewing the NASPGHAN recommendations with GI providers assisted in optimizing the appropriate use of FOBT improving quality and safety of care for children seen in the pediatric GI outpatient