



London Health Sciences Centre

Critical Care BOWEL ROUTINE FOR ALL PATIENTS RECEIVING ENTERAL NUTRITION PREPRINTED ORDER

KEY: R - REQUISITIONED P - PROCESSED (KARDEX)

NON-MEDICATION ORDERS		R	P	MEDICATION ORDERS		P
<p>Reason for Exam / Clinical History and Contact # required for all Radiology / Nuclear Medicine orders.</p> <p><input type="checkbox"/> Check for impaction q 3 days if no B.M. Consider disimpaction p.r.n.</p> <p><input type="checkbox"/> Goal: one soft bowel movement per 24 hours.</p> <p><input type="checkbox"/> Do not use bowel routine in the presence of bowel obstruction or Ogilvie's.</p> <p><input type="checkbox"/> If patient exhibits abdominal pain and/or distension, physician should examine patient clinically and/or radiologically before initiation of bowel routine.</p>				<p><input type="checkbox"/> If feces present on rectal examination and no B.M. for at least three days:</p> <ol style="list-style-type: none"> Administer Bisacodyl rectal suppository 10 mg. If no effect within 4 hours administer Fleet rectal enema. Do not give Fleet rectal if serum phosphate >2.0 mmol/L. If no effect within 4 hours administer Lactulose 30 mL NG/PO q 6h until B.M. then Lactulose 30 mL NG/p.o. daily. If no effect within 24 hours administer Electrolyte Lavage Solution 500 mL NG/p.o. over 1 hour daily until B.M. then continue Electrolyte Lavage Solution 250 mL NG/p.o. over 1 hour daily. If no effect within 24 hours notify physician. <p><input type="checkbox"/> If no feces present on rectal examination and no B.M. for at least three days:</p> <ol style="list-style-type: none"> Administer Lactulose 30 mL NG/p.o. q 6h until B.M. then Lactulose 30 mL NG/p.o. daily. If no effect within 24 hours administer Electrolyte Lavage Solution 500 mL NG/p.o. over 1 hour daily until B.M. then continue Electrolyte Lavage Solution 250 mL NG/p.o. over 1 hour daily. If no effect within 24 hours notify physician. <p><input type="checkbox"/> If diarrhea develops hold laxatives until diarrhea resolves, then restart bowel routine.</p> <p>Consider sending stool sample for Clostridium-Difficile if diarrhea persists.</p>		
<p>PRESCRIBER'S PRINTED NAME / SIGNATURE/ CONTACT #:</p>				<p>DATE (YYYYMMDD):</p>		<p>TIME:</p>
<p>PROCESSOR INITIALS:</p>		<p>DATE (YYYYMMDD):</p>		<p>TIME:</p>	<p>RN INITIALS:</p>	