

GENERAL BOWEL CARE MANAGEMENT GUIDELINES FOR CONSTIPATION

Assessment **Always keep in mind potential bowel obstructions **

Patient History	<ul style="list-style-type: none"> • Patient's usual bowel pattern • Patient's usual bowel regimen • Assess dietary intake of fiber, fruit and vegetables and fluid • Assess activity level • Assess if on medications, including antibiotics, known to cause constipation or diarrhea • Date and time of last BM, associated discomfort, stool characteristics • Avoid suppositories or enemas for patients at risk of bleeding
Physical Examination	<ul style="list-style-type: none"> • Observe abdomen for distention • Listen for bowel sounds • Palpate abdomen for tenderness, stool in colon • Digital rectal examination (if appropriate) • Assess for presence of nausea, vomiting, pain, urinary incontinence or diarrhea
Functional Considerations	<ul style="list-style-type: none"> • Privacy • Appropriate size and height of toilet, commode, bedpan

CONSTIPATION MANAGEMENT

1. Determine usual bowel habits and use of laxatives
 2. Encourage fluids, fruit and bran; maintain bowel movement diary
- Prescribe stool softener and contact laxative:

Docusate sodium (Colace)	100 mg po OD to TID to a maximum of 300mg po OD to TID (usual range: 1-9 capsules)
Sennosides A&B (Senekot)	1 or 2 tabs po QHS to BID. May be given as tabs or syrup. Note that 5 ml of syrup = 1 tab (Maximum 3 tabs po TID)

If no bowel movement by 48 hours, add one of:

Milk of Magnesia	30 to 60 ml po OD to BID (avoid in renal failure)
Lactulose	15 to 45 ml po OD to BID (preferential use in liver failure)

If no bowel movement by 72 hours, do rectal exam to rule out impaction. If not impacted, try relieving with one of:

Bisacodyl suppository	10 mg pr OD or BID
Magnesium citrate solution 15g/300 ml	150 ml po OD
Sennosides (Senokot) syrup 1.7 mg/ml	75 ml po OD
Phosphate enema (Fleet)	PR
Oral Fleet Phospha Soda	1 bottle = 45 ml. May give ½ bottle po BID or 45 ml po OD.

If impacted:

- Soften with glycerin suppository or an oil-retention enema or soap suds enema
 - Increase dose of daily bowel medications (softener and stimulant)
- If soft impaction – bisacodyl suppository or fleet enema or large volume tap water enema

NOTE:

- Lubricate suppositories with lubricating jelly before insertion
- Encourage regular use of laxatives and softeners under medical direction
- Severity of constipation may increase with dose of opioid
- Certain cytotoxic agents (e.g. Vincristine and Vinblastine) and other medications can cause severe constipation
- Other option: Opioid rotation to Tramadol, Fentanyl, Methadone