Appendix H: Prevention of Constipation

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Importance

- Over ½ of residents in long term care use laxatives to have a bowel movement (BM) (RNAO Constipation BPG 2004).
- Constipation contributes to:
  - fecal impaction &
  - urinary incontinence
Prevention

- Constipation is preventable in most people.
- **Modifiable factors:**
  - Low fluid intake,
  - Too little dietary fibre,
  - Lack of exercise, and
  - Ignoring the urge to defecate.
For Constipation - Assess

- History of the resident’s bowel habits and constipation.
- Fluid and fibre intake levels
- Relevant medical & surgical history.
- Medications/polypharmacy.
- Functional & cognitive issues.
- Physical assessment.
2nd Level Assessment

- Use a 7 day bowel record to determine:
  - Bowel pattern,
  - Episodes of continence/constipation
  - Toileting method
  - Triggers for defecation.
Constipation - Plan

Address Contributing Factors

1. Insufficient fluid
2. Decreased fibre in diet.
3. Decreased mobility due to lack of exercise.
4. Lack of recognition of urge to defecate.
5. Ineffective peristalsis
6. Medications that cause constipation

Monitor effect of interventions on BM’s
Interventions - Fluid

- Encourage daily fluid intake of 1500-2000 mls.
- Use sip and go method to encourage drinking
Interventions - Fibre

- Encourage daily fibre intake of 25-30 gms.
- Must drink fluid to digest fibre!
- Flax flour, dynamite cookies
Regular Toileting

- Promote regular, consistent toileting.
- Individualize daily routine to resident.
- Use the squat position.
Interventions - Exercise

- Encourage physical activity
- Walking for mobile clients.
- Upper body exercises for those in wheelchairs or in bed.
Constipation - Laxative Use

- Use laxatives only after trying exercise, fluid, fibre, & toileting regimens.
- Give bulk forming laxatives - metamucil and stool softeners – colace with caution in residents prone to dehydration
- Ensure adequate fluids.
**Laxative/Suppository Use**

- Use osmotic laxatives – lactulose and stimulants – senokot as ordered.
- Give suppository or enema only if laxatives are ineffective.
Long Term Care Constipation Protocol

- First try exercise, fluid, fibre, toileting regimens.
- Use bulk forming laxatives and stool softeners with caution. Ensure adequate hydration.
- If no BM after 2 days, give osmotic laxative such as lactulose.
- If no BM after 3 days, give suppository.

Protocol adapted from U. of Iowa Stepwise Approach to Constipation
Interventions

- Evaluate resident’s response to each intervention.
- Educate staff, families, and residents about the importance of fluid, fibre, and exercise.
- Revise policies, procedures, and nursing care plans to prevent constipation.
Plan/Do/Study/Act Model for Improvement

1. What are you trying to accomplish?
   - Set AIMS

2. How will you know a change is an improvement?
   - Establish MEASURES

3. What change can you make that will result in improvement?
   - Select CHANGE

CYCLES for testing & implementing Change

Successful Implementation

- Management support
- Support and active involvement of front line clinical staff
- Plan for gradual implementation of protocol with 1 or 2 clients at a time.
- Provide education and training
Conclusion

- Constipation is everybody’s problem.
- It is preventable.
- In long term care, constipation requires adapting to the needs of residents rather than the residents adapting to the institution’s rules.
References


