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| PROTOCOLS FOR PREVENTION AND  MANAGEMENT OF CONSTIPATION | | | | NO. | |
| PURPOSE:  To facilitate prevention, early detection, and treatment of constipation.  STATEMENT OF POLICY:  The Licensed Nursing Staff will make every effort to prevent, identify, and provide appropriate treatment of the Resident with constipation.  PROCEDURE:   1. Procedure for prevention of constipation 2. Any resident who has a diagnosis of constipation or is on bowel medication will be placed on the Bowel Program list. 3. Upon assessment DM or RD will identify who are the candidatures for the High Fiber program. Nursing will request this program also. The resident or resident’s family should be interviewed for preferences regarding the high fiber foods. 4. The high fiber foods can contain the following (different items can be used per resident’s preference): 5. Prune Sundae 1-4 oz/day 6. Whole Wheat Bread/Toast each meal. 7. Additional 8 oz beverage with each meal- assure 8- 8 oz fluids/day 8. Fresh fruit or salad at lunch and dinner. Mechanically-altered diets receive finely chopped or juice per diet order. 9. Bran type cold cereal or 2 Tbsp unprocessed bran in 6 oz hot cereal 10. Prune juice or prunes – ½ cup/day. 11. Staff will encourage mobility in resident’s plan of care. 12. Nursing staff will monitor use of narcotic medications or other medications that have constipation side effect. 13. Procedure for documentation of bowel movements and interventions. 14. Certified Nursing Assistants will record on their daily assignment sheet, the presence or absence of a daily bowl movement for each resident. 15. Information will be given to the Licensed Nursing Staff for documentation on the Medication Administration Record. Licensed nurse will review all residents bowel movement records for their assignment by the end of the shift and any resident who has not had a bowel movement in 3 consecutive days will have physician called and the following protocol orders approved by physician or orders of his choice if he desires an alternative. 16. Resident or resident family will be informed of change in condition or new treatment orders. 17. Orders will be followed and results documented in the chart. | | | | | |
| Approved: | Effective Date: | Revision Date: | Change No.: | | Page:  1 of 3 |

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| PROTOCOLS FOR PREVENTION AND  MANAGEMENT OF CONSTIPATION | | | | NO. | |
| 1. Protocol for treatment of constipation 2. The Licensed Nursing Staff will obtain a Physician’s order in regard to the treatment of constipation. 3. If the resident does not have a bowel movement for 3 consecutive days, the Licensed Nurse will assess the resident for abdominal distention, bowel sounds and presence of discomfort and will document in the medical record. 4. Licensed nurse will notify physician and get orders for and give 30ml. of Milk of Magnesia p.o. Licensed nurses will re-assess resident for abdominal distention, bowel sounds and presence of discomfort and physician will be called if no result occurs. 5. If the resident does not have results within 8 hours after administration of the Milk of Magnesia, the Licensed Nurse will re-assess the resident for bowel distention, bowel sounds and abdominal discomfort and document results of assessment in the record. 6. Licensed nurse will call physician with results of re-assessment and get orders for and administer a Bisacodyl Suppository, 10 mg., rectally. 7. If the resident does not have results within 8 hours after the administration of the Bisacodyl Suppository, the Licensed Nurse will re-assess resident for bowel distention, bowel sounds and abdominal discomfort and notify the physician. She will get orders for and administer Fleets Enema rectally. 8. Document assessment and physicians notification in the medical record, 9. Licensed Nursing Staff will notify the attending Physician for further orders if no results are obtained within 8 hours. 10. Staff education in constipation, cause, prevention, assessment of and treatment. 11. The areas to evaluate include, but are not limited to: 12. Dietary causes such as low fiber intake and poor caloric or fluid intake. 13. Functional cause such as depression, confusion, inadequate toilet arrangements, weakness or immobility. 14. Medical diagnoses such as neurogenic disorders, endocrine disorders, or colonic obstruction for which constipation may be secondary. 15. Misperception, where the Resident views normal variation in bowel movements as constipation. 16. Medication review for medications that increase risk for constipation. 17. Preventative management of at risk residents. 18. Dietary interventions including fluids and fiber in diet. 19. Encouraging increased mobility in daily routine. 20. Monitoring for use of narcotic medications of other medication that cause constipation. 21. Monitoring for overuse of laxative. 22. Assessment in presence of constipation. 23. Bowel sounds 24. Observation for abdominal distention and palpation for abdominal mass or discomfort. 25. Rectal exam if warranted or desired either per physician or nurse if physician approved. 26. Observe for increased irritability. 27. Observe for decreased appetite. | | | | | |
| Approved: | Effective Date: | Revision Date: | Change No.: | | Page:  2 of 3 |

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| 1. Evaluation and treatment of constipation will be recorded in one or more of the following areas: 2. Physician’s Orders 3. Medication Administration Record 4. Nurses’ Notes 5. Care Plan   References: 1. WWW. [niddc@info.NIH.Gov](mailto:niddc@info.NIH.Gov)  2. Geriatric Therapeutics “Constipation in Older People”  3. The University of Iowa Geriatric Education Center. | | | | | |
| Approved: | Effective Date: | Revision Date: | Change No.: | | Page:  3 of 3 |