

Safe use of opioids national collaborative

Capital & Coast District Health Board
(CCDHB)

Aim

We aim to reduce constipation (harm) associated with opioid use on 6 North Ward by 25% by June 2016.

Scope

6 North Ward,
Orthopaedic Surgical Patients

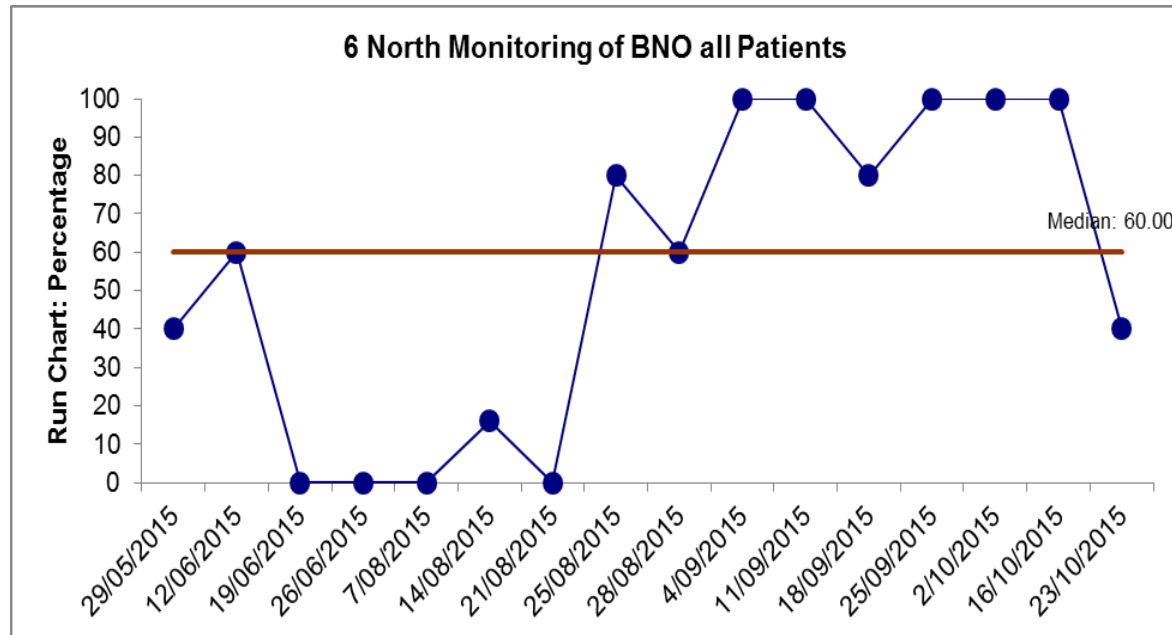
List of interventions tested

Regular bowel monitoring (last 24 hours and documented on the patient admission to discharge plan).

Commenced: 23/07/2015

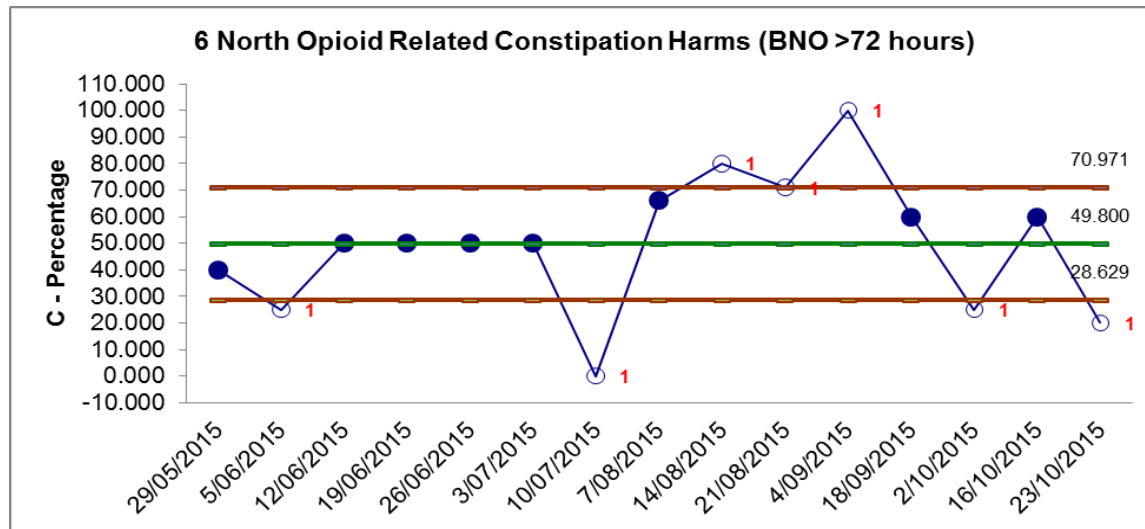
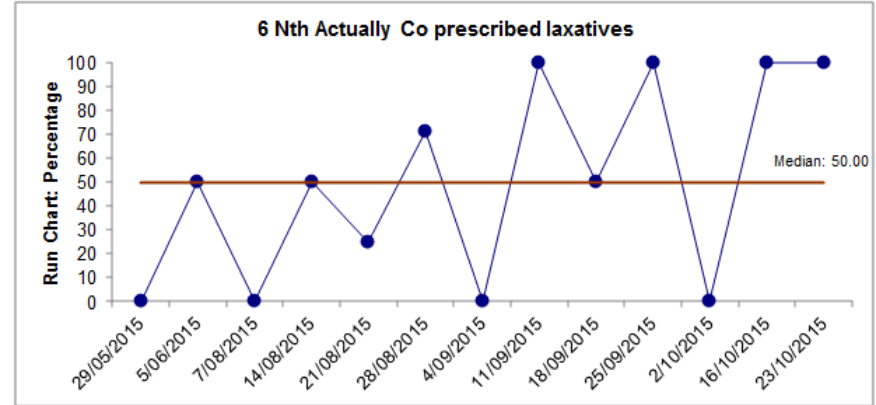
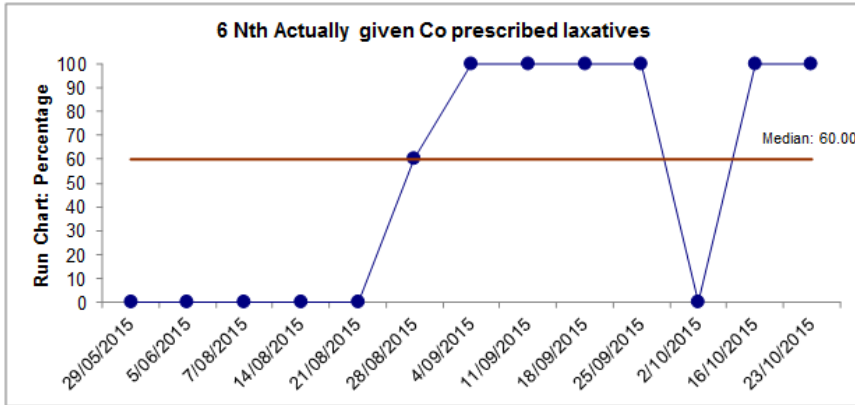


What the data shows

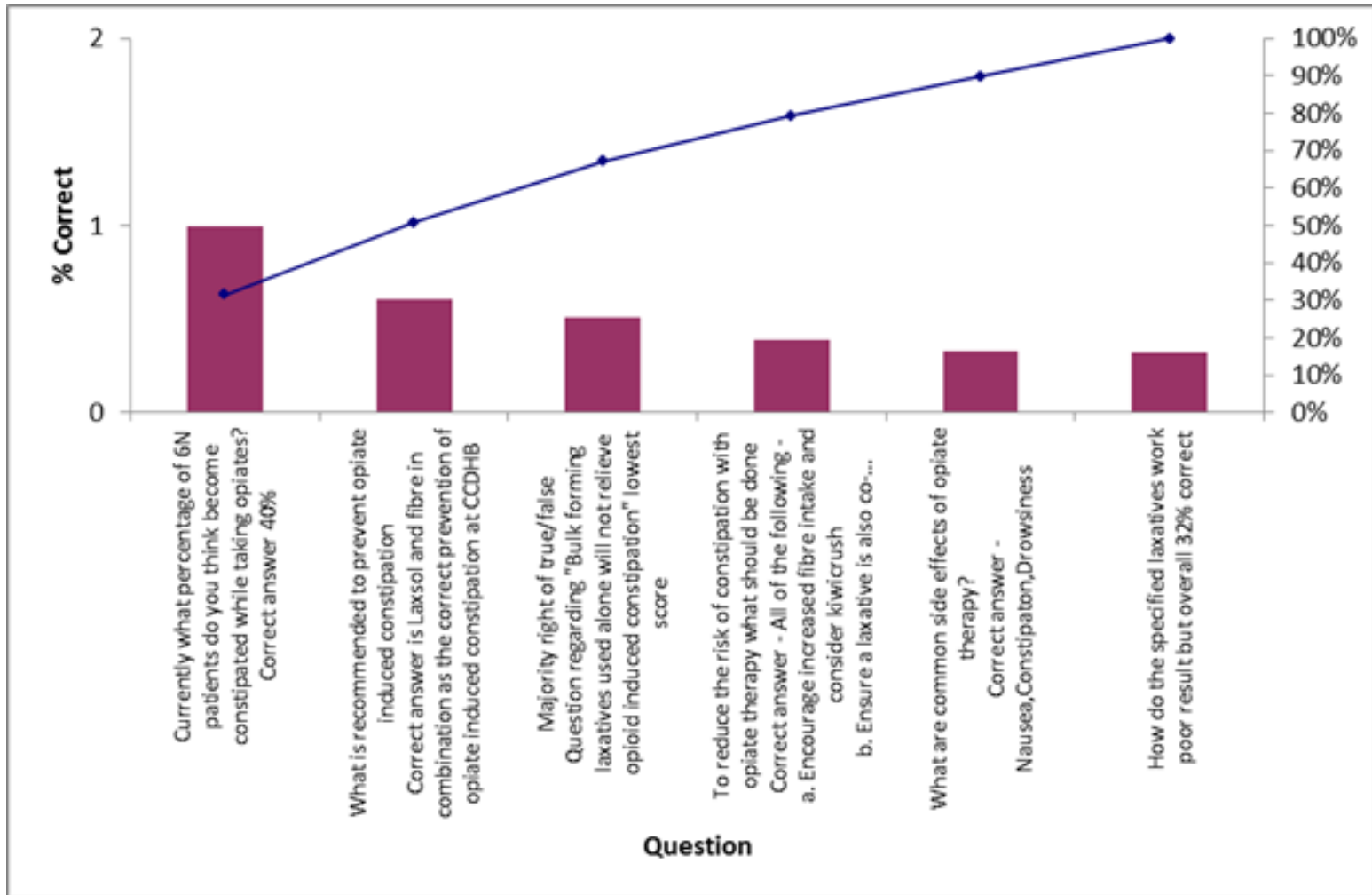


Run chart shows an improvement in bowel monitoring

What the data shows



6 North nursing staff survey



Key lessons/achievements

- Through ward based weekly audit of BNO a positive impact on compliance.
- From our staff survey we have ascertained that there is a general lack of understanding of laxatives and their use by nursing staff (only surveyed nurses so far).
- Confirmed best practice - If regular opioid is prescribed then regular laxative is needed. As a laxative BOTH a softener and stimulant are required to prevent constipation i.e. Laxsol (docusate and sennosides). If a patient is prescribed a regular opiate a regular laxative should be co-prescribed at the same time (and given regularly at the same time).
- Never assume you know what your patients want – great feedback on our patient opioid constipation information sheet (How some laxatives differ from others/The preferred way to sit on the toilet/Explanation of why to avoid sugary and fizzy drinks/Different types of laxatives and their effectiveness).

Constipation

Patient & Whānau Information

Wellington Regional Hospital

What is Constipation?

Constipation is the infrequent or difficult passing of hard, dry stool.

What Causes Constipation?

Constipation has many causes. In hospital constipation is usually caused by a combination of:

- Changes in food and fluid intake, for example not eating or drinking before surgery
- Not eating enough fibre
- Reduced mobility
- Taking constipating medications such as Morphine

Please tell your nurse or doctor if you notice any change in your bowel habits such as constipation, pain or bleeding.

Why is it Important to Have Regular Bowel Movements?

It is important to have regular bowel movements so that the body can get rid of waste from food and fluids. New food and fluids will then be able to move through the gastrointestinal (GI) tract and supply the body with nutrients.

How Will you Know you are Constipated?

- Your bowel movements will become hard and difficult or painful to pass
- The time between having a bowel movement increases compared to your usual pattern – you should have a bowel movement at least every third day
- Some people may experience abdominal pain or bloating

How can you Prevent Constipation?

- **Food:** Different foods affect people differently however certain foods can increase the wave-like motions that occur in the GI tract that help move things along. Try eating prunes,

pineapple or green kiwifruit or drinking prune or kiwifruit juice/concentrate. If possible consume three main meals per day at regular times.

- **Fibre:** Just as bran absorbs milk in a bowl of cereal, fibre absorbs fluid in the GI tract allowing the stool to remain soft. Try to eat high fibre foods such as fruits, vegetables, breads and cereals.
- **Fluid:** Try to drink plenty of fluids. Most people require about 8 glasses of fluid a day. Fluid includes liquids or anything that breaks down in to liquid such as ice cream or jelly.
- **Physical Activity:** In hospital the bowel can slow down as you spend more time in bed and are less active than usual. Try to continue to do as much physical activity as possible to help keep the bowel moving.
- **Medications:** Some medicines commonly cause constipation as they slow down the movement of the stool in the bowel and/or remove more water than normal from the bowel. Taking a laxative whilst on certain medications can help prevent constipation.
- **Position:** People can control their bowel movements by contracting or releasing the anal sphincter. The body also relies on a bend between the rectum—where faeces builds up—and the anus—where faeces comes out. When we're standing up, the extent of this bend is about 90 degrees, which puts upward pressure on the rectum and keeps faeces inside. In a squatting posture, the bend straightens out, like a kink ringed out of a garden hose, and bowel movements become easier.



The best position is to have your knees higher than your hips, lean forward and put your elbows on your knees, bulge your abdomen and straighten your spine.

What are laxatives?

Laxatives are medicines that prevent and treat constipation by helping you have regular bowel movements.

What are the common laxatives and how do they work?

The common laxatives are bulking agents, stool softeners, stimulants, hyperosmotic agents and lubricants.

- **Bulking Agents e.g. Benefiber or Metamucil:** Absorb water to form soft, bulky stool, prompting normal contraction of intestinal muscles. It can take anywhere from 12 hours to 3 days for these laxatives to show results, so this laxative type will not provide immediate relief. Bulking agents are best to use for ongoing digestive regularity. Although bulk-forming laxatives are safe for long-term use and are usually well tolerated, sometimes these products can cause bloating, intestinal gas, cramping, and/or increased constipation, especially if you don't consume enough water.
- **Oral Stool Softeners e.g. Docusate Sodium:** Add moisture to the stool to allow strain-free bowel movements. Stool softeners may be recommended after childbirth or surgery, or during a bout of hemorrhoids. Some individuals may form a tolerance to softeners and may require higher doses over time. Stool softeners do not directly affect the digestive tract muscles and are safe to use in pregnant women and elderly people.
- **Oral Stimulants e.g. Senna:** Trigger rhythmic contractions of intestinal muscles to eliminate stool. These should be reserved for use under the recommendation of a pharmacist or physician. A side effect is that they may cause the colon to stop functioning correctly (cathartic colon), which can occur with daily use after which the body becomes dependent

on the stimulant laxative for normal bowel activity. Stimulants taken orally often take 6-10 hours to have an effect.

- **Hyperosmotic Agents:** Draw water into the colon from surrounding body tissues to allow easier passage of stool. There are four main types of hyperosmotics: saline, lactulose, polymer, and glycerin. **Saline laxatives** are essentially salts in liquid; they rapidly empty all the contents of the bowel and are not intended for long-term use. An example is Milk of Magnesia. **Lactulose laxatives** are a sugar-like agent that work similarly to the saline laxatives but at a much slower rate and are sometimes used to treat chronic constipation. Often they will have an effect in 6 hours, but can take up to 2 days. **Polymer laxatives** consist of large molecules that cause the stool to hold and retain water. They are usually non-gritty, tasteless and are well-tolerated for occasional constipation. Results can be expected within 6 hours. An example is polyethylene glycol. **Glycerin** is available as a suppository and mainly has a hyperosmotic effect but it may also have a stimulant effect.
- **Lubricants e.g. Mineral oil:** Coat and soften the stools making them easier to pass. Lubricants usually work within 6-8 hours. Lubricant laxatives should not be used for longer than a week, as some have been shown to cause vitamin deficiencies and they might also interact with some medications by affecting how the body absorbs them.

When do you Need to Take Laxatives?

It is much better to prevent constipation than having to manage it when it becomes problematic. Our doctors, nurses and pharmacists will usually advise you to take laxatives if you require medication that can cause constipation.

If you feel you may require laxatives please speak to one of your nurses or doctors.

If you are at home and require further information please call Healthline on: 0800 611 116

Struggles

- Finding medical staff to join the project group (have 2 now)
- Senior medical staff concern regarding soiling in theatre has delayed progress (now validated)

Successes

The 6 North Ward staff engagement with this issue and frankness regarding the problem, and a willingness to prevent this happening to their patients.