Laxative guidance for opioid-induced constipation prevention (adult)
Step-wise approach to prescribing and administering laxatives

- Advise patients to go to the toilet regularly, preferably at the same time each day.
- Ensure patients are comfortable and have privacy to facilitate unhurried, complete bowel emptying.
- Ensure that patients have adequate fluid intake and eat fibre-rich foods, including Kiwi Crush or prunes.
- Increase exercise within patient capabilities.

- Avoid oral laxatives in patients with bowel obstruction.
- Avoid lactulose if fluid intake is poor.

**Opioid prescribed**

**Step 1**
Start stimulant laxative with stool softener
- Docusate Sodium 50mg, Senna 8mg (Laxsol) 2 tabs BD REGULAR
- Kiwi Crush / prunes DAILY REGULAR

**Step 2**
Continue
- Docusate Sodium 50mg, Senna 8mg (Laxsol) 2 tabs BD REGULAR
- Kiwi Crush / prunes DAILY REGULAR
Add osmotic laxative
- Lactulose 10 to 20mL PO BD

**Step 3**
BNO for 1 to 2 days
Continue
- Docusate Sodium 50mg, Senna 8mg (Laxsol) 2 tabs BD REGULAR
- Kiwi Crush / prunes daily
- Lactulose 10 to 20mL PO BD
Add additional osmotic laxative
- Lax-Sachet 1 sachet PO BD
Use stat
- Microlax 1 enema PR

**Step 4**
BNO for 3 to 4 days
Continue
- Docusate Sodium 50mg, Senna 8mg (Laxsol) 2 tabs BD REGULAR
- Kiwi Crush / prunes daily
- Lactulose 10 to 20mL PO BD
Add
- Fleet enema 1 enema PR DAILY

**Step 5**
BNO for ≥ 5 days
Continue
- Docusate Sodium 50mg, Senna 8mg (Laxsol) 2 tabs BD REGULAR
- Kiwi Crush / prunes daily
- Lactulose 10 to 20mL PO BD
- Lax-Sachet 1 sachet PO BD
Use stat
- Microlax 1 enema PR

This is for guidance only and does not replace clinical judgement. Not to be used for spinal cord, palliative, or bowel patients.