

BOWELS AND CONSTIPATION

Constipation is common in older adults and occurs when stool travels too slowly along the digestive tract and is not effectively passed out the rectum.

Alert

RED FLAGS – signs

Need immediate attention

Notify registered nurse and general practitioner immediately if the resident is showing any of these signs:

- Bowels have not opened for three days – severe constipation with overflow
- Nausea and/or vomiting
- Abdominal pain
- Abdomen swollen and distended
- Loose stool, passing blood



Signs and symptoms

SUBJECTIVE

RESIDENT REPORTS:

- feeling nauseous
- feeling like bowels haven't fully emptied and resident still needs to go after a bowel motion
- feeling like there is a blockage or obstruction in the rectum
- experiencing abdominal cramps, pain and/or discomfort

OBJECTIVE

HEALTH CARE ASSISTANT STAFF OBSERVES:








- vomiting
- decreased and/or loss of appetite
- dry, hard and lumpy stool that is difficult to pass (see Bristol stool chart)
- straining when passing stool
- infrequent passage of stools
- bloating in the abdomen
- lethargy or sluggishness
- rectal bleeding
- change in behaviour (eg, increase in confusion, irritability, decreased level of function)



IDENTIFY

Assessment

- **Check vital signs**
- **Check bowel chart** – noting: usual pattern, frequency and consistency of stool, evidence of bleeding and amount
- **Monitor food and fluid intake**
- **Inspect skin condition** (eg, redness) or presence of any abnormalities (eg, haemorrhoids or prolapse behaviour)
- **Monitor mood and behaviour** changes
 - presence of underlying delirium
- **Check current medications** and use of laxatives – monitor abuse and dependency

The Bristol Stool Form Scale		
Type 1		Separate hard lumps, like nuts (hard to pass)
Type 2		Sausage-shaped but lumpy
Type 3		Like a sausage but with cracks on its surface
Type 4		Like a sausage or snake, smooth and soft
Type 5		Soft blobs with clear-cut edges (passed easily)
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces ENTIRELY LIQUID



ACTION

Plan of care and intervention

DO

- Report clinical findings to registered nurse
- Offer high-fibre foods in diet (eg, including fruits, vegetables, bran, whole grain cereals and prunes)
- Encourage resident to drink plenty of fluids (aim 1.5–2 litres a day, unless contraindicated). Offer alternative fluids (eg, jelly, ice blocks, soup)
- Encourage resident to engage in exercises and physical activity
- Provide a regular schedule for toileting, especially after a meal
- Provide adequate time and privacy
- Position (proper sitting position with knees flexed)
- Monitor mood and manage stress
- Review medications – any changes, current medication usage that may lead to constipation, account for use of laxatives but give regularly if required
- Offer to toilet after breakfast to promote bowel movement

DO NOT

- Ignore the resident when they have the urge to move their bowels



RECORD

DOCUMENT IN THE BOWEL CHART EACH SHIFT

- Bowels did not open
- Bowels opened
- Record type, colour and size of stool - using Bristol stool chart
- Closely monitor the bowel habit of residents with dementia as they may not reliably report their bowel movements.