# 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.



# **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**

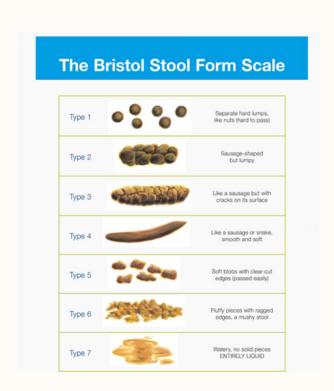
#### **HEALTH CARE ASSISTANT STAFF OBSERVES:**

- 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)



## **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





# 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



# 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.