# Constipation and gastrointestinal |

# Te koroke me te puku-kopiro

## Maintenance and prevention guidelines

- Assess and treat haemorrhoids and fistulae
- Provide adequate privacy
- Ensure adequate body positioning
- Provide enough time, preferably after meals
- Ensure adequate hydration, dietary intake, fibre/fluid balance
- Review medication, reduce constipating drugs.

### Abdominal assessment basics

Listen for bowel sounds over each quadrant:

- Absent?
- < 2-3 per minute (hypoactive)</li>
- 10-30 per minute (hyperactive)
- High tinkling sounds in one area (possible obstruction).

### Lightly feel (palpate) abdomen

Guarding with light touch.

Deeper abdominal palpation:

- Masses?
- Tenderness or pain?
- Note location.

#### Remember to check for overflow

History of constipation and new, loose or watery stool is likely overflow.

### Tip

For consistent constipation use a **regular** dose of laxative at the lowest dose that works rather than PRN.

### Establish resident's normal bowel pattern

#### Assess for Suspected constipation Secondary causes Acute abdominal pain and possible obstruction Delirium (see Is this addressed in the individual care plan? 4AT assessment) Update care plan • Implement care plan Impaction (see next page) Rectal bleeding First line treatment (days 1-3) assess • Physical environment (privacy?) Seating position favourable for bowel movement Non-invasive abdominal exam – bowel sounds, pain with light Contact GP/NP who may and deep touch, abdominal masses or lumps follow up with one or (notify GP/NP if abnormal exam result) more of the following Interventions investigations • Identify and reduce constipating medicines if possible • Physical exam Increase fluid and dietary intake (prunes, kiwifruit), Alpine tea Rectal exam Laxatives: usually osmotic agent or lactulose-docusate sodium Abdominal X-rays + sennoside B (Laxsol), eg, combination of both Blood - FBC, etc Complementary treatment can be considered: essential oils, Stool sample massage Maintenance: increase exercise (walking if possible) or stationary exercise BM? Update care plan Ν Second line treatment (day 4) reassess • Non-invasive abdominal exam, bowel sounds, pain with light and deep touch, abdominal masses or lumps (notify GP/NP if abnormal exam result) • Digital rectal exam (DRE) to assess for impaction Interventions Follow facility protocol and discuss with nurse leader and/or GP/NP (eg, glycerine suppository, bisacoldyl (Dulcolax), macrogol-3350 (Movicol), Oral Fleet, enema, manual removal) BM? Update care plan Ν Third line treatment (day 5) reassess • Non-invasive abdominal exam, bowel sounds, pain with light and deep touch, abdominal masses or lumps (notify GP/NP if abnormal exam result) • DRE to assess for impaction Interventions Follow facility protocol and discuss with nurse leader and/or GP/NP (eg, glycerine suppository, bisacoldyl (Dulcolax), macrogol-3350 (Movicol), Oral Fleet, enema, manual removal)

BM?

Update care plan

# Medication overview

### Types of medication used for constipation

**Bulking agents**, eg, psyllium husk powder (Bonvit, Konsyl-D) – increases faecal mass, which stimulates peristalsis, good for maintenance:

- Requires adequate fluid intake at the time of administration one full glass of water.
- These agents require 2–3 days to exert their effect and are not suitable for acute relief.
- Avoid if possible in certain conditions, eg, late stage Parkinson's disease, stroke or spinal injury and existing faecal impaction or bowel obstruction.

Osmotic agents, eg, lactulose, macrogols (Molaxole) – promotes secretion of water into the colon, increases frequency of defecation, reduces straining:

- Often the first choice for constipation because they are gentle with few side effects.
- May take a few days to work because it affects the large bowel.

Stool softeners, eg, docusate - reduces stool surface tension leading to increased water penetration:

- Good for those with hard stools, excessive straining, anal fissures or haemorrhoids.
- Psyllium has been shown to be more effective than stool softeners for chronic constipation.
- Not a good choice for impaired peristalsis.

Stimulants, eg, senna, bisacodyl - increases intestinal motility and colonic secretions:

- Use sparingly because it can result in electrolyte imbalance and abdominal pain.
- Prolonged use and hypokalaemia in rare cases can precipitate lack of colon muscle tone.
- Contraindicated in suspected intestinal blockages.
- Use with opioids.

Suppositories/enemas – medicated suppositories should be inserted blunt end first, lubricant suppositories should be inserted pointed end first:

- Lubricated (glycerine): lubricate anorectum, has a stimulant effect. Should be inserted into the faecal mass to aid softening of the mass. No significant side effects.
- Stimulant (glycerol, bisacodyl): must be inserted into the mucus membrane of the rectum and NOT into the faecal mass.
- Osmotic (rectal phosphates): rectal sodium citrate (Micolette enema), phosphate sodium dibasic (Fleet enema).
- Stool softening (docusate sodium): side effects can include electrolyte imbalance and abdominal pain.

#### **Enemas and suppositories**

#### Administration of enema:

- Do digital rectal exam prior to administration.
- Have resident lying left laterally with knees flexed if able.
- Enemas should be at room temperature.
- Use gravity, not force, to administer.
- Please check electrolytes if more than two enemas are given.

#### Administration of suppositories:

- Do digital rectal exam prior to administration.
- Medical suppositories: insert at least 4 cm into the rectum against rectal mucus membrane, administer lubricant blunt end first.
- For lubricated suppository, administer pointed and into faecal mass, allow 20 minutes to take effect.

Th	e Bristol Stoc	ol 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	( <u> )</u>	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

### Diarrhoea

### Assess the following:

- Self limiting, sudden onset diarrhoea
- Food poisoning
- Overflow related to constipation (see DRE guidelines next column)
- Pre-existing medical condition causing diarrhoea
- Overuse of laxatives
- C. difficile (potentially serious) recent antibiotics?
- Treatment: monitor volume and estimate fluid loss and rehydrate
- If symptoms persist (> 3 days duration) request GP/NP assessment.

#### Digital rectal examination (DRE)

- Obtain consent.
- Observe area for haemorrhoids/faecal prolapse/tears.
- Lying left laterally with knees flexed if able.
- Gloved index finger well lubricated.
- Gently using one finger only.

# Manual removal

- Should be avoided if possible and only used if all other methods have failed (or if part of the individual care plan).
- Obtain consent.
- Lying in left lateral position.
- Observe for haemorrhoids/rectal prolapse/tears.
- Take pulse as a baseline.
- Gently use one well lubricated gloved finger.
- Remove small amount at a time and stop if patient is distressed or pulse rate drops.

# Bibliography | Te rārangi pukapuka

### Constipation and gastrointestinal

- bpac<sup>NZ</sup>. 2019. *Managing constipation in older people*. URL: <a href="http://bpac.org.nz/2019/docs/constipation.pdf">http://bpac.org.nz/2019/docs/constipation.pdf</a> (accessed 3 June 2019).
- Registered Nurses Association Ontario. 2011. Prevention of constipation in the older adult population. URL: <a href="http://rnao.ca/sites/rnao-ca/files/Prevention">http://rnao.ca/sites/rnao-ca/files/Prevention</a> of Constipation in the Older Adult Population.pdf (accessed 3 June 2019).
- Wald, A. 2019. *Management of chronic constipation in adults*. URL: <a href="https://www.uptodate.com/contents/management-of-chronic-constipation-in-adults">https://www.uptodate.com/contents/management-of-chronic-constipation-in-adults</a> (accessed 3 June 2019).
- Wyeth J, Chin S. *Constipation*. URL: <a href="https://bpac.org.nz/BPJ/2007/October/docs/bpj9">https://bpac.org.nz/BPJ/2007/October/docs/bpj9</a> constipation pages 12-19.pdf (accessed 3 June 2019).