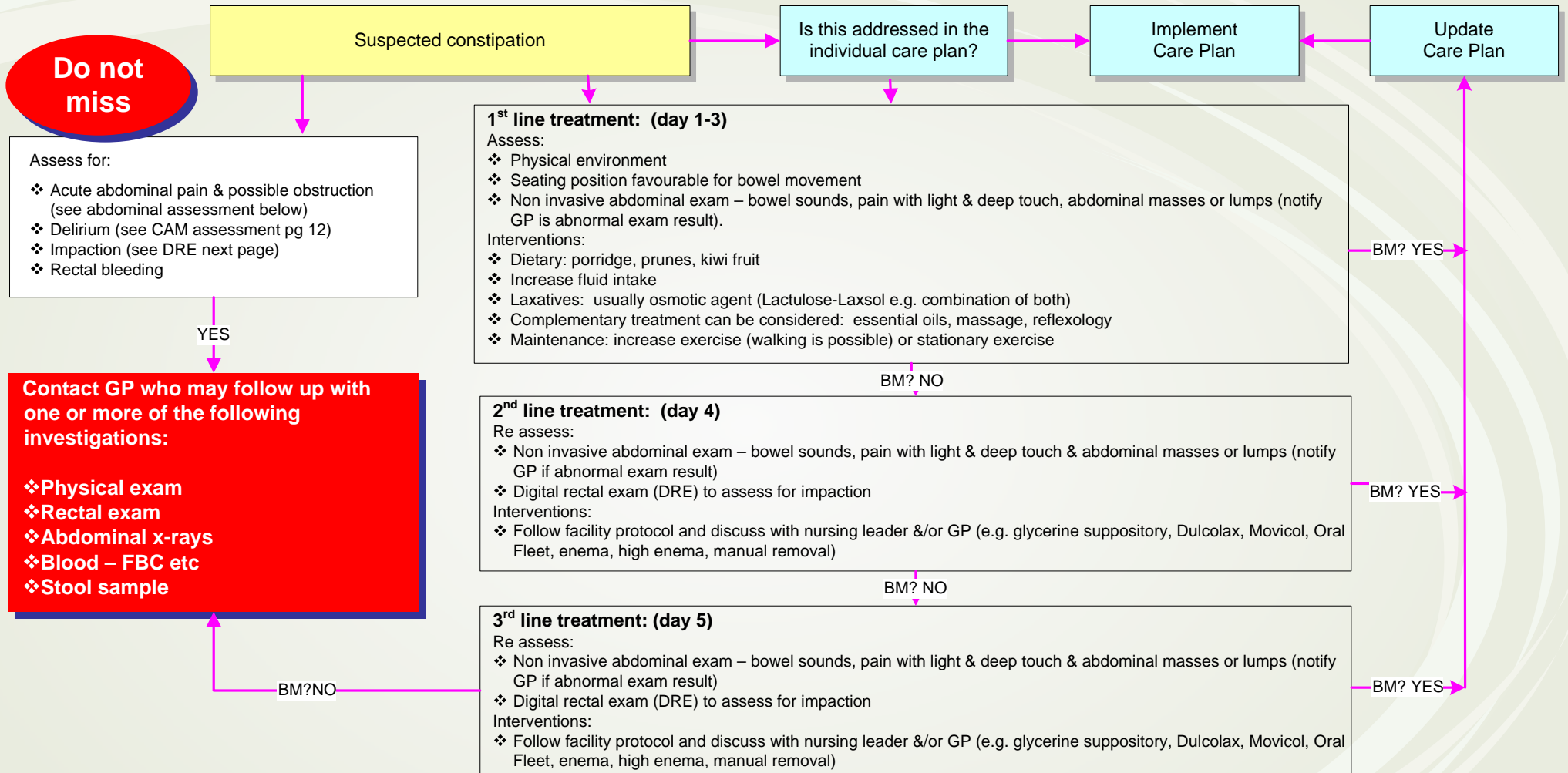


CONSTIPATION & GASTRO INTESTINAL CARE GUIDE

Establish resident's normal bowel pattern



Maintenance & prevention guidelines

- ❖ Assess & 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 medications – reduce constipating drugs

Abdominal assessment basics:

Listen for bowel sounds over each quadrant:

- ❖ Absent?
- ❖ <2-3 per minute (hypoactive)
- ❖ 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

Types of drugs used for constipation:

1. **Bulking agents (ie psyllium (Metamucil), calcium polycarbophil (Fibercon))** - good for maintenance.
 - Must have adequate fluid intake at the time of administration (1 full glass of water).
 - These agents require 2-3 days to exert their effect and are not suitable for acute relief.
 - Avoid if peristalsis is impaired, such as for late stage Parkinson's Disease, Stroke or Spinal Injury and existing faecal impaction or bowel obstruction.
2. **Osmotic Agents (lactulose, Movicol)** - maintain fluid content in the stool.
 - Often the first choice for constipation because they are gentle with few side effects.
3. **Stool Softeners (docusate)** - alter the the surface tension of the faecal mass.
 - 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.
4. **Stimulants (senna, bisacodyl, docusate sodium)** - stimulate intestinal movement.
 - Use sparingly, it can result in electrolyte imbalance and abdominal pain.
 - Prolonged use can precipitate lack of colon muscle tone and hypokalaemia.
 - Contraindicated in suspected intestinal blockages.

Suppositories: Medicated suppositories should be inserted blunt end first, Lubricant suppositories should be inserted pointed end first.

- a. **Lubricant (glycerine)** - lubricate anorectum and have a stimulant effect. Should be inserted into the faecal mass to aid softening of the mass. No significant side effects.
- b. **Stimulant (glycerol, bisacodyl)** - must be inserted against the mucous membrane of the rectum, and not into the faecal mass
- c. **Osmotic (rectal phosphates)**
- e. **Stool Softening (docusate sodium).** Side effects can include electrolyte imbalance and abdominal pain.

Diarrhoea – assess for the following:

- ❖ Self limiting, sudden onset diarrhoea
- ❖ Food poisoning
- ❖ Overflow related to constipation (see DRE guidelines below)
- ❖ Pre-existing medical condition causing diarrhoea
- ❖ Overuse of laxatives
- ❖ C. difficile (potentially serious)

Treatment: Monitor and rehydrate.

If symptoms persist (>3 days duration) request GP assessment








Digital Rectal Examination (DRE)

- ❖ Obtain consent
- ❖ Observe area for haemorrhoids/rectal prolapse/tears
- ❖ Lying (L) lateral with knees flexed if able
- ❖ Gloved index finger well lubricated
- ❖ Gently using one finger only

Manual Removal

- ❖ Should be avoided if possible & only used if all other methods have failed (or if part of the individual care plan)
- ❖ Obtain consent
- ❖ Lying in (L) lateral position
- ❖ Observe for haemorrhoids/rectal prolapse/tears
- ❖ Take pulse as a baseline
- ❖ Use well lubricated gloved finger
- ❖ Gently using one finger
- ❖ Remove small amounts at a time
- ❖ Stop if distressed or pulse rate drops

Bristol Stool Chart

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

ENEMAS & 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 2 enemas are given

Administration of suppositories

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