

Constipation

Initiate a bowel regime at the same time as an opioid.

Use both a stool softener and a bowel stimulant. A softener alone is not enough.

Patients will continue to have a stool and become impacted even if not eating

The patient should go no longer than 3-5 days without a bowel movement.

A hard impaction should be softened first by an oil retention enema, followed by analgesia and/or relaxant prior to manual removal.

Constipation can cause new systemic problems or exacerbate existing ones including nausea, vomiting, anorexia, pain, or obstruction.

Comfort Measures:

- 1) Encourage mobility, pain relief frequently makes this possible
- 2) Promote fluids and dietary stimulants
- 3) Provide easy access to the toilet and readily available assistance

Medical Measures:

- 1) Check for fecal impaction
- 2) Bowel protocol orders for every patient who is inactive or on routine opioids
- 3) Senna plus DSS (i.e. Senekot S), 1 PO BID, may inc to 4 caps PO BID
- 4) MOM 30cc, with cascara extract, 5ml, or lactulose 30-60cc at HS
- 5) Dulcolax suppository, 10mg Q3D PRN
- 6) Fleets enema Q3D PRN if patient cannot swallow
- 7) Oil retention, soap suds, or saline enema
- 8) If no BM after 48h on Senekot S, add MOM 30-60cc with cascara, or lactulose 30-60cc HS
- 9) If impacted, soften with glycerin suppository or mineral oil enema before disimpacting or use a soap suds enema.

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