

0723C: Constipation

Introduction

A bowel movement is nature's way of eliminating waste from our bodies. Everyone has a bowel elimination pattern that is unique to them. What may be a normal pattern for one person may be abnormal for another.

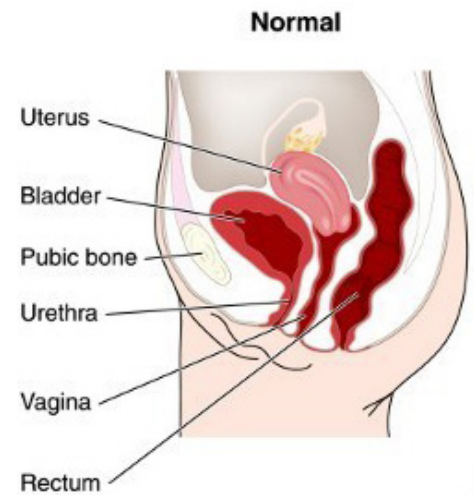
Signs and symptoms of constipation can be subtle. Constipation can occur quickly in some people or develop over a period of time for others. Constipation can be easily missed if the care providers cannot understand what the person is trying to communicate.

Written instructions should be available on how to best support the health care needs of people at risk for or with a history of constipation. Many terms describe the written instructions: protocols, alerts or written instructions. Written instructions or protocols are intended to be one or two pages that quickly communicate prevention and interventions for the at-risk person. You will also need care plans (some settings call them service plans) that address the risk and may have a summary of their constipation history.

What is constipation?

Constipation occurs when stool remains in the intestinal tract too long, becomes compacted or hardened and is difficult and/or painful to have a bowel movement. A normal stool should be soft, brown and formed. Constipation may be further defined as:

- **Hardness of stool:** If a person can only pass small hard balls of stool (often referred to as "rabbit pellets"), the person is constipated.
- **Difficulty in evacuating stool out of the rectum:** If a person needs to push hard and is straining to have a bowel movement, he or she is constipated.
- **Infrequent bowel movements:** This is usually counted as no bowel movement for three days or longer.
- **Watery or liquid stools may also indicate constipation:** Constipation may also occur if liquid stool is expelled around a ball of hardened stool blocking the intestinal tract.



This illustrates normal stool in the rectum area.

What is the normal process of bowel elimination?

When food enters the stomach, it is mixed and churned into a liquid that contains particles of nutrients that are absorbed into the blood stream through the lining of the small intestines. Small muscles in the intestinal tract contract in waves, called peristalsis, and move the liquid from the stomach to the small intestine where nutrients are absorbed.

Peristalsis (wave-like muscular movement of the intestines) further moves the now semi-solid material into the large intestines or colon where water is absorbed, leaving a brown residue that we recognize as stool or feces.

When the final portion of the large intestine, the rectum, becomes full of stool, nerves are stimulated, creating the urge to have a bowel movement (defecate). Once a bowel movement occurs, the urge ceases until this process is repeated.

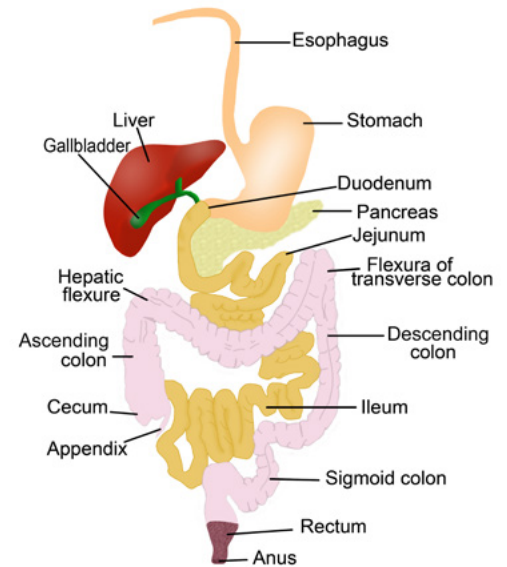
If a bowel movement does not occur and the urge to have a bowel movement passes, more stool will fill the rectal vault. A hard ball forms that is more difficult to expel. Delaying or ignoring the urge for a bowel movement will decrease the urge and increase the constipation risk.

Who is at risk for constipation?

Constipation is a common occurrence in young children and older adults. In fact, it occurs in people of all ages. However, many older adults, people with disabilities or developmental disabilities suffer every day from constipation. They can be at risk for becoming seriously ill and being hospitalized.

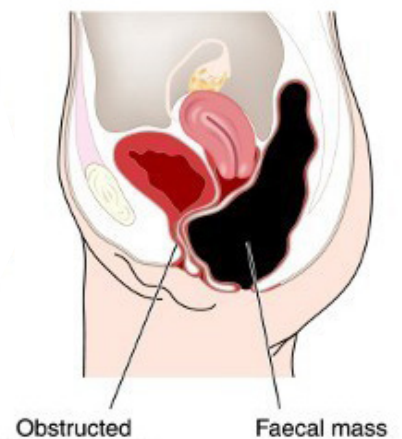
Older adults and people with disabilities or developmental disabilities have a higher risk of constipation due to:

- Absent or low tone in muscles (mainly abdominal) that help move the bowel;
- Immobility and the inability to walk. Gravity and movement helps move stool through the digestive tract;
- Taking medications that have the side effect of causing constipation. Prescription pain medications can be especially constipating;



When food enters the stomach, it moves through the intestinal system. This allows nutrients to be absorbed before the remaining material (stool) is expelled (bowel movement) from the body.

Impacted



This illustrates fecal mass called an impaction. **Never try and remove stool manually.** It can cause harm.

- Swallowing and chewing problems leading to a lack of fiber in the diet;
- Lack of opportunity or an interruption of an established bathroom routine.
- Denial or delay of the chance to use the toilet, which will lessen and cease the urge;
 - After eating a meal or drinking a warm beverage in the morning, many people have the urge to defecate.
- Dementia or decreased alertness that may cause older adults to ignore the urge to defecate (people with dementia are also often on low fiber and fluid diets);
- Change in routine, a new living environment or a change in health status that may cause a person to be uncomfortable using a bedside commode or bedpan; and
- General pain and discomfort that makes it hard for many to make it to the bathroom quickly or to sit comfortably on a commode or bedpan.

How is constipation life threatening?

Older adults, people with disabilities or developmental disabilities die unnecessarily from bowel impactions every year. When constipation occurs, digestive material may block the intestine causing:

- Abdominal distention with pain;
- Vomiting;
- If the impaction is large enough, tearing the intestinal wall that allows stool to spill into the abdomen. Stool contains harmful bacteria that enter the blood stream and causes serious, life threatening infection.

Additionally, constipation or impaction can cause a life threatening condition for people with T6 or higher spinal cord injury. This is called **autonomic dysreflexia**. Autonomic dysreflexia is a sudden, life threatening increase in blood pressure. Autonomic dysreflexia is a medical emergency. Individuals with spinal cord injuries may need a procedure called digital stimulation. This requires a medical order and a nurse to teach you how to perform safely.



This is a radiograph of a person with significant stool that has spilled into the abdominal cavity. Note the impaction is pressing against the lung cavity.

Other conditions can trigger autonomic dysreflexia. If you are caring for someone with a spinal cord injury, contact the person's health care practitioner, your facility RN or your RN consultant for more information.

Caregivers can prevent severe complications or fatal outcomes by watching for:

- Vomiting material that smells like feces;
- A very hard, protruding abdomen; and
- Severe abdominal pain.

Call 9-1-1 if you encounter these situations or if the person appears gravely ill and you are concerned about his or her immediate health and safety.

Signs and symptoms of constipation

Identifying the risk is the first step toward preventing and/or minimizing serious events. First we'll look at physical signs and symptoms of constipation. Then we'll look at health history information you may have that suggests a person is at risk for constipation.

Constipation can occur anytime at any age but is more frequent among:

- Women;
- People with disabilities or developmental disabilities; and
- Adults ages 65 and older.

Aging is a factor for increased risk of constipation but diet, exercise, medications and hydration also play a role in constipation.

Signs and symptoms of constipation can be subtle or the person does not associate the symptom with constipation:

- Meal refusal or loss of appetite
- Change in bowel pattern, such as numerous trips to the bathroom or staying in the bathroom for long periods
- Straining and pushing while having a bowel movement
- Complaining of pain when having a bowel movement



Symptoms of constipation can be hard to identify (subtle). The person may just feel out of sorts.

- Runny liquid stools after several days of no bowel movement or having only small, hard bowel movements
- Rectal digging (the person may be attempting to self-treat)

How to identify risk from health care records

You need to understand what to look for when identifying a person's constipation risk before developing a care plan, individual service plan (ISP) or protocols.

You probably gathered information before and during the screening and pre-admission process related to a person's risk for constipation.

Assess if the person has a documented history of:

- Constipation;
- Dehydration;
- Routine use of bowel medications;
- Chronic conditions such as stroke, irritable bowel syndrome (IBS) or colon, rectum or digestive system issues;
- Pica — eating things not intended for food;
- Orders for a low-fiber diet.

Have you observed any of the signs and symptoms outlined above since the resident has been admitted to your facility? It is important to document any event that suggests the person may have a potential constipation risk.

There are other clues that someone may be at risk even if the person does not have a history of constipation. The individual may:

- Begin asking for bowel medications;
- Avoid going to the bathroom;
- Complain of pain while going to the bathroom;
- Have mobility issues including paraplegia and quadriplegia;
- Depend on others for access to fluids;
- Use bowel medications that the prescriber has ordered or are PRN.

Reducing the risk of constipation

Simple lifestyle changes can reduce the risk of constipation and keep older adults regular. The following are some simple but important preventive steps:

- Good hydration. Many times those at risk for constipation are also at risk for dehydration. People that cannot access fluids on their own should have a fluid schedule documented on the medication administration record (MAR) and fluids should be offered no less than every two hours.
- Increasing dietary fiber and fluid. Whole grain baked goods/cereals and prune juice are simple ways to increase fiber in a diet. When increasing dietary fiber, always include plenty of fluids.
- Increasing physical activity and exercise. Mobility and gravity increases peristalsis;
- If using a commode or bedpan, help position the person in a sitting position or as upright as can be tolerated; and
- Provide frequent opportunities for routine toileting and privacy. Also provide bathroom aids, such as grab bars, a raised toilet seat and a foot stool.



Simple changes can reduce the risk of constipation. They include drinking plenty of fluids and including physical activity and a higher fiber diet in the daily routine.

Bowel medications and products

Some people may need bowel medications or products that help them have a bowel movement. Most are ordered as needed (PRN). Many over-the-counter (OTC) products can be purchased. However, all require a written order from the person's health care practitioner, even if the resident requests a specific OTC product.

If you have orders to administer bowel medications you must:

- Carefully follow the written orders;
- Routinely check with the person to see if he or she needs the PRN bowel medication;

Note: It is not the resident's sole responsibility to ask for PRN medications. Caregivers are required to determine if a PRN medication should be given through observation and/or statements from the resident.

- Document results (if there are no results, follow any additional PRN orders for constipation within the specified timeframe);
- Read the product label and information sheet (some products provide a separate sheet or the information may be printed on the box);
- Save the product information sheet or box with the medication administration record (MAR);
- Ensure the resident is drinking adequate fluids;
- If the resident is on fluid restrictions and/or a low fiber diet, you can request a consult with a nutritionist to help plan meals and snacks to minimize the risk of constipation.

Documentation

Several tools are used to communicate about risks, risk prevention and intervention: care plans, service plans, individual service plans (ISPs) and protocols. Protocols are generally stand-alone documents used as a daily guide for caregivers. Everyone with a protocol should also have the risk identified in the person's care plan, service plan or ISP.

Care plans, service plans and ISPs are all tools that communicate how to support a person for activities of daily living (ADLs), care needs, social needs and other supports to help the person be as independent as possible. Different settings use different terms, but the all have the same purpose — *supporting the resident*.

The person's care plan should document information on the person's level of independence, normal bowel routine, normal physical activity, ability to self-report signs and symptoms, and identify preferred foods that promote bowel regularity, and dietary or medication interventions for constipation. This information should accompany the person if he or she moves to another setting.

What to do if you believe a person is constipated:

- Be proactive and attempt to prevent constipation by providing a high fiber diet and plenty of fluids, encouraging physical activity and chances to use the bathroom.



Intestine is pinched and blocked



The healthier way to sit in the toilet.

Using a small stool and raising your knees up while on the toilet can assist with having a bowel movement by relaxing your muscles.

- For some residents, tracking their bowel movements to establish a pattern can help you know their normal pattern. Nurses and physicians will be more responsive and helpful if you can show them the changes and gaps in the person’s bowel pattern.
- If there are no PRN bowel products/medications available or ordered, call the person’s health care practitioner.
- If giving a PRN product/medication does not produce results within the time on the package label or health care instruction, call back the nurse or health care practitioner for further instructions.
- Be sure to ask the nurse, health care practitioner or the pharmacist if the bowel medications/products will interfere with the person’s regular medications and, if so, what can be done about it.

Consider a bowel movement and fluid intake tracking record if the person is at risk for constipation. List “Constipation Risk” under the medical concerns portion of the plan.

Written instructions (protocols)

Written instructions or protocols have many benefits as individualized communication tools. They include information about a person’s unique health care support needs. Written instructions ensure that all caregivers know what to do, minimize the need for others to guess the person’s needs and are easily shared with other settings.

Protocols (risk documentation) are specific to the person’s experience and should identify:

- The risk(s);
- Prevention strategies;
- Warning signs of the problem;
- What to do when a problem is observed;
- When to call 9-1-1.

Protocols must be routinely reviewed and revised as needed. Instructions/protocol are *specific to the person’s needs* and must communicate their unique needs.

It is also important to identify what is “normal” and what “is not” so that everyone knows what to watch for, what to record, and what action to take with the information they collect!

CONSTIPATION PROTOCOL	
Resident Name _____	
<small>The following is intended as a guideline. It does not supersede facility policy, nursing judgment, or physician orders.</small>	
Call 911	
The following could be signs of a Bowel Obstruction and need immediate attention!!	
<ul style="list-style-type: none"> • If the person appears gravely ill or you are concerned about their immediate health and safety. • If the person is vomiting material that smells like BM. • If the person has severe, sharp intermittent or continuous abdominal pain. • If the person has a hard, protruding abdomen. • Other _____ 	
Sign and Symptoms of Constipation/Impaction	
<ul style="list-style-type: none"> • Hard, small, dry stools • Bloating and gas • Refusing to eat or drink • Spending a lot of time on the toilet • Straining or grunting • Liquid runny stools 	<ul style="list-style-type: none"> • Soreness of feces in undergarments • _____ days with no BM. • Persons own way of letting you know they are constipated. • _____
If noted: Notify the Nurse _____ Supervisor _____ Other _____	
Document on the Daily Notes _____ BM Record _____ MAR/TAR* _____ Other _____	
Documentation Reviewed by _____ Frequency of Review _____	
<small>*MAR-Medication Administration; TAR-Treatment Administration Record</small>	
Normal Bowel Routine	
Describe this person's normal frequency and consistency of BM's, when and where they normally go, and any special considerations: _____	

Monitoring	
Document BM's on the BM's documented by _____ BM Record _____ Observation _____ MAR/TAR _____ Self Report _____ Other _____	
Instructions on where to document when out of the home/at work: _____	
Documentation Reviewed _____ Frequency of Review _____	
Treatment and Prevention	
Special interventions such as exercise, fluid recommendations: YES ___ NO ___ See MAR/TAR _____	
Describe: _____	
Dietary Supplements (Fruit, Butter, Fiber): YES ___ NO ___ See MAR/TAR _____	
Describe: _____	
Toileting Schedule Program YES ___ NO ___ See MAR/TAR _____	
Describe: _____	
Adaptive Equipment: (Elevated toilet seat, grab bars) YES ___ NO ___	
Describe: _____	
Adaptive positioning: (Stander, Prone Positioner, L or R sidelying) YES ___ NO ___	
Describe: _____	
Mobility, clothing, equipment assistance: YES ___ NO ___	
Describe: _____	
Hygiene Assistance/hand-over-hand washing, pericare: YES ___ NO ___	
Describe: _____	
Routine Medications: YES ___ NO ___ See MAR/TAR _____	
PRN Medications/Treatments: YES ___ NO ___ See MAR/TAR _____	
Special Instructions for PRN meds: Such as when to administer, how long to wait for results and who to notify if no results: _____	

Name _____	
Completed by _____ Date _____	
Review Date: _____	

There is no one format. Protocols should be easy to read and no more than one page (front and back). The document is used as a quick reference and must be readily available for quick access.

What to do if you believe a person is constipated

Early identification of constipation signs and symptoms is critical. If you believe someone is constipated:

- Follow the person's constipation protocols;
- If no protocols exist but the person has orders for bowel medications, follow the medication orders;
- If there are no orders, immediately contact the person's health care practitioner and discuss your concerns. You will need to tell the person's health care practitioner what the normal bowel pattern is, how long it has been since the person's last bowel movement and any other information such as complaints of pain when going to the bathroom.

Call 9-1-1 if:

- Person vomits what smells like feces;
- Has a hard, protruding abdomen that is not normal for the person;
- Has severe abdominal pain;
- The person appears gravely ill and you are concerned about his or her immediate health and safety.



Summary

Constipation can cause serious life threatening conditions. In most cases constipation can be prevented by encouraging proper hydration, offering a high fiber diet, or through other specific individual interventions contained in either the protocol or instructions.

Training credit

You will need to take and pass a test to receive training credit (a certificate) for this course.

You can find out how to order a test here:

<http://www.oregon.gov/DHS/SENIORS-DISABILITIES/PROVIDERS-PARTNERS/Pages/afh-training.aspx>.

Sources for this module's information

National Institute of Diabetes and Digestive and Kidney Diseases:

www.niddk.nih.gov/health-information/health-topics/digestive-diseases/constipation/Pages/overview.aspx

National Institute of Aging:

www.nia.nih.gov/health/publication/concerned-about-constipation

Resources for this module

National Institute on Aging — Exercise & Physical Activity: Your Everyday Guide from the National Institute on Aging:

www.nia.nih.gov/health/publication/exercise-physical-activity/introduction

Course Development: Deborah Cateora B.S.N., R.N.



You can get this document in large print, braille or a format you prefer. Contact the Safety, Oversight and Quality Unit at 1-800-282-9092.

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