

Documentation The A-B-C-D



Bowels/Constipation

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Documentation: Bowels/Constipation



No wonder you're backed up.
The box says 'EAR', not
'REAR'!



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Constipation

a symptom

NOT

a disease!

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How serious a problem?

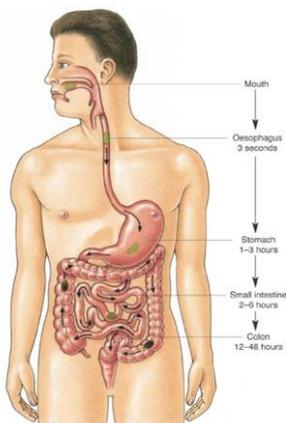
- 50-85% of older people w/ DD suffer from constipation (2005, Australia, Management Guidelines: Developmental Disability)
- Up to 70% of persons with dx of moderate to profound MR have it (2001, Netherlands, JIDR)

*Especially for non-ambulatory residents

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Transit times

- Mouth: 1 min
- Esophagus: 4-8 secs
- Stomach: 2-4 hrs
- Small intestine: 3 to 5hrs
- Colon: 10 hrs to several days



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What exactly is Normal?

Frequency:

- 3 X per week to 3X per day!

Average passage time:

- 50 (men) to 57 hrs (women), but can vary from 20-100hrs!

Average weight:

- 100g = 3.5 oz.

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What exactly is Normal?

Usual color:

- Brown but can vary from reddish or greenish dark brown to lighter mustard brown

Consistency:

- 70-75% actually H₂O!
(in bacteria & undigested plant cells)
- 50-66% bacteria
- 33-50% undigested plant foods (fiber)

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THE BRISTOL STOOL FORM SCALE



Type 1		Separate hard lumps, like nuts
Type 2		Sausage-like but lumpy
Type 3		Like a sausage but with cracks in the surface
Type 4		Like a sausage or snake, smooth and soft
Type 5		Soft blobs with clear-cut edges
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces

IDEAL: Type 4, Type 3 also OK

“they are most likely to glide out without any fuss whatsoever”

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Case-based module: Markus



Case-based module: Markus

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Markus

Social history:

Markus recently moved to a group home. He previously lived with his parents until his mother became ill and was admitted to the hospital 6 months ago. Markus has participated in multiple group activities and enjoys the company of others.

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Medical History:

- 46 years old
- Down Syndrome
- Seizures
- Obese (BMI 46)
- SOB when walking
- Heartburn (GERD?)
- Hypothyroidism

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Markus

Regular Medications:

Ranitidine 150mg OD
Carbamazepine 400mg BID

PRNs:

Tylenol 325mg, 1-2 tabs QID
Seroquel 25-50mg TID

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Recently

Markus is refusing to participate in group activities on various occasions.

He has also started grabbing his roommate when they are watching TV together.

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Brought to G.P....

Introduced Celexa (citalopram).
Started at 20mg and increased to 40mg/day after 4 wks.

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- Brought back to G.P:
 - Blood work done (CBC, electrolytes, TSH)
 - Referral for sleep study
 - **Seroquel 50mg TID added to MAR**
 - PRN remains

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Constipation (便秘)

WATER REMOVED (除去水份)

LIQUID ENTERS COLON (水份進入腸道)

HEMORRHOIDS (痔瘡)

TOO MUCH WATER REMOVED, FORMS HARD STOOL (過量水份被吸收形成堅硬糞便)

SOLUTIONS

Constipation:
how it can
happen

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SOLUTIONS

Cause & Effect: Risk Factors:

- Female > Male (2-3X); Age over 65
- IQ < 50 (moderate/severe/profound MR)
- Diagnoses: CP, hypothyroidism (DS), WS, DM, comorbid GERD
- Inadequate food/caloric & fluid intake
- Inadequate dietary fiber
- Immobility/non-ambulatory
- **Medications**

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SOLUTIONS

Kids vs Adults:

- Similar prevalence so likely is present early in life & does not necessarily develop over time
- Intrinsic motility problem rather than overstretching (functional retention)

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Medications that can impact:

- Anticholinergics; or meds w/ antiCH SE
 - Anti-psychotics, antidepressants, Anticonvulsants, benzodiazepines, Antiparkinsonians, antispasmodics
- Ca+ channel blockers
- Diuretics
- Antacids (Al hydroxide, Tums, Maalox)
- Fe+, Ca carbonate
- Opioids (narcotic analgesics) & NSAIDs

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Table 3

Drugs Associated with Constipation^{1,2}

Amantadine	Anticonvulsants
Antidiarrheal agents	Antihistamines
Antipsychotics (e.g., phenothiazines)	Barbiturates
Benzodiazepines	Beta-blockers
Cholestyramine	Clonidine
Calcium channel blockers (verapamil>diltiazem>dihydropyridines)	Diuretics
Lithium	5HT ₃ antagonists (e.g., ondanestron)
Non-steroidal anti-inflammatory drugs	Opioids
Polystyrene sodium sulfonate	Pseudoephedrine
Vinca alkaloids	Tricyclic antidepressants (e.g., amitriptyline)
Cation-containing agents (aluminum, calcium, iron, bismuth, barium)	

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Rome II criteria: 2 or > for at least 12 weeks in last year:

For >25 % of defecations:

- Straining
- Lumpy or hard stools
- Sensation of incomplete evacuation
- Sensation of anorectal obstruction
- Use of manual maneuvers to facilitate evacuation of stool

Less than 3 defecations per week
 Loose stools are not present
 Insufficient criteria for IBS Dx

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BEHAVIORAL SIGNS:

- SIB/aggression
- Irritability
- CB in 40% of Con, 25% w/ N bowels!
- Bohmer stopped lax D/C study, 80% CB!
- Positioning : legs bent at the knee, with thighs elevated to h pressure on the abdomen (crouching) (rocking on toilet seat)

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Red Flags (Alarm Symptoms) (**notify MD ASAP!)

- Abdominal pain
- N & V
- Melena, rectal bleeding, rectal pain
- Fever
- Weight loss

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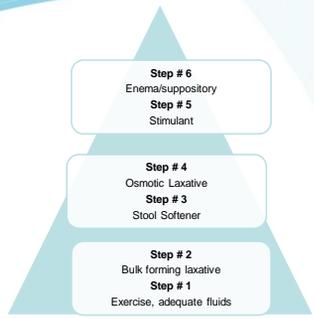


Other concerns:

- Cholecystitis (4Fs!)
- Gastritis & PUD
 - *H. Pylori*
 - Meds
 - G-tube placement

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Step # 6
Enema/suppository
Step # 5
Stimulant

Step # 4
Osmotic Laxative
Step # 3
Stool Softener

Step # 2
Bulk forming laxative
Step # 1
Exercise, adequate fluids

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- **BULK FORMING FIBRE:**
 - **Psyllium:** Metamucil® Psyllium Fiber
 - **Guar Gum:** Benefiber®
 - **Methyl Cellulose:** Citrucel®

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STOOL SOFTENER/LUBRICANT:

- **Docusate:** Colace, DSS, Albert Docusate, Docusate Calcium, Docusate Sodium, DulcoEase, Phillips Liqui Gels, Silace, Soflax
- **Mineral Oil:** Fleet Mineral Oil, Kondremul Plain, Magnesium Hydroxide/Mineral Oil, Mineral Oil Rectal, Phillips M-O

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OSMOTIC LAXATIVE:

- Lactulose: Duphalac®, Kristalose®, and Actilax® (Lactulose)
- Sorbitol: Sorbilax®
- Polyethylene glycol compounds: MiraLAX®, PEG3350
- Magnesium Hydroxide (milk of magnesia): Phillip's® Milk of Magnesia, Dulcolax® Milk of Magnesia, and Freelix®

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STIMULANT:

- **Senna:** Fleet® Liquid Glycerin Suppositories, Rite Aid® Senna Laxative, Traditional Medicinals® Smooth Move Herbal Stimulant Laxative Tea, Ex-Lax®, Senokot®
- **Cascara Sagrada:** Nature's Way® Cascara Sagrada Aged Bark
- **Castor Oil:** Swan® Castor Oil, Now® Foods Castor Oil
- **Bisacodyl:** Correctol® Bisacodyl Stimulant Laxative, Fleet Bisacodyl®, Dulcolax®, Gentlax®-Rite Aid® Corrective Laxative Tablet

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OSMOTIC SALINE:

- Magnesium citrate
- Magnesium sulfate
- Magnesium hydroxide: MOM

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ENEMAS:

- Soap suds
- Sodium phosphate
- Mineral oil

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Brought him back to G.P.

- Encouraged staff to increase dietary fibre
- Introduced stool softener
- Introduced Osmotic laxative PRN
- Introduced PRN suppository

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Questions?

Thank you!



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