



Northern Health Palliative Care

Constipation Tips and Tools

Constipation is a common complaint for patients living with life limiting illnesses. There are many factors that increase a patient’s risk of constipation in the palliative care setting (opioids, decreased mobility and limited intake). Constipation is often multifactorial, requires timely management, and may require multiple approaches.

Prevention and Management:

- Regularly monitor bowel patterns.
- Conduct a detailed history and physical assessment.
- Imaging may be required to rule out bowel obstruction.
- If a reversible cause can be identified, treat it if in line with patient goals of care.
- Prevention is key for clients with multiple risk factors.
- For patients on opioids ensure a regular laxative is ordered (except in bowel obstruction) to prevent and/or manage constipation. For most patients sennosides or Polyethylene Glycol (PEG) are used first line.
- Titrate laxatives to desired effect (typical recommendation: minimum 1 soft BM every 3 days)
- Encourage physical activity, fluid intake and dietary fibre (prunes/bran) as tolerated.



Helpful Tools:

Adult Bowel Care Orders:	Bowel Care Record and Assessment Tool:	Symptom Guidelines
Patient Taking Daily Opioid 10-111-5201-002	Bowel Care Record and Bowel Performance Scale: 10-000-5200	BC Inter-Professional Symptom Guidelines
Patient Not Taking Daily Opioid 10-111-5201-001		

Reference:
B.C. Inter-professional Palliative Symptom Management Guidelines, December 2017