

Hospice/Palliative Care - Bowel Protocol

ADDRESSOGRAPH/LABEL

1. Complete bowel assessment.
2. Determine Level at which to start, based on bowel pattern, time since last bowel movement and bowel medication use prior to admission. Document level chosen on the medication administration record (MAR) and nursing notes.
3. Document all bowel medications and interventions administered and bowel movement information on MAR and nursing notes. Include frequency, character, and amount of bowel movements.
4. Subsequent rectal and/or abdominal examinations are to be documented on the MAR and nursing notes.

INDICATIONS	CONTRAINDICATIONS
<p>To prevent opioid-induced constipation.</p> <p>To manage constipation where dietary measures have failed, or previous laxative treatment unsatisfactory.</p>	<p>Do not follow protocol for:</p> <ul style="list-style-type: none"> • Ileostomy. • Complete bowel obstruction. • Diarrhea. • Impaction if present, clear impaction prior to initiating protocol • Short Bowel Syndrome. • If in doubt, contact MD.
<p>LEVEL 1 - PREVENTION ONCE DAILY (HS)</p>	<p>Meds: 1. Sennosides 12 mg tablets; 12 to 36 mg (1 to 3 tablets) PO HS</p>
<p>LEVEL 2 - PREVENTION TWICE DAILY (BID)</p>	<p>Meds: 1. Sennosides 12 mg tablets; 24 to 36 mg (2 to 3 tablets) PO BID 2. Lactulose 15 mL PO BID</p>
<p>LEVEL 3 - CONSTIPATION MANAGEMENT No BM for 3 days or more. Do rectal examination and document on Bowel MAR.</p>	<p><u>Continue previous medications PLUS: a), b), or c)</u></p> <p>Meds: a) If soft stool in rectum Bisacodyl 10 mg supp PR. If not effective within 1 hour, give Microlax or Fleet enema PR b) If hard or impacted stool in rectum Oil Retention Enema PR. If not effective within 1 hour, give Microlax or Fleet enema PR. Disimpact if indicated. c) If no stool in rectum Perform abdominal examination and document. Assess abdomen for bowel sounds. If normal, give Microlax or Fleet enema PR+/- Oral Fleet Phospho Soda 15 mL PO. If abnormal, CALL MD/Hospice Palliative Care Team.</p>
<p>LEVEL 4 - CONSTIPATION MANAGEMENT (Day 2) No BM or insufficient result.</p> <p>OUTCOME: After a BM, resume Level 1 or 2 (increasing dose(s) PRN) to maintain a BM at least q 3 days. It is not uncommon to require increasing doses of sennosides as dose of opioid increases.</p>	<p>Nursing Assessment. May repeat above or consult with MD/Hospice Palliative Care Team.</p>