

Tips for Nurses: Constipation



What it is: Constipation is the limited or difficult passing of hard, dry stools (faeces). The time it takes for food to pass through the gut will depend on the individual.

Why it matters: Constipation is common in people with palliative care needs. Nurses have a role in assessment and care because constipation reduces quality of life and can cause:

- pain
- delirium
- changes in behaviour
- urinary retention
- faecal impaction and/or faecal incontinence
- bowel damage.

What I need to know: Constipation is a common concern in older adults. It is one of the most common symptoms in people receiving palliative care at an advanced stage of disease. Some specific factors relating to end of life that can influence constipation are:

- medications especially opioid analgesics and anticholinergic medications
- limited mobility
- not recognising the need to defecate
- lack of assistance to access a toilet
- neurological illnesses especially dementia, stroke, depression, Multiple Sclerosis and Parkinson's Disease
- general disability
- low caloric intake due to reduced appetite.

A bowel management program developed to address constipation concerns should reflect the person's preferences and be consistent with the current goals of care for the person.

Aperients as treatment for constipation:

- fibre-based medication requires adequate fluid intake
- polyethylene glycol preparations can be more effective and better tolerated than lactulose.

Actions

To know what the usual bowel habits for the individual are ask the person or their family.

A bowel management program can include:

- daily monitoring of bowel function (Bristol Stool Chart)
- medication review
- increased fluid and/or fibre intake
- increased exercise if relevant.

For palliative care:

- consider if the person is close to death
- consider their ability to safely swallow
- increasing fluids and fibre content of diet may not be realistic
- consider non-pharmacological approaches to relieve constipation
- use of suppository enemas may be appropriate.

Choice of aperient should be based on patient preference and circumstance. Consider what other medications the person is taking and for oral aperients the person's capacity to swallow.

Tools

Tools that may be useful include:

Screening Tool of Older Persons Prescriptions in Frail adults with limited life expectancy (STOPPFrail) – identifies medications which can cause or exacerbate constipation.

Bristol Stool Chart – a visual aid based on seven stool types.

Name:

My reflections:

How could I investigate whether the older person's medications are causing the constipation?

Careworkers are well placed to notice when a person's toileting patterns change.
How does this information reach nursing/supervisory staff in my organisation?

My notes:

See related palliAGED Practice
Tip Sheets:
Faecal Incontinence
Nutrition and Hydration
Opioid Analgesics

For references and the latest version of all the Tip Sheets visit
www.palliaged.com.au/PracticeTipSheets