

CONSTIPATION

Level II

Skill Level: RN

Definition: Difficult evacuation of feces that are unduly hard and dry; sluggish action of bowels.

MODERATE	
Subjective: <ul style="list-style-type: none">• May complain of inability to have bowel movement over past few days, feeling of fullness, abdominal distention (bloated).• Self-care measures and Milk of Magnesia not effective.	Assessment: <ul style="list-style-type: none">• Alteration in Bowel Elimination: Constipation
Objective: <ul style="list-style-type: none">• No change in vital signs.• Bowel tones present.• Abdomen may be firm or slightly distended.• May have abdominal discomfort, but no localized abdominal tenderness or involuntary guarding.	Plan: <p>Provide Level I treatment plan plus:</p> <ul style="list-style-type: none">• Dulcolax 10 mg QD/prn for 2 days.• May add Fleet's enema x 1 if Dulcolax not effective.• Increase fluid to at least 12 glasses (one gallon) of water a day.• Follow up with practitioner if no relief.• Notify practitioner if any severe or localized abdominal pain or if impaction is suspected.• Consider provider visit if current episode resolves but patient has had more than one moderate episode in a month.

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SEVERE	
Subjective: <ul style="list-style-type: none">• May complain of constipation 6 days or more.• Pain may be sudden and paroxysmal, or continuous.• May complain of severe bloating, anorexia, nausea, weakness.	Assessment: <ul style="list-style-type: none">• Alteration in Bowel Elimination: Constipation, possibly related to obstruction of bowel associated with underlying disease process.
Objective: <ul style="list-style-type: none">•• Vital signs similar to usual baseline.• No fever over 100.4 degrees F.• Bowel sounds present.• Abdomen may be distended and firm. Note any rigidity or rebound tenderness.• No focal abdominal pain.• Nausea, vomiting or diarrhea may be present.	Plan: <ul style="list-style-type: none">• If patient has severe constipation not responding to medical therapy, but has no severe abdominal pain, fever, or abnormal vital signs, refer to provider first available time. Treat nausea and/or vomiting per protocol.• If patient with non-focal abdominal pain, diarrhea, or vital signs different from usual baseline, call for provider for further advice.• If fever, absent bowel tones, severe or focal pain, prepare for transport to emergency facility, and contact provider. Do not delay emergency transport if needed.• If patient in shock or appears critically ill, apply EMERGENCY protocol and initiate emergency transport.

Nursing Education:

1. New onset constipation problems in patients over age 50 may be indicative of lower colon obstruction by a mass or tumor.
2. Evaluate and consider fluid intake, dietary factors, and medication use which may be contributing to constipation.
3. Chronic use of laxative (not including bulk laxatives) may cause chronic constipation. This should be treated by the provider and is not treated by protocol.

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APPROVED:

Medical Services Manager

Date

Chief Medical Officer

Date

Steve Shelton M.D.

2/24/2015

Medical Director

Date

Date Effective

3/2015

Revised February 2015