

THE NETHERSOLE NURSING PRACTICE RESEARCH UNIT EVIDENCE-BASED CARE PROTOCOL FOR MANAGING AND PREVENTING FUNCTIONAL CONSTIPATION FOR OLDER POPULATION

Standard statement

The older person is free from constipation.

Expected outcome

1. The older person will not need to rely on laxative for managing constipation.
2. The stool consistency will be improved.
3. The older person will be free from straining during defecation.
4. The older person will be free from sensation of incomplete evacuation after defecation.

Structure standard

The care team for managing the constipation problem includes:

1. Nurse consultant (Continence care) / Nurse specialist (Geriatrics care)
 - Provide advices on nursing care for severe constipation or relevant complications.
2. NNPRU research nurses
 - Conduct comprehensive assessment of bowel functions and associated risk factors for constipation
 - Develop and revise care protocol.
 - Educate ward staff about the purpose and content of the care protocol.
 - Evaluate the effectiveness of the care interventions.
3. Ward nurses
 - Implement the care protocol with individual needs taken into care planning.
 - Educate patients concerning the management and preventive measures for constipation.
 - Maintain effective communication with other healthcare providers to optimize the care.
4. Health care assistants
 - Assist the older person with limited functional ability during bowel training or abdominal massage.
 - Assist in preparing oat bran meal if necessary.
5. Doctors

- Order further investigations or blood biochemistry to rule out secondary causes when necessary.
- Prescribe treatment for complications or when the constipation problem remains unrelieved.

Process standard

1. Assessment and Planning

A comprehensive assessment is taken initially to assess the older person's bowel condition. The assessment covers four areas, including (1) bowel habits and experience, (2) risk factors for constipation, including medical conditions, use of medication, usual lifestyle, and (3) functional ability and (4) physical examination. Results of the detailed assessment are used to identify the possible causes of constipation and inform an individualized care plan or treatment. The care will be evaluated in ongoing fashion and modified when necessary. Details of the assessment are explained in the following:

(1) Bowel habits and experience

This part of assessment is to examine individual usual bowel pattern, including frequency of bowel movement and stool consistency. Data from the assessment help to establish a profile of signs and symptoms related to constipation and to understand the perceived impact of constipation on individual.

(2) Risk factors for constipation

This part of assessment is to identify the underlying factors that contribute to constipation in the context of medical condition, medication use, physical environment and dietary habits.

(3) Functional ability

The functional assessment covers several aspects, including cognitive function, assistance required for activities of daily living and eyesight.

(4) Physical examination

- Abdominal examination and digital rectal examination will be conducted as part of the assessment.
- Abdominal examination includes inspection for abdominal distension, auscultate for bowel sounds, palpation for pain or tenderness, or prominent masses.

- Digital rectal examination is to assess presence of faecal impaction (Procedural guideline 1). The procedure is withheld if there is any anorectal mucosal inflammation or infection, fissure, fistula, history of rectal cancer or rectal prolapsed. In case of faecal impaction, empty the bowel by means of fleet enema first.

2. Implementation

1.1 Diet modification

Purpose

To increase fluid and fibre intake to the recommended level

Fluid intake

- Encourage the older persons to achieve minimum fluid intake if not contraindicated.
- Prune juice mixed with warm water is given every day as supplementation.
- The minimum fluid requirement for individual in 24 hours is 30 ml per kilogram of body weight.

Fibre intake

- In addition to the fruits and vegetables provided by the regular hospital meals, add up to 8g of oat bran powder in daily diet, for example congee or soup, as the patient can tolerate.

1.2 Abdominal massage

Purpose

To introduce a safe, non-invasive technique of abdominal massage which helps to relieve or reduce symptoms associated with constipation and also stimulates peristalsis.

Time schedule

15 minutes on daily basis.

Method

- The patient or family members will be taught to perform abdominal massage.
- The patient will be lying supine in the bed.
- Support the patient's knees with a cushion or pillow underneath. As the abdominal muscle is more relaxed, the massage would be more effective.

- The nurse or family member who assists to perform abdominal massage can stand at the right side of the patient.
- Continue circling the abdomen with palms of both hands in clockwise direction: with left palm, make complete circles, keeping contact with the patient's body, passing below the ribs, down the side of the abdomen just inside the hip, across above the pelvic bone and up to other side.

Points to be noted

- Ensure that nails are short.
- Slow movements calm while brisk movements stimulate.
- The most effective massage treatment for constipation is massing the abdomen, always in a clockwise direction.

(For nurse/family members)

- Work with your body, rather than just your hands and arms. For example, when applying pressure, lean into the stroke, using your body weight rather than overworking your arms and wrists.
- Try not to break contact unnecessarily from the patient's body because a break in contact mid-flow can be disconcerting to the recipient. Of course, breaks when reaching a natural pause in the sequence are acceptable.
- If you forget the steps, use simple effleurage techniques until you remember. It is far better to improvise than to stop mid-flow.

Contraindications

- Fever
- Sunburn / windburn
- Undiagnosed lumps / bumps in surface tissue
- Skin infections – herpes simplex, impetigo, parasitic infestation, weeping or open sores, rashes, recent scar tissue, etc.
- Recent fracture
- Acute inflammatory conditions of the joints
- Thrombosis and phlebitis
- Immediately after a meal / alcoholic beverages
- Immediately after a journey by air
- Post operative with recent scar / burn tissue
- Post immunization / vaccination procedures

1.3 Bowel training

Purpose

To establish a regular toilet habit.

Time schedule

Schedule 15 minutes for bowel training once a day at times of maximal peristalsis, usually after meals.

Venue

- Bowel training is to be taken place at area where maximum privacy can be preserved, depending on their functional ability.
- Toilet and commode are recommended, depending on their functional ability, as they facilitate a correct sitting posture. Toilet is more preferable, unless the older person is at risk of fall.
- If the patient needs to use commode, refer to the Procedural Guideline for assisting patient to use a commode to ensure safe practice.

Toileting position

- The older person will be assisted, if necessary, to sit with both feet on a solid surface to maximize their abdominal muscle function and hence raise the intra-abdominal pressure to aid defaecation.

1.4 Exercise

Purpose

To strengthen abdominal muscle and stimulate peristalsis

Content

- The older person will have active exercise, regardless of the types, for 30 minutes every day.

1.5 Patient education

Purpose

To promote the older person's self care ability to manage constipation after discharge and prevent it from recurrence.

Content

The education materials cover areas about causes for constipation, related complications and choices of treatment, following by advices on nutrition and lifestyles, for example, food with rich dietary fibre and ways to improve mobility.

2. Evaluation

- Dietary and fluid intake, as well as details about bowel movements, including number of times, amount, colour and consistency of stool, is recorded on daily basis for ongoing evaluation.
- Use of laxative is recorded for comparison.
- Specific signs and symptoms associated with constipation are assessed on every 5 days.

Outcome standard

- The older person would not need to rely on laxative to manage constipation.
- The older person would be satisfied with the management for constipation.
- The older person would be able to identify appropriate lifestyles that promote bowel health.