

BOWEL CARE GUIDELINE:

Constipation:

Constipation occurs commonly in critically ill patients. Patients may be dehydrated, are not taking a normal diet, are sedated, immobile and may not be able to create the abdominal pressure required to defecate.

- Assessment should take place, where possible, in the first 24 hours.
- Think whether the patient has any relevant past medical history e.g. GI and GI surgical patients.
- Find out whether the patient would normally take any laxatives at home, if so ensure these are prescribed, if appropriate in their present condition.
- **Sodium docusate** and **Senna** should be prescribed daily for all patients in ICU with GI function and without diarrhoea

Senna: Stimulant laxative. *Dose 15mg twice a day, prescribed regularly.*

Sodium Docusate: Stimulant and softening agent. May take up to two days to work in chronic constipation. *Dose: 200mg twice a day, prescribed regularly.*

Osmotic laxatives e.g. Lactulose should be avoided as it causes gas production and bloating, in extreme cases it can cause splinting of the diaphragm. The exception is patients with decompensated liver failure with encephalopathy.

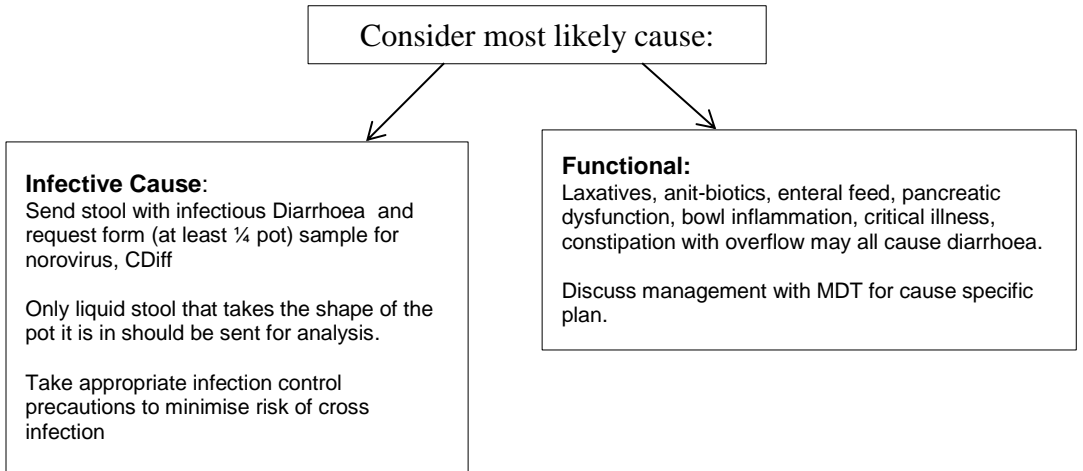
Bowels not opened for more than 1-2 days:

Inform medical staff and request that the patient has a PR examination.

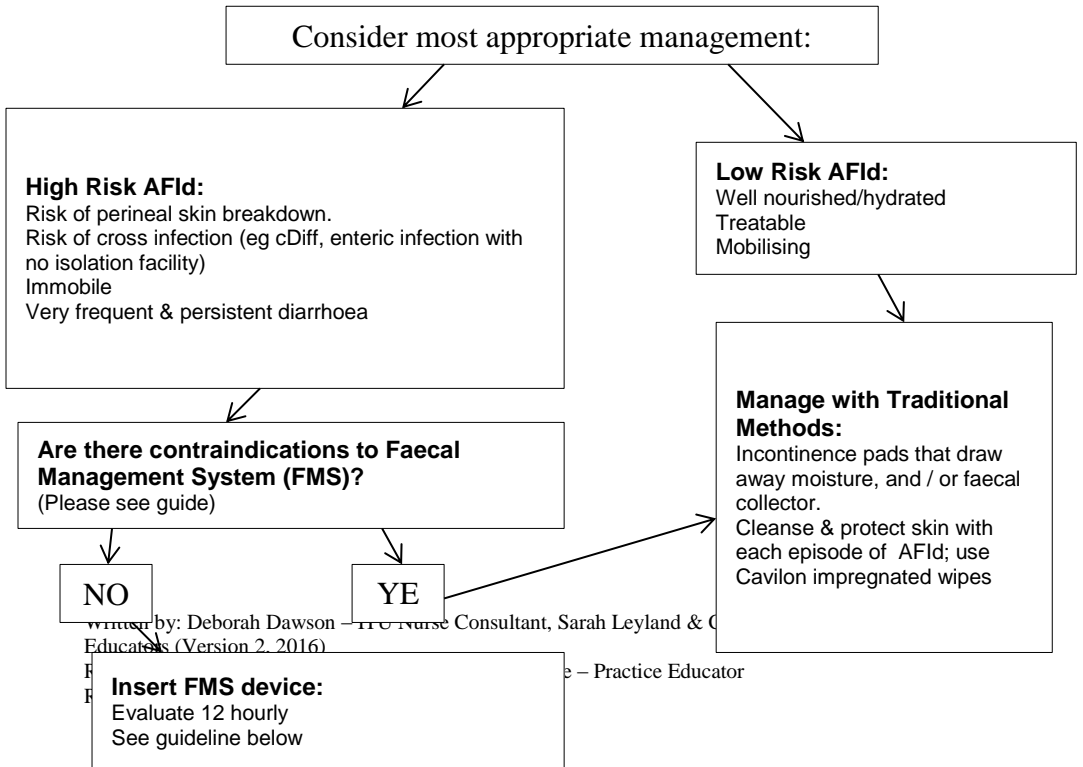
Discuss appropriate therapy, consider Glycerine suppositories (they are only effective if there is faeces in the rectum), phosphate enema or Laxido

AFId occurs when a patient has 2 or more episodes of faecal incontinence with diarrhoea in a 24 hour period. (Bayon Garcia et al 2013)

STEP 1



STEP 2



Written by: Deborah Dawson - FRCN Nurse Consultant, Sarah Leyland & C
Educators (Version 2, 2016)

Practice Educator