

CONSTIPATION GUIDANCE

Please read the Constipation Campaign Guidance

Below are some points to consider when assessing the risk of constipation for a service user in relation to their bowel management/constipation needs.

Any mention of a service user being at risk or affected by 'faecal impaction' a high risk and potentially fatal complication of constipation should be addressed immediately in consultation with your line-manager to ensure adequate support and monitoring is in place.

Staff to be aware that even if a service user is constipated they may have a small bowel movement that may lead to you believing that they are not constipated. However this is known as an "incomplete evacuation" and the service user will still be constipated.

Service users who suffer from constipation can also have what is referred to as "overflow diarrhoea. This is the result of the bowel leaking higher up in the bowel above the blockage and again the service user will still be constipated.

Vomiting Stools

Prolonged constipation can cause a backup all the way to the opening of the stomach. This means that when food is eaten it has nowhere to go (cannot move to the intestines. The service user would be experiencing significant abdominal pain and bloating from the obstruction before eventually vomiting. Faecal matter is a waste product filled with toxins waiting to exit. It has no business being in the stomach, and the stomach knows it. The most important fact here is that vomiting faeces is a MEDICAL EMERGENCY and requires decompression of the stomach. If you see or smell poop coming from a service user's mouth, they should be taken to hospital immediately. Vomiting the faeces out is only buying a little bit of time. If the obstruction that caused the poop to back up in the first place is not located, cleared, and repaired, will most likely result in death.

Constipation - Risk Factors

- 1. Existing or previous history of constipation or bowel problems.**
- 2. Current prescribed medication to assist with constipation**
- 3. Current prescribed medication with a known side effect of constipation**
- 4. Dehydration- which increases the risk of constipation problems and discomfort when having a bowel movement**
- 5. Poor diet lacking in daily fibre**
- 6. Lack of daily exercise or being in a wheelchair for long-periods**
- 7. Communication problems to alert staff to discomfort or constipation risks**
- 8. Mental Capacity, lack of understanding or awareness regarding constipation risks**

GUIDANCE NOTES

1. Please review the service user's support plan and medical history details to check for any health concerns associated with the risk of constipation. Notes may suggest that constipation may be triggered a result of other health conditions, for example Irritable Bowel Syndrome (IBS).
2. A G.P. or health specialist may already have prescribed medication to resolve or reduce the risks of constipation problems for a service user. Medication may include laxatives, lactulose, suppositories or enemas. (N.B. Suppositories or enemas can only be administered by a registered nurse) It is important that such medications are monitored appropriately and feedback gained from the service user regarding effectiveness. If a service user is refusing medication support for their constipation needs then a review should take place to address this matter and consider alternatives in consultation with the G.P. Please discuss any concerns with your line manager
3. There are many commonly prescribed medications that have constipation as a side-effect, e.g. anti-psychotics, medication for Parkinson's, anti-depressants and high strength pain relief e.g. oromorph or morphine sulphate, often used in palliative care. Where high strength pain relief is prescribed it is important to check with the service user whether they are complaining of discomfort and pain related to a diagnosed illness or as a result of constipation symptoms.
4. Dehydration contributes significantly to constipation problems. Where a service user already has an identified care need related to support or prompting to maintain adequate diet and fluids daily it is essential that accurate records are kept to ensure sufficient fluid is maintained and any concerns acted upon. Average guidance 6-8 glasses of water per day.
5. The recommended daily amount of fibre from food is 30g. Where staff have responsibility for purchasing and preparing food healthy options should always be considered following discussion and agreement with the service user. Also, encouraging the service user to consider alternatives to high-fat, high-sugar or high-salt foods for options that contain more fibre, fruit, salad and vegetables will help reduce constipation and also assist with other conditions such as diabetes, obesity and heart problems.
6. A service user affected by constipation may not be able to tell staff that they are experiencing pain or discomfort. The service user may also be embarrassed. Establishing an effective way to communicate respectfully with the service user about any constipation concerns in private will help to resolve these issues whilst maintaining their privacy and dignity.
7. Where staff have concerns that an individual may not fully understand or be able to address any risks to their health please refer to the Mental Capacity Guidance in our Constipation Campaign document.