

State Operated Community Program

Physician Order for Constipation

Client name: _____ **DOB:** _____

Client shall maintain a normal process of bowel elimination (note: 'Normal' or 'Regular' bowel movements range from 3 times a day to 3 times a week.)

A. Daily Bowel Hygiene:

2. Increase dietary fiber and fluids. Offer whole grain baked goods and cereal, and prune juice. Always include plenty of fluids when increasing dietary fiber.
3. Increase physical activity and exercise mobility and gravity increases peristalsis.
4. Ensure positioning in an upright or sitting position as tolerated when using a toilet.
5. Provide frequent opportunities for routine toileting and privacy.
Also, provide bathroom aids, such as grab bars or a raised toilet seat.

B. Signs and Symptoms of Constipation:

1. Refuses meal or loss of appetite.
2. Change in bowel patterns, such as numerous trips to the bathroom or staying in the bathroom for long periods of time.
3. Straining or pushing while having a bowel movement.
4. Client complains of pain when having a bowel movement.
5. Runny liquid stools after several days of no bowel movement or having only small, hard bowel movements.
6. Rectal digging.

C. Procedure for Constipation:

1. Be proactive and attempt to prevent constipation by providing a:
 - a. High fiber diet (i.e. Bran)
 - b. Allow plenty of fluids
 - c. Exercise
 - d. Allow increased opportunities to use bathroom facilities
 - e. Provide prune juice/prune pudding daily
2. Document and track bowel movements to establish a pattern of the client's routine.
3. If there is no physician orders in place and/or no PRN bowel products or medications available, call the on duty nurse or physician.
4. If after giving a PRN bowel product or medication, and no results within the time set forth by the physician, proceed to the next PRN ordered by the physician.
5. Use the following medications or products for treatment of constipation:
 - a. Milk of Magnesia _____ ml _____ times a day PO for _____ days. Give with _____ oz. Of water. *If no results proceed to _____.*

- b. Colace (DSS) ____mg. ____times daily PO. For ____days. *If no results proceed to* _____.
- c. Metamucil (Psyllium) vegetable fiber laxative ____Gm. Take ____time(s) a day. PO for ____days. or ____ Citrucel or ____ FiberCon tabs. *If no results proceed to*_____.
- d. Mineral Oil ____ Tbs. PO ____time(s) daily for ____days. *If no results proceed to* _____.
- e. Magnesium Citrate PO ____ml. ____time(s) daily.
If no results, may repeat times _____ the day following.
*If no results, proceed to*_____.
- f. Lactulose ____ml. PO____time(s) daily for ____days. *If no results after _____ minutes, proceed to* _____.
- g. GoLYTELY or Nulytely ____oz. of solution every _____minutes time(s) _____oz. total. *If no results, proceed to*_____.
- h. Glycerin suppository PR ____time(s) daily for ____days. *If no results, proceed to* _____.
- i. Enema _____ Fleets, _____Tap Water, or _____Oil Retention PR time(s) _____daily for _____days. *If no results proceed to* _____.
- j. Other_____.

D. Bowel Emergencies

Caregivers can prevent fatal bowel impactions by watching for the following in persons who have a history or current problem with constipation.

CALL 911 if:

- a. Vomiting material that smells like feces or looks like coffee grounds or dark jelly.
- b. A very hard, protruding stomach
- c. Severe abdominal pain

NOTIFY: Supervisor Case Manager RN
 Physician Other _____

Document incident(s) in client's medical record.

Client name: _____

DOB: _____

Approved by Physician: _____

Date: _____