NURSING CARE

BOWEL CARE

ADMINISTRATION OF APERIENTS

AIM

- To provide appropriate information on the use of aperients.

KEY POINTS

- The use of aperients should only be considered when other options such as exercise, diet and fluid intake have been assessed and refined appropriately.\(^1\)
- Pharmacological treatment should be used for a short time period, until the woman returns to regular and full bowel evacuation.\(^2\)
- The first choice laxative for an ambulant older woman is a bulking agent, and if non-ambulant use osmotic and stimulant laxatives.\(^1\)
- Orders for pharmacological treatment of constipation shall be written as PRN to enable assessment of need and to direct appropriate use of different classes of laxative before commencing treatment.\(^2\) Aperients may be prescribed regularly for patients on large doses of opioids.
- Aperients shall be introduced in a stepwise approach as outlined below.

CLASSIFICATION OF LAXATIVE THERAPIES

<table>
<thead>
<tr>
<th>STEP</th>
<th>CLASS</th>
<th>DRUG</th>
<th>BRANDS</th>
<th>SITE OF ACTION</th>
<th>MECHANISM OF ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Osmotic</td>
<td>Sorbitol</td>
<td>Sorbilax</td>
<td>Colon</td>
<td>Retains fluid in the colon by osmotic effects &amp; stimulates peristalsis.(^3)</td>
</tr>
<tr>
<td></td>
<td>laxatives</td>
<td>Lactulose</td>
<td>Actilax/ Duphalac</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Glycerine</td>
<td>Glycerol suppository</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Polyethylene</td>
<td>Movicol ColonLYTELY</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Glycol</td>
<td>Fleet – oral liquid</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Saline</td>
<td>and enema</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Laxatives</td>
<td>Microlax Picoprep</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Lubricant/</td>
<td>Docusate</td>
<td>Coloxyl (also Coloxyl</td>
<td>Small and</td>
<td>Use with a stimulant or osmotic laxative.(^4) Docusate &amp; poloxamer are detergents &amp; act to soften stools.</td>
</tr>
<tr>
<td></td>
<td>softeners</td>
<td>Liquid paraffin</td>
<td>&amp; Senna)</td>
<td>large intestine</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Poloxamer</td>
<td>Agarol</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Coloxyl oral drops</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: Use with caution when inadequate fluid intake, especially in the elderly. Contraindicated in women with intestinal obstruction, megacolon or pre-existing faecal impaction.\(^2\)

Note: Not recommended for long term use. Contraindicated for use in patients with:
- Intestinal obstruction

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DPMS Ref: 8348
All guidelines should be read in conjunction with the Disclaimer at the beginning of this manual Page 1 of 3
### STEPS CLASS DRUG BRANDS SITE OF ACTION MECHANISM OF ACTION

- **Inflammatory bowel conditions**
- **Acute abdominal conditions e.g. appendicitis.**

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Irritant or Peristaltic stimulant</td>
<td>Senna</td>
<td>Senokot (also Coloxyl &amp; Senna)</td>
<td>Colon</td>
<td>Increases intestinal motility by stimulating nerve endings in colonic mucosa. May cause accumulation of electrolytes &amp; water in the colon.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Bisacodyl</td>
<td>Dulcolax</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Sodium picosulphate</td>
<td>Picoprep</td>
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</tr>
</tbody>
</table>

**Note:** Use with caution in women with impaired renal function, cardiac disease, electrolyte imbalance or women using diuretics. Not recommended for long term use.

### Additional information

Interventions are aimed at restoration of usual bowel patterns and should be individualised to each woman. *Acute* constipation benefits from enema, suppository or osmotic aperients, whilst bulking agents are useful for *chronic* constipation. Additionally, women using *opiates* may benefit from stimulant and faecal softening agents.

For assessment and severe constipation, see [Clinical Guideline Section C: 1.2 Bowel Care](#).

### REFERENCES (STANDARDS)


### National Standards – 1 Clinical Care is Guided by Current Best Practice

4 Medication Safety

Legislation - Nil

Related Policies - Nil

Other related documents – B 1.10.1 Management of Constipation in Pregnancy

### RESPONSIBILITY

**Policy Sponsor**
Chief Pharmacist

**Initial Endorsement**
March 2009

**Last Reviewed**
October 2014

**Last Amended**
October 2017