NURSING CARE

BOWEL CARE

AIM

- To provide information on the management of constipation.

BACKGROUND

Constipation refers to difficulty during defaecation and infrequent bowel movements over an extended period of time. Symptoms include hard, dry stools, bloating and abdominal pain, tenesmus (feelings of incomplete evacuation), excessive straining, overflow, manual manipulation or haemorrhoids. Definitions of normal bowel function vary, but frequency ranges between three times per week to three times per day. Chronic constipation can lead to an increase in symptoms and reduced quality of life, including general malaise, mood changes and depression.

RISK FACTORS

Lifestyle issues are associated with constipation, particularly the level of fluid intake, dietary fibre, history of laxative usage, sedentary habits and delaying the urge to defecate. Risk factors include:

- Low fluid / dietary fibre intake
- Reduced mobility, extended bed rest
- Environmental issues, delaying defaecation urge
- Medical conditions, for example: anxiety, depression, eating disorders, endocrine (hypothyroidism, hyperparathyroidism, diabetes), neurological (Hirschprung's disease, multiple sclerosis, Parkinson's disease, spinal cord injury, impaired cognitive function), gastrointestinal (lesions, prolapse, obstructions), & negative outcomes of abdominal / gynaecological surgery
- Medications (e.g. ferrous compounds, diuretics, antacids, opioids, anti-depressants, anti-cholinergics, and chronic laxative use).

ASSESSMENT

When assessing the severity of the problem consider the woman's:

- Usual bowel patterns. Time since last normal bowel action. Check and record on chart.
- Diet (fluid and fibre intake), mobility, activity, functional status, medications
- Symptoms, general condition (including symptoms like weight loss or blood in faeces)
- Previous history, any previous perineal-pelvic-abdominal or obstetric-gynaecological surgery, and any treatment that has worked in the past.

EDUCATION

- Provide advice and education about lifestyle changes, hydration, diet (increased exercise, fibre and water), unless contraindicated (e.g. heart failure with fluid restriction) and simple laxatives as needed. Upright posture on toilet and an unrushed environment assists defaecation.
- Refer to the nutrition and dietetics and physiotherapy departments if appropriate.

SEVERE CONSTIPATION (5 DAYS OR MORE)

- Ask the medical officer to assess the woman. Rectal and abdominal examinations and an abdominal x-ray may be performed.
• Exclude the possibility of a bowel obstruction before beginning treatment.  
• Consider whether manual removal of faeces may be necessary before beginning treatment.

TREATMENT REGIME
1. Oil retention enema: See Clinical Guideline C 1.2.3 Administration of an Enema
2. Phosphate or coloxyl enema morning and evening.
3. Commence on a faecal softener.
4. Encourage high intake of fruit juices (e.g. orange, prune), and sufficient water.  
5. Continue the treatment until the problem is resolved. Reassess the woman daily.
6. Commence the woman on regular aperients to prevent further problems.
7. Refer to the dietitian if dietary advice is needed.

FAECAL IMPACTION

TREATMENT
1 Warm the oil infusion retention enema and leave in the rectum with the foot of bed elevated for at least one hour.
2 Give a warmed disposable enema.
3 If there is no result, a manual removal of faeces is indicated. Refer to the medical officer.

LINKS TO RELATED GUIDELINES
See also KEMH Clinical Guidelines:
Section C:
• Administration of Aperients
• Administration of Rectal Suppositories
• Administration of Enema
• Colonic Lavage

Obstetric and Midwifery Guidelines: For constipation in pregnancy: Minor Symptoms or Disorders in Pregnancy

REFERENCES (STANDARDS)
National Standards – 1 Clinical Care is Guided by Current Evidence Based Practice
Legislation - Nil

Related Guidelines / Policies – Administration of Aperients

Other related documents – Nil

RESPONSIBILITY
Policy Sponsor | Nursing & Midwifery Director OGCCU
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