Webinar Tips
Presentation will begin at 12:30 pm EST

• Call the teleconference number: to hear the presentation.
  1-866-602-6731 or 416-933-3825 and enter pass code 1215771#

• Do not press the ‘hold’ button on your phone line if you have background music

• Phone lines will be muted for all participants at 12:30 pm and opened later for questions

• While waiting please respond to the poll on the right
Best Practices for Assessment and Prevention of Constipation

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WebEx Features

- **Full Screen Mode**
- **Q & A Panel**
- **Type Questions Here**
Constipation Poll

Please complete the true and false questions on constipation in the poll on the right side of your screen.
Objectives

1. Provide an overview of Constipation
2. Highlight best practice recommendations for implementation of the RNAO Best Practice Guideline on Prevention of Constipation in the Older Adult Population.
3. Share resources to support implementation of best practices to address and prevent constipation.
What is “CONSTIPATION”? Definition

A condition in which there is difficulty in emptying the bowels, usually associated with hardened feces. Oxford Dictionaries · © Oxford University Press

Chronic constipation as the self report of 2 to 4 chronic symptoms (straining, hard or lumpy stools, incomplete evacuation, and infrequent stools). Choung et al. (2007)
Conditions that affect Bowels

- Colon cancer
- Diabetes mellitus
- Hypercalcemia/hypokalemia
- Neurological conditions
- Parkinson’s disease
- Stroke
- Paralysis
- Damage to sacral nerve – childbirth.

Heart & Stroke Tips and Tools for Everyday Living 2010
Other Constipation Causes

• Habits and Patterns:
  • Ignoring the “Urge” to defecate
  • Abuse of laxatives
  • Lack of exercise
  • Dehydration,
  • Immobility
  • Low fibre diet and/or high carbohydrate diet
RNAO Best Practice Guideline: Prevention of Constipation in the Older Adult Population

Recommendations:

1. **Practice** - Assessment, Interventions and Evaluation

2. **Education** - Enhancing skills required to assess, prevent and manage constipation

3. **Organization and Policy** - Supportive practice environment and interprofessional team approach
**Prevention of Constipation Algorithm**

**Assessment:**
- Bowel history
- Diet history
- Medication Review
- Functional
- Cognitive
- Physical
- 7 day bowel record/diary

- Toilet at a consistent time of day
- Tailor physical activity

- Increase fluid intake to between 1500-2000 ml/day

- Increase dietary fibre to 21-25 gram/day

- Evaluate using 7-day bowel record

RNAO Prevention of Constipation BPG, 2011
Assessment Recommendations

1.0 Assess constipation by with a client history.

Bowel history includes...:

2.0 Assess fluid and fibre intake levels and Relevant medical & surgical history.

3.0 Review of Medications

3.1 Screen for risks of Polypharmacy
Assessment: Medications

True or False?

1. Over half of residents in long term care use laxatives to have a bowel movement...

True
Medication-Associated Risks for Constipation

3.0 Review the client’s medications to identify those associated with an increased risk for developing constipation, including chronic laxative use and history of laxative use.

3.1 Screen for risks of polypharmacy, including both prescription and over-the-counter drugs and their adverse effects.
4.0 Assess functional & cognitive abilities

True or False?

2. A resident with immobility is at risk for constipation...

True
5.0 Do a physical assessment
6.0 Identify bowel pattern - 7 day diary

- Bowel pattern,
- Episodes of continence/constipation
- Toileting method
- Triggers for defecation.
Constipation - Interventions

Address Contributing Factors

• Insufficient fluid
• Decreased fibre in diet.
• Regular toileting
• Decreased mobility due to lack of exercise.
• Cognitive issues: ie, lack of recognition of urge to defecate.
• Medications that cause constipation

Monitor effect of interventions on BM’s
True or False?

4. Increasing fluid intake improves constipation

Generally True
Interventions - Fluid

   - Ensure that fluid intake is tailored to the needs of the individual resident
   - Encourage sips of fluid throughout the day.
   - Minimize caffeinated and alcoholic beverages as they are diuretics.
   - Multicomponent factor - Fluids alone won’t fix constipation
True or False?

3. Adding fibre to residents’ diets is a good way to prevent constipation...

True, most of the time...
Interventions - Fibre

8. Encourage daily fibre intake of 21-25 gms/day
   • Must drink fluid to digest fibre!
   • Consider using a dietary fibre supplement
   • Gradually increase fibre intake as fluid intake increases
   • Use caution with ‘bed-bound’ residents
   • Refer to dietitian
10.1 – Encourage physical activity

- Walking for mobile clients.
  - 15-20 minutes once or twice a day or
  - 30-60 minutes daily or
  - 3 to 5 times per week.
  - ambulating at least 50 feet twice a day is recommended for individuals with limited mobility.

- Exercise works in combination with other interventions
   • Individualize daily routine to resident.
   • Base on the triggering meal(s), usually breakfast
   • Encourage defection when the urge to defecate occurs
   • Provide visual and auditory privacy
Assess for individual/cultural toileting practices

www.pintrest

TotalProSports.com
Toileting: Privacy versus Safety

How do you provide privacy while ensuring the safety of residents when on the toilet?
Toileting – Auditory Privacy

- Avoid talking when bowel evacuation has begun.
- Try to maintain a quiet environment

Silence is Golden
Toileting – Allow time

Stimulants and diversions can help residents have a bowel movement
True or False?

5. Sitting in a chair is a good way to have a bowel movement

False!
9.1 A squat position should be used to facilitate the defecation process.

For clients who are unable to use the toilet (eg. bed-bound)
- Simulate squat position.
- Place the client in left-side lying position while bending the knees and moving the legs toward the abdomen.
10.2 Encourage Physical Activity

- For persons unable to walk or who are restricted to bed, exercises such as pelvic tilt, low trunk rotation and single leg lifts are recommended.

- Upper body exercises for those in wheelchairs or in bed.
Stepwise Approach to Constipation

Step 1 – Fluids, Fibre, Exercise and Toileting Regimens

Step 2 – Use with CAUTION. Bulk-forming laxatives and stool softeners.

Step 3 – Osmotic laxatives

Step 4 – Stimulants

Step 5 – Suppositories and Enemas

Intervention - Laxative Use

- Laxatives can cause dependency.
- Ideally use laxatives only after trying exercise, fluid, fibre, & toileting regimens.
- Review laxative use regularly. Try to wean residents from laxatives while gradually increasing fluids, fibre and exercise.
- Give bulk forming laxatives and stool softeners with caution in residents prone to dehydration
- When residents require laxatives use Gentle Persuasive Approach.
Laxative/Suppository Use

• Use osmotic laxatives – lactulose and stimulants – senokot as ordered.
• Give suppository or enema only if laxatives are ineffective.
• Suppositories work within 15 -60 minutes.
• Constipation caused by narcotics: Evidence is limited. Laxatives often required.
Bowel Retraining

- Find a regular time each day without interruptions (Usually in the morning after breakfast is the best time).
- Sit on the toilet for about 15 mins. Preferable to do this 10 to 20 mins. after a meal with caffeinated coffee.
- If no bowel movement, get up and do regular activities.
- If no bowel movement after 2 or 3 days, use an enema.
- Continue with daily laxatives as prescribed.
- Avoid becoming frustrated if success is not immediate.
- Be patient and keep trying alternatives.

Adapted from The University of North Carolina Center for Functional GI & Motility Disorders
11. Evaluate interventions to ensure effectiveness.

- Monitor resident responses to interventions
- Update care plan accordingly.
- Follow up with referrals to dietitians, etc.
- Document and monitor bowel movements
Education Recommendations

• Comprehensive education programs:
  - all levels of healthcare providers,
  - residents and family/caregivers.

• Purpose for education:
  - early identification of individuals at risk for constipation
  - reducing and managing constipation
  - promoting bowel health

• Education about program planning, monitoring and evaluation:
  – effectiveness of the bowel management program,
  – audits and quality assurance process.
Educational topics

• Physiology of the bowel and defecation
• Definition and types of constipation
• Levels of risks for constipation
• Constipation Risk Assessment Tool(s)
• Bowel care of older adults
• Health strategies for maximizing bowel function
• Understanding self reports of constipation from older adults
• Eradication of false beliefs, i.e. need for a daily bowel movement
Education for health care providers

• Impact of:
  - medications on bowel functioning
  - impaired bowel functioning on bladder emptying, urinary tract infection
  - medical conditions on bowel functioning
  - acute hospitalization on bowel functioning

• Laxatives:
  – Effect of prolonged use
  – Effect of different types

• Use of the Bristol Stool Form Scale
Long-Term Care Best Practices Toolkit, 2nd edition
Implementing and sustaining evidence-based practices in long-term care.

Clinical Best Practice Guidelines

RNAO clinical best practice guidelines (BPG) are comprehensive documents that provide recommendations, supporting evidence, resources/tools for evidence-based practices. The LTC Toolkit contains the RNAO clinical BPGs related to: person- and family-centred care, prevention and management, skin and wound care, continence care and bowel management, pain assessment and management, delirium, dementia and depression and responsive behaviours, prevention of abuse and neglect, alternative approaches to the use of restraints, and end-of-life care.

The resources/tools for each clinical BPG topic are grouped into the following categories:

- RNAO Best Practice Guidelines
- Other Related/Supporting RNAO Best Practice Guidelines
- College of Nurses of Ontario Practice Standards and Guidelines
- Applicable Legislation and Regulations
- Other Practice Standards and Guidelines
- Organizational Assessment, Implementation and Evaluation
- Clinical Assessment and Care Planning
- Policies and Procedures
- Education and Teaching resources/tools
- Self-Learning/e-Learning
- Other Supporting resources/tools
- Related Websites/Organizations

Available French language resources are found in each toolkit topic and through the "All French Clinical resources link at the bottom of the navigation pane on the right side of the webpage.
Education Resource for Facilitators

Continence/Constipation Workshop for RNs in Long-Term Care

Learning materials include:

1. facilitator's package,
2. participant's package and
3. slide presentation.

http://rnao.ca/sites/rnao-ca/files/Continence__Constipation_Workshop_-_Long-Term_Care_Facilitators_Guide.pdf
Resident and Family Education

Constipation: Prevention is the key

Did you know that constipation is a frequent health concern for older adults and their care providers?

**Many things lead to constipation:**
- Not getting enough fiber
- Not drinking enough fluids
- Not getting enough exercise
- Using laxatives on a regular basis
- Taking medications that cause constipation
- Becoming less active as we age

**Here are some facts:**
- It is estimated that 30% - 50% of older adults living in the community use laxatives daily.
- Constipation increases with age.
- At one time or another, almost everyone gets constipated. In most cases, constipation is temporary and not serious.

Fortunately, there are many ways to prevent constipation. Understanding the reasons for constipation is the first step if you have chronic constipation. Talk to your family, doctor, or pharmacist.

**Here are some helpful hints:**
- Drink at least 2 liters of fluids daily (both water and fruit juice)
- Add fiber to your diet (with fruits and vegetables)
- Add fiber supplements (otium, psyllium, etc.)

**Facts and Resources:**
- Correcting the myth that laxatives are a waste of time
- Understanding the importance of fiber and fluids
- Finding the right balance of fiber and fluids
- Reducing the risk of constipation
- Avoiding the dangers of laxatives

**Myth 1: Constipation is not serious**

The myth: Constipation is not serious. In reality, constipation can be very painful and harmful to the body. It can lead to other health problems, such as urinary tract infections, kidney stones, and heart disease.

**Myth 2: Fecal incontinence is diarrhea**

Fecal incontinence (FI) occurs in up to 20% of older people. It is a major problem because it can cause embarrassment, anxiety, and depression. It is also a sign of underlying health problems, such as dementia, stroke, or cancer.

**Myth 3: Bowel disorders are not treatable**

This is not true. There are many treatments available for bowel disorders, including medications, dietary changes, and surgery.
Organization Recommendations

Recommendation 13:

• Organizations are encouraged to establish an interprofessional team approach to prevent and manage constipation.

• Nurses, physiotherapists, occupational therapists, clinical pharmacists, registered dietitians, personal support workers, activation assistants, attending physicians and specialists.

• All team members have a role to play.
Organizations Support

Recommendation 14:

• Adequate planning, resources, organizational and administrative support.

• Appropriate facilitation of the change process by skilled facilitators.

• Take into account local circumstances when implementing the guideline

• Active educational and training program.
Use Gap Analysis

- Identify Recommendations
  - √ Met
  - √ Partial Met
  - √ Unmet
Continence and Bowel Management
Program Requirements – LTC Act

- Interdisciplinary program
  - A written description of the program includes:
    - goals and objectives
    - relevant policies, procedures and protocols
    - provides for methods to reduce risk
    - monitor outcomes
    - protocols for the referral of residents to specialized resources where required.
- Documentation - assessments, reassessments, interventions and resident’s responses to interventions.
Continence and Bowel Management Program

- Treatments and interventions to promote continence.
- Treatments and interventions to prevent constipation, including nutrition and hydration protocols.
- Toileting programs- voiding schedules and protocols for bowel management.
- Strategies to maximize residents’ independence, comfort and dignity, including equipment, supplies, devices and assistive aids.
- Annual evaluation of residents’ satisfaction ...
Conclusion

- Constipation is everybody’s problem.
- It is usually preventable.
- In long term care, constipation requires adapting to the needs of residents.

We Did It!
References


References


• www.googleimages.ca