

# Webinar Tips

## Welcome to Best Practices in the

## Prevention and Management of Constipation.

**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**



INTERNATIONAL  
AFFAIRS & BEST PRACTICE  
GUIDELINES CENTRE

# Best Practices for Assessment and Prevention of Constipation

## Presenters:

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Heather Woodbeck RN, HBScN, MHSA LTC BPC Northwest LHIN

# WebEx Features

The screenshot displays the Cisco WebEx Event Center interface. The main window shows a presentation slide with the following text:

INTERNATIONAL AFFAIRS & BEST PRACTICE GUIDELINES CENTRE

**iaBPG** INTERNATIONAL AFFAIRS & BEST PRACTICE GUIDELINES CENTRE

CELEBRATING AND SUPPORTING YOUR CHOICE TO WORK IN LONG-TERM CARE!

THE NURSING ORIENTATION E-RESOURCE FOR LONG-TERM CARE

Registered Nurses' Association of Ontario (RNAO)

RNAO Registered Nurses' Association of Ontario  
Speaking out for nursing. Spreading the word about health.

The right-hand panel is titled "Participants" and "Q&A". It shows a list of participants under the "Participants" tab, including "Panelists: 1" (RNAO RNAO (Host)) and "Attendees: (me)". Below this is the "Q&A" tab, which is currently empty. At the bottom of the Q&A panel, there is a text input field labeled "Ask:" with a dropdown menu set to "All Panelists". A green arrow points to this input field with the text "Type Questions Here".

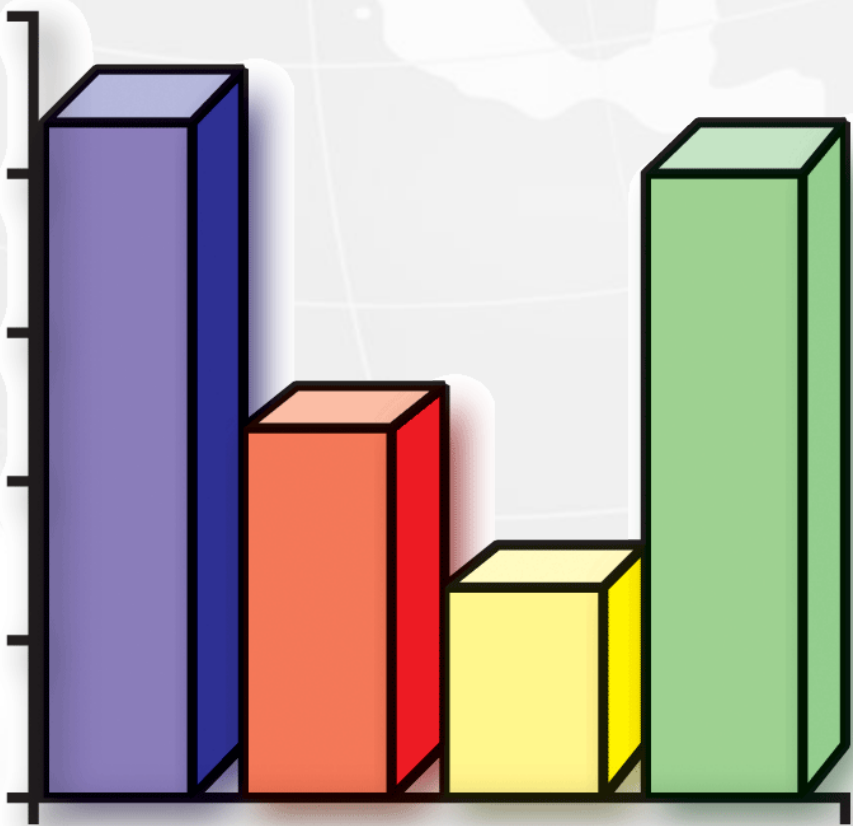
At the bottom left of the main window, there is a "Full Screen" button. A green arrow points to it with the text "Full Screen Mode".

At the bottom right of the main window, there is a "View" button. A green arrow points to it with the text "Type Questions Here".

The bottom status bar shows "Cisco WebEx Event number: [redacted]" and "Connected" with a Cisco logo.

# 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.

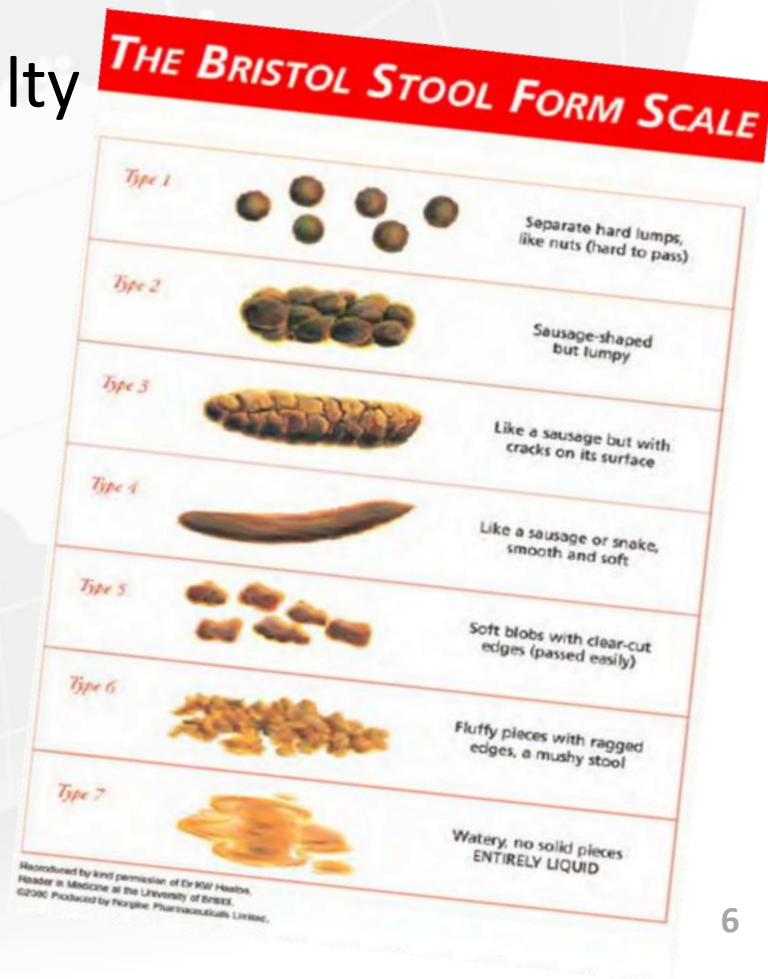


# What is “CONSTIPATION”? Definition

A condition in which there is difficulty in emptying the bowels, usually associated with hardened feces.

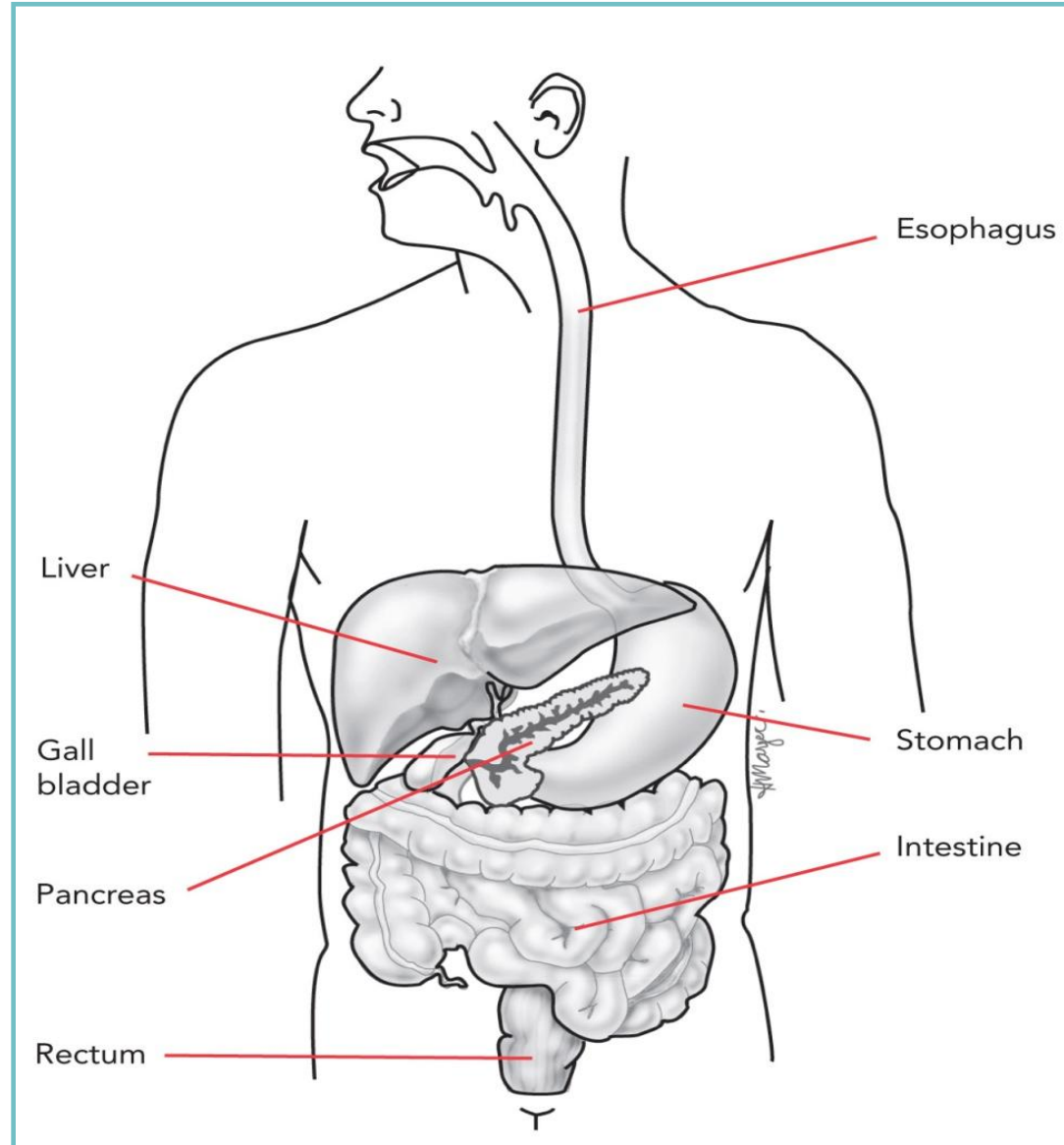
Oxford Dictionaries · © Oxford University Press

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.



# Other Constipation Causes

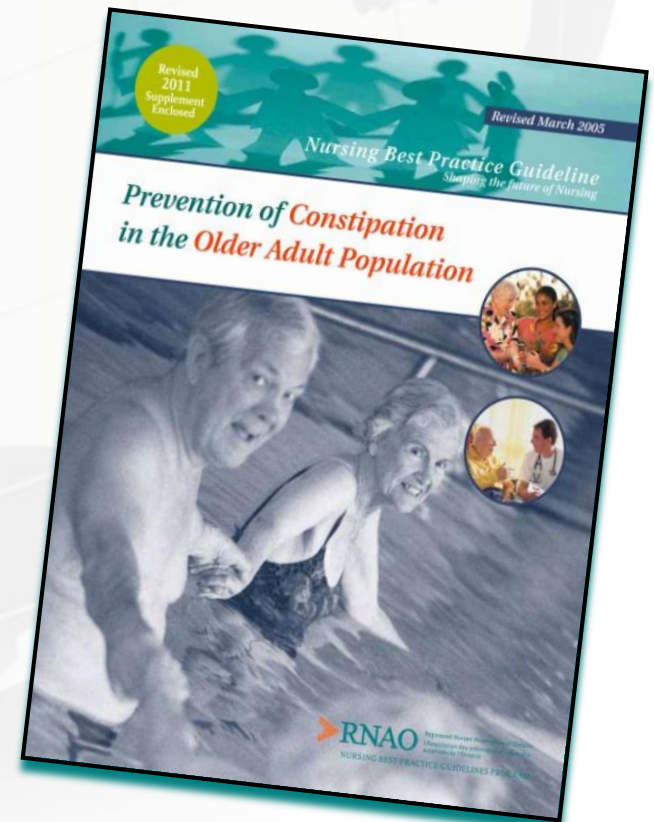
- **Habits and Patterns:**
  - Ignoring the “**Urge**” to defecate
  - Abuse of laxatives
  - Lack of exercise
  - Dehydration,
  - Immobility
  - Low fibre diet and/or high carbohydrate diet



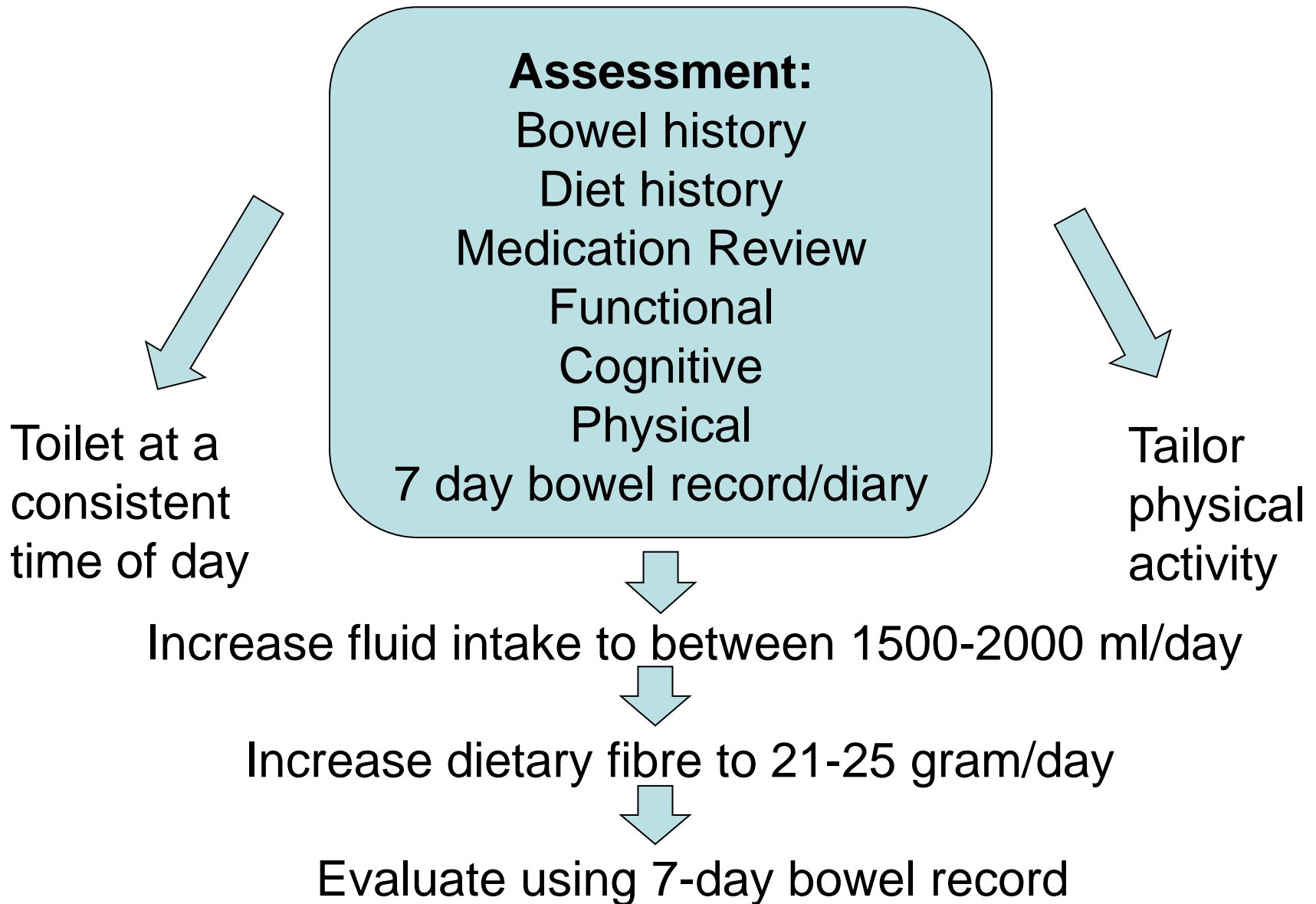
# RNAO Best Practice Guideline: Prevention of Constipation in the Older Adult Population

## 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 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.

Addressograph

7-Day Bowel Record

### IDENTIFICATION

Resident	
Start Date	
End Date	

Date	Time of BM	Description of BM	Toilet or Commode used (✓)	Incontinent (✓)	Bowel Protocol Items Given (Natural Stimulant, Laxative, Suppository, Enema)

Adapted from: Ontario Association of Non-Profit Homes and Services for Seniors. (2005). *A Resource Guide for Long Term Care Homes: Skin and Wound Care, Continence Care, Nutrition and Hydration*. Woodbridge, Canada: Ontario Association of Non-Profit Homes and Services for Seniors.

# 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

7. Daily fluid intake of 1500-2000 mls.
  - **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



# Intervention - Regular Toileting

## 9. Promote regular, consistent toileting.

- Individualize daily routine to resident.
- Base on the triggering meal(s), usually breakfast
- Encourage defecation when the urge to defecate occurs
- Provide visual and auditory privacy





# Assess for individual/cultural toileting practices



[www.pinterest](http://www.pinterest)



[TotalProSports.com](http://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!**

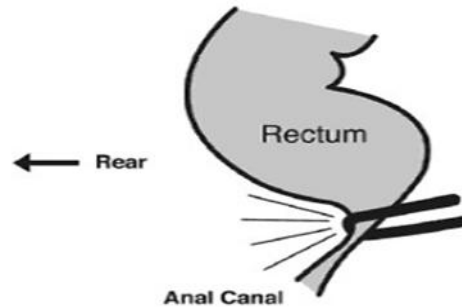




## 9.1 A squat position should be used to facilitate the defecation process.



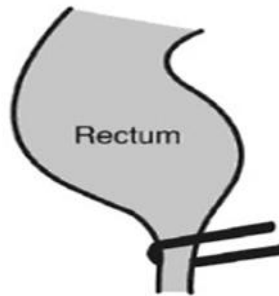
**Unnatural position:  
Tension & Strain**



**Chokes the  
rectum**



**Natural position:  
Relaxed**



**Relaxes & straightens  
the rectum**

Sitting Versus Squatting. Illustrations by Gregg Einhorn.



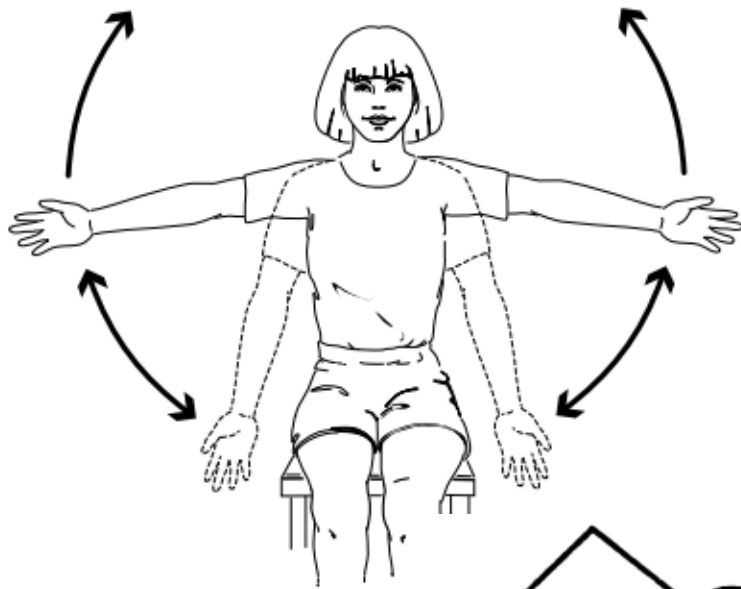
For clients who are unable to use the toilet (eg. bed-bound)

- 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.



[www.mskcc.org](http://www.mskcc.org)



[www.stroke.org](http://www.stroke.org)



inhale

[www.glowm.com](http://www.glowm.com)



exhale

# 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

Adapted from Sanburg, A.L.,  
McGuire, T.M., & Lee, T. (1996).  
In Folden, SL et al. 2002.  
Rehabilitation Nursing  
Foundation (RNF) Practice  
Guidelines for the Management  
of Constipation in Adults

# 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.



Googleimages

## 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



# Itctoolkit.rnao.ca

[Home](#) | [Clinical Best Practice Guidelines](#) | [Healthy Work Environment Best Practice Guidelines](#) | [Program Planning and Evaluation](#)



## Long-Term Care Best Practices Toolkit, 2nd edition

Implementing and sustaining evidence-based practices in long-term care.

[Home](#)

### Clinical Best Practice Guidelines

RNAO clinical best practice guidelines (BPG) are comprehensive documents that provide recommendations, supporting evidence-based practices, and resources/tools for evidence-based practices. The LTC Toolkit contains the RNAO clinical BPGs related to: person- and family-centred care, falls prevention and management, skin and wound care, continence care and bowel management, pain assessment and management, 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

### Clinical Best Practice Guidelines and Associated Resources

[Person-and Family-Centred Care](#)

[Falls Prevention and Management](#)

## 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](#)

[Oral Care](#)

[End-of-Life Care](#)

[All French Clinical Resources](#)

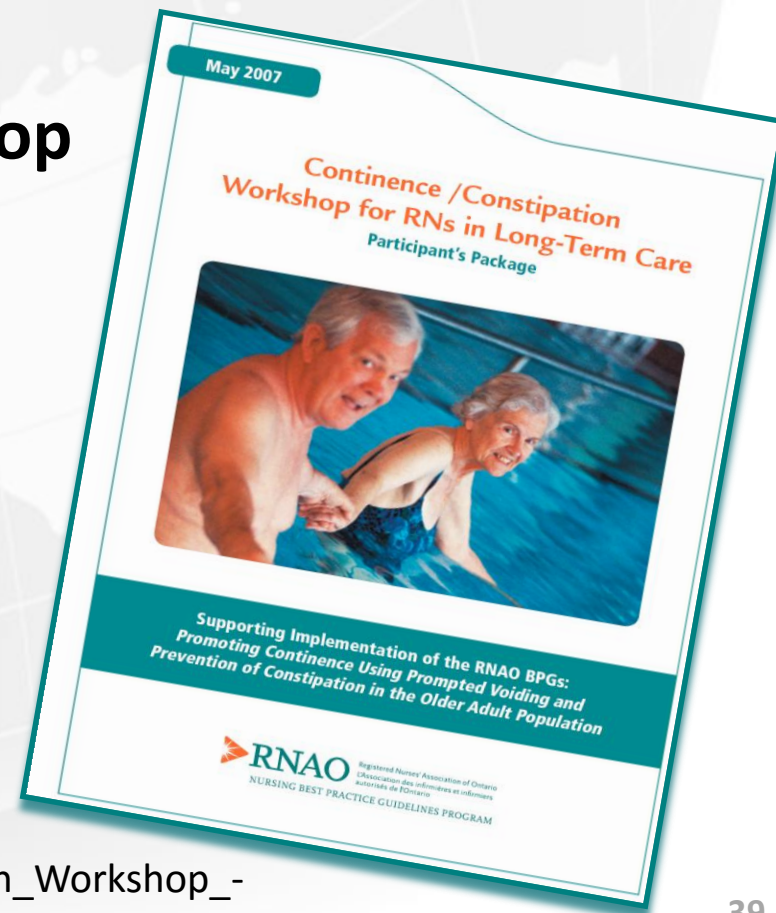
[All Clinical Resources](#)

# 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](http://rnao.ca/sites/rnao-ca/files/Continence__Constipation_Workshop_-_Long-Term_Care_Facilitators_Guide.pdf)



# Resident and Family Education

**Health Education Fact Sheet**  
*From Nurses for You*

**Nursing Best Practice Guideline**

**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 being able to move around (being confined to a bed or wheelchair, or a general decrease in physical activity);
- Inadequate amounts of fluids and dietary fiber;
- Not responding to the urge to have a bowel movement;
- Using laxatives over a long period of time;
- Taking medications that cause constipation as a side effect; and
- Increase in the hormone progesterone in women.

**Here are some facts:**

- It is estimated that 30% -50% of older adults living in the community use laxatives regularly.
- 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 nurse, doctor or nutritionist.

**Here are some helpful hints.**

- Drink sufficient fluids. Aim for 1½ -2 litres of fluids daily (6 to 8, eight ounce glasses).
- Reduce caffeinated (coffee, tea, some soft drinks) and alcoholic beverages whenever possible as they actually cause you to lose fluids.

**RNAO** Registered Nurses' Association of Ontario  
Association des infirmières et infirmiers autorisés de l'Ontario

**Cutting Through the Foggy Myths Using Best Practice Guidelines in Long Term Care**

**BP Blogger**

Volume 3, Issue 2  
February-March 2008

Inside this issue:

- Myth 1:** Constipation is not serious 1
- Myth 2:** Fecal incontinence is diarrhea 1
- Myth 3:** Fecal impaction doesn't cause fecal impaction 2
- Myth 4:** Bowel programs don't work 2
- BPGs and Resources** 2
- Contacts for Information** 1, 2

**Myth 1: Constipation is not serious**

**What is constipation?**

The Rome II criteria (2004), global consensus of gastroenterological experts, define constipation as the presence of 2 or more symptoms during the past 12 months:

1. straining for more than 25% of BMs
2. hardened stools with more than 25% of BMs
3. sensation of incomplete evacuation of stool more than 25% of bowel movements
4. sensation of blockage or obstruction with more than 25% of bowel movements
5. need to use manual maneuvers
6. less than 3 bowel movements per week

immobile, had Parkinson's disease or diabetes mellitus, or took iron supplements, calcium channel antagonists, or antidepressants. Chronic constipation not only affects older persons' quality of life but sometimes older persons' serious complications such as fecal impaction, megacolon, volvulus, intussusception, rectal prolapse, hemorrhoids, laxative abuse and cardiac and/or cerebrovascular dysfunction.

**Myth 2: Fecal incontinence is diarrhea**

Fecal incontinence (FI) occurs in up to 21% of older people living at home and over 50% of LTC residents. FI increases with age, is higher in older men than women and can be permanent or temporary. Double incontinence (fecal and urinary) occurs 12 times more often than fecal incontinence alone, with 80% to 70% of residents experiencing both. The combination of urinary and fecal incontinence is the second most common reason for LTC placement.

**What is it? FI is the involuntary passage of fecal material through the anus.**

The function of the rectum is to act as a reservoir for formed stool but it can't cope with liquid or irritant substances. FI varies from mere soiling of undergarments by liquid stools to loss of control of even solid stools. FI isn't diarrhea. Residents may complain of diarrhea when in fact it's FI.

**The most common cause of FI is constipation**

followed by anorectal muscle weakness due to constant strain-ing, past surgery, childbirth, severe diarrhea, infection, laxative abuse, stroke, Parkinson's, colorectal diseases, diabetes, immobility and/or functional problems.

**More information on This and Other Best Practices**

- Contact your Regional LTC Best Practices Coordinator. They can help you with Best Practices Info for LTC. Find them at:
- [www.rngo.ca](http://www.rngo.ca)  
Click on Long Term Care
- [www.shrtn.on.ca](http://www.shrtn.on.ca)  
Click on Seniors Health
- Check out the Hamilton Long Term Care Resource Centre [www.rngo.ca](http://www.rngo.ca)
- Surf the Web for BPGs Some sites and resources are listed on pg 2.

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Centres of Excellence in Inter-professional Practice and Collaborative Geriatric Care and The Long Term Care Resource Centre Hamilton

Hamilton LTC Resource Centre

# 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.

# Gap Analysis Worksheet

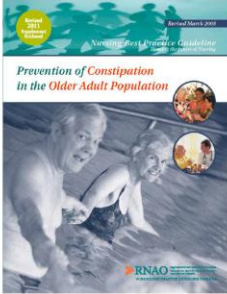
## Use Gap Analysis

- Identify Recommendations
  - ✓ Met
  - ✓ Partial Met
  - ✓ Unmet

 Registered Nurses' Association of Ontario  
L'Association des infirmières et infirmiers autorisés de l'Ontario

**Gap Analysis: Prevention of Constipation in the Older Adult – Revised 2011**

**Work Sheet**



This guideline can be downloaded for free at:  
<http://rnao.ca/bpg/guidelines/prevention-constipation-older-adult-population>

The RNAO Toolkit: Implementation of Best Practice Guidelines, Second Edition is also available at:  
<http://rnao.ca/bpg/resources/toolkit-implementation-best-practice-guidelines-second-edition>

Gap Analysis Work Sheet - Prevention of Constipation in the Older Adult, Revised 2011

Date Completed: \_\_\_\_\_

Team Members participating in the Gap Analysis:

• _____	• _____
• _____	• _____
• _____	• _____

Completion of this gap analysis allows for the annual comparison of your current practice to evidence-based practices as regulated by the MOHLTC. See Appendix A for this and other regulations that apply to a constipation prevention program in your home.

RNAO Best Practice Guideline Recommendations	Met	Partially Met	Unmet	Notes (Examples of what to include: is this a priority to our home, information on current practice, possible overlap with other programs or partners)
Practice Recommendations				
1.0 Assess constipation by obtaining a client history (Level of Evidence = IV)				
2.0 Obtain information regarding:				
<ul style="list-style-type: none"><li>● Usual amount and type of daily fluid intake with particular attention to the amount of caffeine and alcohol</li><li>● Usual dietary fibre and amount of food ingested</li><li>● Any relevant medical or surgical history which may be related to constipation such as neurological disorders, diabetes, hypothyroidism, chronic renal failure, hemorrhoids, fissures, diverticular disease, irritable bowel syndrome, massive bowel</li></ul>				

# 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.





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- [www.googleimages.ca](http://www.googleimages.ca)