

# CONSTIPATION PROTOCOL Name: \_\_\_\_\_

**CALL 911:**

- If person appears gravely ill or you are concerned about their immediate health and safety
- If person vomits material that smells like BM, or looks like coffee grounds or dark jelly
- If person has a very hard, protruding abdomen
- If person has severe abdominal pain
- Other (specific to the person) \_\_\_\_\_

1. Start emergency and first aid procedures as trained.

2. Notify:     Supervisor                       Case Manager                       Physician: \_\_\_\_\_  
                    R.N.                                       Other: \_\_\_\_\_

3. After the person is stable, document incident in:

- Medical notes                      • Incident report                       Other

Describe this person's bowel routine: when/how often she/he usually has a bowel movement (BM), how it looks and other special considerations - i.e.: "will only use upstairs bathroom": \_\_\_\_\_

**Home:** Document BM's?     Yes     No

If yes, where?     MAR/TAR                       Bowel chart                       Other: \_\_\_\_\_

**Work:** Document BM's?     Yes     No

If yes, where?     MAR/TAR                       Bowel chart                       Other: \_\_\_\_\_

**How shared between work and home:** \_\_\_\_\_

If document BM's, how?     Self-report     Observed     Other \_\_\_\_\_

**Prevention: Consider all below and ✓ all decided upon**

Dietary:

- Prunes \_\_\_\_\_ times daily
- Prune juice \_\_\_\_\_ times daily
- Bran \_\_\_\_\_ times daily
- High fiber diet
- Extra fluids \_\_\_\_\_
- Other dietary \_\_\_\_\_
- Regularly scheduled bowel medications:  
See MAR

Other:

- Instructional program for toilet use
- Regular scheduled time in the bathroom: \_\_\_\_\_
- Exercise/activity \_\_\_\_\_
- Other (privacy, reminders, etc) \_\_\_\_\_

WORK     HOME     OTHER \_\_\_\_\_

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## Signs and Symptoms of Constipation

- Hard, small, dry stools
- Spending a lot of time sitting on toilet
- Bloating stomach
- Stomach pain and discomfort
- Refusing to eat or drink
- Straining and grunting

Person's own way of letting others know they are constipated: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Interventions

1. PRN bowel medications:  See M.A.R  See attached  
 Instructions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. After following the PRN bowel medication order, if any of the above signs or symptoms are observed or if person:

- Has had 'no' or only 'small' stool in \_\_\_ days: Call:  Supervisor  R.N.  Physician
- Has refused to eat for \_\_\_ meals: Call:  Supervisor  R.N.  Physician
- Has vomited because of constipation and/or had blood in BM: Call:  Supervisor  R.N.  Physician
- Other (specific to the person): \_\_\_\_\_ Call:  Supervisor  R.N.  Physician

3. If no response from above within \_\_\_ minutes/hours:  call: \_\_\_\_\_  
 or:  take to: \_\_\_\_\_

4. Document incident in:  Medical notes  Incident Report  Other: \_\_\_\_\_

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

Review dates and initials: \_\_\_\_\_

Person receiving services: