

DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES  
COMMUNITY SERVICES

Health Care Services Protocol # 10

Constipation/ Bowel Obstruction

Date: 3/14/12

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Approved by: [Signature]

**I. OBJECTIVE**

To maintain and promote healthy bowel elimination.

**II. RATIONALE**

Constipation may be a condition that often goes unrecognized until it causes a major illness and/or even death. Many symptoms are subtle and persons with disabilities may not be able to express discomfort or give indications they are not well.

**III. DEFINITION**

Constipation is defined as infrequent bowel movements or difficult passage of hard, dry stool; painful defecation; sluggish action of bowels. What is considered normal frequency for bowel movement varies widely. Constipation occurs when stool passes through the large intestine too slowly. When stool stays in the intestine too long, the intestine removes too much water, and the stool becomes hard and dry.

**IV. STANDARDS**

**A. Causes of constipation**

- Poor or irregular bowel habits
- Not drinking enough fluids
- Eating a poor diet low in fiber and high in animal fats and sugars
- Physical Inactivity (Prolonged bed rest, injury, or functional limitations)
- Surgery on the intestine or rectum
- Medical conditions such as stroke, cancer, hemorrhoids
- Dehydration

**B. A higher risk for constipation may include individuals with:**

- Neuromuscular degenerative disorders that impair the central nervous system
- Spinal Cord injuries or birth defects such a Spinal Bifida

- Hypotonia in individuals such as Down's Syndrome, Prader-Willi and Cerebral Palsy; may lack muscle strength and tone needed for adequate bowel function
  - Dysphasia or aspiration problems that make it difficult to consume adequate amounts of fluid and fiber
  - Immobility and contractures which may slow the natural digestive process
  - Immobility and contractures which may not allow for physiologic positioning for bowel movements.
  - Hemorrhoids or other conditions that make bowel elimination painful
  - Repression of the urge to defecate
  - History of bowel stimulants leading to decreased bowel activity
- C. Some medications may slow down gastric motility time or draw too much fluid from the G.I tract. Drug classes associated with constipation:
- Pain medications containing codeine or other narcotics
  - Minerals-iron, calcium, antacids, barium.
  - Medications which affects the nervous system such as anticonvulsants, antidepressants antipsychotics, antiparkinson
  - Diuretics
  - Blood pressure medications (calcium channel blockers)
- D. Symptoms and signs of constipation may include:
- Hard, small dry stools
  - Bloating, gas, cramping or pain
  - Refusing to eat or drink
  - Spending a lot of time on the toilet
  - Straining or grunting
  - Liquid runny stools
  - Smearing of feces in undergarments
  - 3 days with no bowel movement
  - Nausea, decreased appetite, weight loss
  - New reluctance to walk
- E. Preventative Approaches
- Develop regular bowel elimination routine:
    - Establish routine 5-15 minutes following a meal
    - Allow undisturbed time
    - Responding to urge to defecate
  - Drink enough fluid generally 6-8 glasses (8 oz each) of non-caffeinated fluid per day.
  - Eat a well balanced fiber-rich meal on a regular schedule.
  - Exercise, such as walking or passive exercises for individuals with limitations.
  - Pharmacy or medication analysis for potential medications contributing to constipation

## F. BOWEL OBSTRUCTION ALERT

- Bowel obstruction is a partial or complete blockage in the intestines. In very severe cases the blood supply can be cut off, this requires **immediate emergency treatment**. A bowel obstruction can be fatal if not treated in time.
- Symptoms of bowel obstruction can include:
  - Abnormal pain ranging from mild to severe
  - Reluctant to eat
  - Vomiting- especially when repeated or having fecal odor
  - Fever/chills
  - Abdominal swelling, bloating or cramps.
  - Constipation or diarrhea, may depend on how complete obstruction.
  - The symptoms of bowel obstruction and constipation can resemble the Flu.
- Exhibit A- Bowel Obstruction Health Alert- Training tool

## G. Nurse Responsibilities

- If an individual is assessed and determined to have a constipation diagnosis, history of impaction/ bowel obstruction, at a high risk for elimination concern or exhibiting symptoms; the nurse will ensure a bowel elimination record (Exhibit B) is the place at the home and day program. The nurse will instruct provider to review & sign off as appropriate.
- The nurse will review the individual's record for elimination status and will instruct provider accordingly or if appropriate, advise medical evaluation.
- The nurse will ensure a plan of care specific to the individuals needs to address treatment concerns, preventative measures, and educate designated provider.
- The nurse will instruct the provider to report any signs or symptoms of constipation as appropriate.
- The nurse will instruct the provider to seek immediate emergency treatment if the individual is exhibiting symptoms of a bowel obstruction.
- For individuals who are independent for bowel elimination, Nurse will instruct provider to be aware of symptoms of constipation and communicate any changes.

## V. EXHIBITS:

A. Health Alert for Bowel Obstruction May 2009

B. Miscellaneous Data Record ( Bowel Elimination Record)

## VI. REFERENCES

- [Http://gis.oregon.gov/DHS/Spd/provtools/ddNursingManual](http://gis.oregon.gov/DHS/Spd/provtools/ddNursingManual)
- Ohio Department of Health & Safety Alert #26-06-10



DIVISION OF HEALTH AND SOCIAL SERVICES  
DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES  
COMMUNITY SERVICES/ADULT SPECIAL POPULATIONS  
MISCELLANEOUS DATA RECORD

Exhibit B

Individual: \_\_\_\_\_

MCI Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Service Location: \_\_\_\_\_

Year: \_\_\_\_\_

Data Recorded: \_\_\_\_\_

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
JAN																															
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MAY  
2009

DEPARTMENT OF HEALTH/DEVELOPMENTAL DISABILITIES SUPPORTS DIVISION

# HEALTH ALERT

## BOWEL OBSTRUCTION ALERT!!!!!!

### Signs and Symptoms of Small Bowel Obstruction

- **Abdominal pain**  
(waves of cramping pain around the navel, rapid breathing and rapid pulse during cramping)
- **Bloating**  
(gurgling sounds may be heard from the stomach)
- **Vomiting**  
(vomit can be green if the obstruction is in the upper small intestine or brown if the obstruction is in the lower small intestine)
- **Elimination Problems**  
(constipation and the inability to pass gas or diarrhea and some passing of gas)

### Signs and Symptoms of Large Bowel Obstruction

- **Abdominal pain**  
(usually pain below the navel, can be either vague or mild or sharp and severe)
- **Bloating**  
(usually occurs around the navel and in the pelvic area)
- **Vomiting**  
(this is not common, it usually occurs late in the illness)
- **Constipation or Diarrhea**  
(either may occur depending on how complete the obstruction is)

The symptoms of constipation and bowel obstruction can look like the "flu".

### What is considered normal bowel function?

Normal frequency of bowel movements can range from 3 times a day to 3 times a week. A person's pattern of bowel movement is considered normal if it does not represent a change in the usual frequency or character of the stool and if passing stool is not associated with straining or pain.

### What is constipation?

Constipation is bowel movements that occur less than 3 times a week (less than every other day or every third day) OR stools that are small, hard and difficult to pass.

### What cause constipation?

Constipation can be caused by poor or irregular bowel habits, not drinking enough fluids, eating a diet low in fiber, physical inactivity, intestine or rectal surgery, many prescription and non-prescription medications, medical conditions such as stroke, cancer or hemorrhoids and increased emotional or physical stress.

### What is bowel obstruction?

A bowel obstruction is a partial or complete blockage in the intestines that prevents gas, fluids, or solids from moving through the intestines normally. Blockage can occur in the small intestine (a small bowel obstruction) or in the large intestine (a large bowel obstruction). In very severe cases the blood supply to the bowel can be cut off (bowel strangulation). This requires immediate emergency medical treatment. A bowel obstruction can be fatal if not recognized and treated in time.

### What causes a bowel obstruction?

A bowel obstruction can be caused by adhesions (bands of scar tissue from previous surgeries), tumors (growths) that block the bowel, bowel stricture (changes in the shape of the bowel), certain diseases, and certain medications.

### How can constipation be prevented?

- **Develop regular bowel habits** (schedule toileting after meals, allow 15 minutes of undisturbed time on the toilet and do not ignore the urge to have a bowel movement as this can lead to constipation)
- **Eat a well-balanced, fiber rich diet on a regular schedule**
- **Drink enough non-caffeinated, non-alcoholic fluids** (6-8, 8 ounce glasses per day)
- **Exercise**, such as walking, running, swimming or other passive exercises for those who have limited mobility or are restricted to bed rest
- **Take all laxatives, stool softeners, lubricants and/or enemas that are prescribed by the physician** (drinking enough fluids is very important when taking bulk laxatives [fiber supplement] and stool softeners)

### REMEMBER:

- Symptoms of constipation that last longer than 2 weeks, symptoms of constipation that are severe (regardless of duration), changes in normal bowel habits and complications of constipation should be evaluated by a physician.
- Bowel Obstruction is ALWAYS fatal if not recognized and treated within 36 to 48 hours. (In addition, other fatal complications can develop from bowel obstruction such as sepsis, which is an infection throughout the body.)
- It is possible to have diarrhea (loose stools) and still have constipation or a bowel obstruction.
- Closely monitor an individual's bowel function if he/she has had recent abdominal surgery, injuries, medication changes, diet changes or changes in activity level.