

Important Information About Bowel Management – August 2022

Decreased mobility, certain medications, laxative dependency, and diseases affecting the bowel can place an individual at an increased risk for constipation, fecal impaction and/or bowel obstruction. These conditions can cause pain, increased seizure activity, nausea, and bowel perforation and may be so severe that they can be life threatening. Developing and implementing a bowel management program is vital for individuals at risk for these conditions or symptoms.

Individualized Evaluation

Not everyone needs a bowel management program! A thorough review of the individual's bowel pattern history, dietary intake, and medications, along with a physical examination will help health care professionals to identify individuals who are at risk for developing constipation, fecal impaction, and/or bowel obstruction and who may consequently require a bowel management program.

For individuals who have been determined by a health care professional to need a bowel management program, the following are components of an effective program:

1. Measures that can help to prevent episodes of constipation which may include:
 - Maintaining a well-balanced diet, including foods high in fiber
 - Drinking plenty of fluids
 - Treating underlying disorders
 - Increasing exercise and physical activity
2. Physician's orders for bowel management medications must identify the drug, the dose, the route, the frequency, and the time of administration. The regimen should specify steps to be taken if the medication is not effective.
3. For individuals with a bowel management program, accurate monitoring and recording of their bowel status must be maintained 24 hours a day. Adequate communication among service providers is essential. Staff should be trained on the agency policy regarding documentation.
4. Once a PRN (as needed) medication is given, there must be adequate follow-up to evaluate the effectiveness of the medication. If the medication is ineffective, the plan of nursing service (PONS) should direct staff on what further steps they should take.
5. Many medications can cause constipation, such as narcotics used for pain, diuretics, iron supplements, and seizure medications. When these are prescribed, monitor closely for signs or symptoms of constipation.
6. Various medical diagnoses that can lead to constipation include, but are not limited to, diabetes, chronic kidney disease, cystic fibrosis, cerebral palsy, and muscular dystrophy.
7. As with any intervention, an individual's bowel management program must be periodically reviewed for effectiveness by health care professionals and revised if needed.
8. Untreated constipation can lead to an impaction or a bowel obstruction. Note that an individual can have loose or liquid stools around an impaction, so it is imperative that any changes in bowel habits be reported to a health care professional, quickly evaluated, and addressed.

If an individual is having abdominal pain, loose stools, distention of the abdomen, vomiting, or fever, a health care professional should be contacted to assess the individual as these symptoms may indicate a life-threatening emergency.