 **Constipation Standing Order**

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| Issue date: |  | Review date: |  |

This standing order is not valid after the review date. The review date is one year after the date the order was signed by the issuer.

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| **Standing Order Name** | Constipation |
| **Rationale** | To manage acute constipation to relieve patient distress while ensuring that serious underlying conditions are not missed. |
| **Scope (condition and patient group)** | Adult patients who have been assessed as having acute constipation. |
| **Red Flags** | * Weight loss
* Abdominal mass
* Iron deficient anaemia
* Blood mixed with stool
* Palpable or visible abdominal/rectal mass
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| **Assessment** | 1. History - assess constipation and associated features: * Frequency and consistency of motions, presence of alternating diarrhoea.
* Blood, lumps, pain, soiling of underwear.
* Medications e.g., antidepressants, iron supplements, antipsychotics, calcium channel blockers, opioid analgesia.
* Symptoms of hypothyroidism or depression.

2. Examine abdomen and rectum. Consider bimanual pelvic examination3. No investigations are needed * Plain abdominal X-rays are generally not useful in the diagnosis of chronic constipation.
* Bloods are not usually necessary but will depend on differential diagnosis.
* Faecal occult blood is not required unless there is another indication.
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| **Indication** | **Treatment of acute constipation** |
| **Medicine** | **Docusate and Sennosides** (Laxsol) tablets |
| **Dosage instructions** | TWO tablets TWICE daily.May be used PRN depending on the cause of the constipation. |
| **Route of administration** | Oral |
| **Quantity to be given** | X 20 tabs |
| **Contraindications** | Undiagnosed rectal bleedingIntestinal obstructionNausea, vomiting or abdominal pain of unknown cause |
| **Precautions** | * Prolonged use
* Excessive doses
* Dependence
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| **Indication** | **Treatment of acute constipation** |
| **Medicine** | **Sodium Citrate** (Microlette) |
| **Dosage instructions** | Insert ONE enema into the rectum as a single dose. |
| **Route of administration** | Rectal |
| **Quantity to be given** | 1 x tube |
| **Contraindications** | Acute gastro-intestinal conditions |
| **Precautions** | * Caution in the elderly when administering
* Young patients may want to self-administer
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| **Additional information** | Depending on the degree of constipation give either or both of the above medications.Patient education is important to prevent laxative dependence. Some simple measures can help relieve and prevent recurrence of idiopathic constipation. * Maintain adequate dietary fibre and fluid intake.
* Rapid response to urge to defecate.
* Regular exercise.

If the patient is on opioids or other constipating medication, then longer term laxative use may be indicated. |
| **Follow-up** | Ensure follow-up appointment or phone call for review of medication.Patient may need investigation, and long term management. |
| **Countersigning and auditing** | Countersigning is not required. Audited monthly.**OR** Countersigning is required within ***XX*** days |
| **Competency/training requirements** | All nurses working under this standing order must be signed off as competent to do so by the issuer and have had specific training in this standing order. |
| **Supporting documentation** | Healthpathways at [www.healthpathways.org.nz](http://www.healthpathways.org.nz) Best Practice Journal at [www.bpac.org.nz](http://www.bpac.org.nz) New Zealand Formulary at [www.nzf.org.nz](http://www.nzf.org.nz) Individual medicine data sheets at [www.medsafe.govt.nz](http://www.medsafe.govt.nz) Standing Order Guidelines, Ministry of Health, 2012Medicines (Standing Order) Regulations 2012 (Standing Order Regulations) |
| **Definition of terms used in standing order** | Constipation - the passage of hard stools less frequently than the patient's own normal pattern. |

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| **Medical Centre or Clinic:** |  |

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| **Signed by issuers** |

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Nurses operating under this standing order** |

Only Registered nurses working within the above medical centre or clinic are authorised to administer medication under this standing order.

We the undersigned agree that we have read, understood and will comply with this standing order and all associated documents.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_