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**Bowel Management for Constipation**

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| Author | D. Martin |
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1. **Purpose & Application**

This policy has been developed to provide guidance and information about bowel management, covering:

**Bowel management**

**Consent**

**Factors that may affect normal bowel functioning.**

**Constipation**

**Causes of constipation.**

**Treatment**

**Use of Laxatives and other interventions.**

**Documentation & Care Planning**

**Faecal impaction**

The policy will apply to:

* **Permanent employees**
* **Temporary employees**
* **Agency workers**

It will be the responsibility of the managers to take any necessary action if this policy is not adhered to, taking into account the relevant regulatory responsibility.

1. **Responsibilities**

**The nominated individual** is accountable for the implementation of this policy in its entirety. They are a key contact for the service.

**The registered manager and any trained nurses** are responsible for the implementation of this policy and to evidence training in recognition and care for bowel management for constipation.

**Any care staff** that are aware of how to support a service user for bowel management for constipation.

1. **Legislation and Regulation**

**Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 12**

The intention of this regulation is to prevent people from receiving unsafe care and treatment and prevent avoidable harm or risk of harm. Providers must assess the risks to people's health and safety during any care or treatment and make sure that staff have the qualifications, competence, skills and experience to keep people safe.

Providers must make sure that the premises and any equipment used is safe and where applicable, available in sufficient quantities.

Providers must prevent and control the spread of infection. Where the responsibility for care and treatment is shared, care planning must be timely to maintain people's health, safety and welfare.

CQC understands that there may be inherent risks in carrying out care and treatment, and they will not consider it to be unsafe if providers can demonstrate that they have taken all reasonable steps to ensure the health and safety of people using their services and to manage risks that may arise during care and treatment.

CQC can prosecute for a breach of this regulation or a breach of part of the regulation if a failure to meet the regulation results in avoidable harm to a person using the service or if a person using the service is exposed to significant risk of harm. They do not have to serve a Warning Notice before prosecution.

1. **Bowel Management for Constipation: Policy & Procedure**

Bowel care is of paramount importance for the quality of life of service users, many of whom may be reluctant to admit to bowel problems or to discuss such issues.

Continence is the ability to voluntarily control emptying the bladder and bowels effectively in a socially acceptable and hygienic way. The proximal colon defines the consistency and volume of delivery of faeces to the rectum. Bowel frequency may vary between three times a day to three times a week. Bowel care may include assessments and interventions of an intimate nature that are to be carried out when there is a specific and adequate clinical indication.

Bowel care observation and intervention is designed to maintain bowel function including diet, medication, enema and suppository administration,

All staff that carry out bowel care must be trained and assessed as competent prior to undertaking that skill.

**Consent for any bowel intervention**

Informed consent may be verbal, written or non-verbal, and can only be given by the service user, and the service user must have capacity and be competent to make the decision. When obtaining informed consent, three requirements must be achieved:

* Consent should be given by someone with the mental ability to do so,
* Sufficient information should be given to the service user, and
* Consent must be freely given.

When service users do not have the ability to consent for themselves, there must be an assessment of mental capacity and the decision made must be in the service user’s best interests in line with the Mental Capacity Act 2005. This must be documented in the service user’s notes.

It is important to respect and support an individual’s right to accept or decline treatment and uphold their right to be fully involved in decisions about their care and be aware of legislation regarding mental capacity.

**Many factors that may affect normal bowel functioning**

These may include change in diet, eating habits, change in fluid intake, lack of exercise, reduced mobility, use of drugs (e.g. opioids, broad spectrum antibiotics, laxatives, diabetic medication, obesity medication, antidiarrheal, antidepressants, antihistamines, antimuscarines, antacids, iron preparations), and changes in service users’ normal routine or lifestyle or disease process.

**Constipation**

Constipation is a symptom-based disorder which describes defecation that is unsatisfactory because of infrequent stools, difficulty passing stools, or the sensation of incomplete emptying.

It's likely to be constipation if:

* The service user has not had a bowel action at least 3 times during the last week,
* The faeces is often large and dry, hard or lumpy,
* The service user is straining or in pain when they have a bowel action, and they may also have a stomach-ache and feel bloated or sick.

For people with Dementia, constipation may be easily missed. It's important to be aware of any changes in the person’s behaviour that might mean they are in pain or discomfort, although it's not always easy to determine.

**What causes constipation?**

Constipation in adults has many possible causes. Sometimes there's no obvious reason but the most common causes include:

* Not eating enough fibre, such as fruit, vegetables and cereals,
* Not drinking enough fluids,
* Not moving enough and spending long periods sitting or lying down in bed,
* Being less active and not exercising,
* Often ignoring the urge to go to the toilet,
* Changes of diet or daily routine,
* A side effect of medicine, and
* Stress, anxiety or depression.

**Treatment of constipation**

Making simple changes to diet and lifestyle can help treat constipation. There may be a difference noted within a few days, but sometimes it takes a few weeks before symptoms improve.

Making changes to diet will help make the faeces softer and easier to pass, and it is important to drink plenty of fluids, increase the fibre in the diet (e.g. add some wheat bran, oats or linseed to the service users diet), improving a toilet routine such as keeping to a regular time and place and giving the service user plenty of time to use the toilet, and it is important to not delay assisting a service user to the toilet if they feel the urge to have their bowels open. To make it easier to have a bowel action, it can be helpful to rest the person’s feet on a low stool when in the toilet and, if possible, raise the knees above the hips. Increasing some form of activity for the service user will assist in the movement and transition of the faeces through the bowel, and this can be done from activities such as armchair exercises to a gentle walk. It is important to seek medical advice if there is no improvement with treatment, if the service user is regularly constipated and it lasts a long time, if the person becomes bloated and if there is any blood noted in the faeces. It is also important to consider if any prescribed medicines may be causing constipation such as opioid painkillers, but the GP must be consulted before any medicines are stopped.

**Laxatives**

Laxatives are a type of medicine that can treat constipation. They're often used if lifestyle changes such as increasing the amount of fibre in the diet, drinking plenty of fluid and taking regular exercise have not helped. After consultation with the GP, they may prescribe a form of treatment involving a laxative.

There are 4 main types of laxatives.

**Bulk-forming laxatives** work by increasing the "bulk" or weight of faeces, which in turn stimulates the bowel. They can take 2 or 3 days to work. Bulk-forming laxatives include:

* Fybogel (ispaghula husk)
* Methylcellulose

**Osmotic laxatives** draw water from the rest of the body into your bowel to soften faeces and make it easier to pass. They can take 2 or 3 days to work. Osmotic laxatives include:

* Lactulose (also called by the brand names Duphalac and Lactugal)
* Polyethylene glycol

**Stimulant laxatives** stimulate the muscles that line the gut, helping them to move faeces along to the back passage. They take 6 to 12 hours to work.Stimulant laxatives include:

* Bisacodyl (also called by the brand name Dulcolax)
* Senna (also called by the brand name Senokot)
* Sodium picosulfate

**Faeces softener laxatives** work by letting water into the faeces to soften them and make it easier to pass. Faeces softener laxativesinclude:

* Arachis oil
* Docusate sodium

Laxatives are commonly available as tablets or capsules, sachets of powder that are mixed with water and then drunk or a capsule placed inside the rectum, where it'll dissolve (suppositories).

Some laxatives must be taken at certain times of the day, such as first thing in the morning or last thing at night, so it is important that all laxatives are administered as prescribed and never take more that the recommended dose as this can be harmful and have side effects (see PILS).

If the service user is taking bulk-forming or osmotic laxatives, it is important for them to drink plenty of fluids as these laxatives can cause dehydration.

**Side effects of laxatives**

Like most medicines, laxatives can cause side effects. They are usually mild and should pass once the service user stops taking the laxative.

The side effects experienced will depend on the type of laxative taken, but common side effects of most laxatives include bloating, passing wind, tummy cramps, feeling sick, dehydration (which can make you feel lightheaded), have headaches and have urine that's a darker colour than normal. These are just some common examples (see the PILS for each product prescribed).

Using laxatives too often or for too long can also cause diarrhoea, the bowel becoming blocked by large, dry faeces (intestinal obstruction), and unbalanced salts and minerals in your body.

Other methods that may be prescribed to relieve severe constipation include:

**Suppositories:**



A suppository is a small, round or cone-shaped object placed in the rectum. Once it is inside, it melts or dissolves and releases its medication. A suppository can only be administered by a suitable trained person in this procedure.

**Enema:**



An enema administration is most commonly used to clean the lower bowel. However, this is normally the last resort for constipation treatment. In some cases, laxatives are used the night before an enema administration to encourage waste flow. Always follow the medical advice and prescription. An enema can only be given by a suitably trained person in this procedure and must never be given orally.

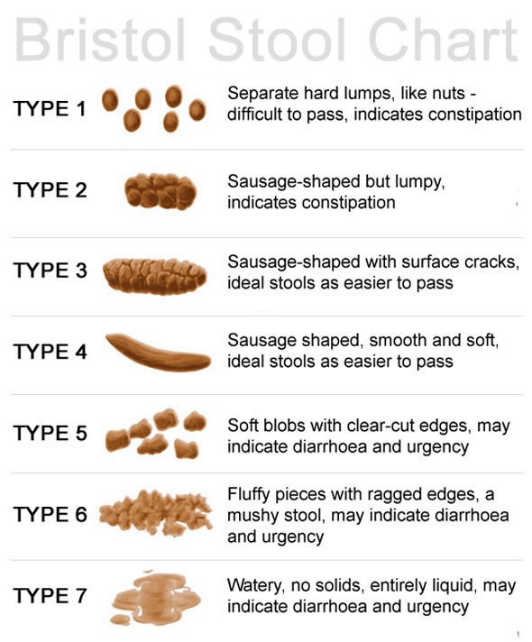
**Documentation and care planning**

Every service user who has a history of constipation must have a care plan and risk assessment in place giving staff guidance on care for service users who suffer from constipation. There must be a record of when the service user has a bowel action and this needs to be descriptive and it is useful to always refer to the Bristol Stool Chart for clarification and recorded in the daily record.

If there has not been a bowel action for over three days, medical advice needs to be sought and laxatives given as prescribed.

For any intrusive, intimate procedure such as suppositories or an enema, consent must be obtained and documented and for people who may be deemed not to have capacity then a **mental capacity assessment and a best interest decision** must be done prior to the procedure and recorded in the care plan and on the daily statement.

For the use of enemas and suppositories, it is important to make sure that there are no known cultural or religious matters to consider such as gender of staff, and consent must be obtained.



**Faecal impaction** is a severe bowel condition in which a hard, dry mass of stool becomes stuck in the colon or rectum. This immobile mass will block the passage and cause a buildup of waste, which a person will be unable to pass.

**All symptoms of faecal impaction are serious** and warrant prompt medical attention. They include leakage of liquid stool, abdominal discomfort, abdominal bloating and pain, feeling the need to push, nausea, vomiting, headache, unexplained weight loss and not wanting to eat.

**Severe symptoms** includerapid heart rate, dehydration, hyperventilation, or rapid breathing, fever, confusion, becoming easily agitated or incontinence, or passing urine without trying.

If faecal impaction is suspected, then **medical attention must be sought.**

**All photographs used are for example purposes only and may differ from prescribed items.**

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| **Service Specific Information** | |
| Who is responsible for checking that all residents who are prescribed laxatives have bowel charts and relevant care plan information and risk assessments in place? |  |
| Who is responsible for updating the care plan and risk assessment, if required? |  |
| Who is responsible for ensuring that bowel management charts are in place and being completed and reviewed on a regular basis? |  |

1. **Equality Impact Assessment**

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| **Equality Impact Assessment Checklist** | | **Yes/No?** | **Comments** |
| **1.** | Does the procedural document affect one group less or more favourably than another on the basis of: |  |  |
| * Race? | No |  |
| * Ethnic origins (including gypsies and travelers)? | No |  |
| * Nationality? | No |  |
| * Gender? | No |  |
| * Culture? | Yes | The use of any intimate and intrusive procedure may be impacted by religious and cultural needs and must be discussed, and consent obtained prior to any treatment. |
| * Religion or belief? | Yes |
| * Sexual orientation, including lesbian, gay and bisexual people? | No |  |
| * Age? | No |  |
| **2.** | Is there any evidence that some groups are affected differently? | No |  |
| **3.** | If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable? | N/A |  |
| **4.** | Is the impact of the procedural document likely to be negative? | No |  |
| **5.** | If so, can the impact be avoided? | N/A |  |
| **6.** | What alternatives are there to achieving the procedural document without the impact? | N/A |  |
| **7.** | Can we reduce the impact by taking different action? | N/A |  |

If you have identified a potential discriminatory impact of this procedural document or need advice, please document the action required to avoid/reduce this impact.