

# THINGS TO CONSIDER BOWEL REGIMENS



## ABDOMINAL ASSESSMENT

- **Talk with Resident.** Any Abdominal history, any issues with constipation in past, Last Bowel Movement, Nausea, Pain, Urinary Retention
- **Look.** Distention, unequal rise and fall with respirations, visible masses, ostomy assessment, or color
- **Listen.** Bowel Sounds All 4 quadrants, normal vs hypoactive vs hyperactive
- **Feel.** All 4 quadrants, pain is specific area, distention, masses

## WHO NEEDS THESE CONSIDERATIONS?

- Residents on Narcotic Pain Medication, End of Life (if able), Parkinson's, Diabetes, Spinal Cord Injury, End stage Renal, MS, Stroke, hx of constipation. *Care should be individualized to each resident*

## THINGS TO CONSIDER

- ✓ **Movement.** Activity helps bowel motility
- ✓ **Diet.** High fiber, increased water intake
- ✓ **Bulking.** Psyllium, Metamucil, Benefiber
- ✓ **Osmotic.** Milk of Magnesia, Miralax
- ✓ **Stimulant.** Senna, Ducolax
- ✓ **End of life.** May need disimpaction
- ✓ **Age >70.** Recommend tap water enema over Fleet

**NOTE: These are general guidelines. Please customize assessments and interventions to the patient's individual care plan and always check with the attending physician.**