

Summary of Recommendations

	RECOMMENDATION	*LEVEL OF EVIDENCE
Practice Recommendations	1.0 Assess constipation by obtaining a client history.	IV
	2.0 Obtain information regarding: <ul style="list-style-type: none"> ■ Usual amount and type of daily fluid intake with particular attention to the amount of caffeine and alcohol. ■ Usual dietary fibre and amount of food ingested. ■ Any relevant medical or surgical history which may be related to constipation such as neurological disorders, diabetes, hypothyroidism, chronic renal failure, hemorrhoids, fissures, diverticular disease, irritable bowel syndrome, previous bowel surgery, depression, dementia or acute confusion. 	IV
	3.0 Review the client's medications to identify those associated with an increased risk for developing constipation, including chronic laxative use and history of laxative use.	III
	3.1 Screen for risks of polypharmacy, including duplication of both prescription and over-the-counter drugs and their adverse effects.	III
	4.0 Identify the client's functional abilities related to mobility, eating and drinking, and cognitive status related to abilities to communicate needs, and follow simple instructions.	III
	5.0 Conduct a physical assessment of the abdomen and rectum. Assess for abdominal muscle strength, bowel sounds, abdominal mass, constipation/fecal impaction, hemorrhoids and intact anal reflex.	IV
	6.0 Prior to initiating the constipation protocol, identify bowel pattern (frequency and character of stool, usual time of bowel movement), episodes of constipation and/or fecal incontinence/soiling, usual fluid and food intake (type of fluids and amounts), and toileting method through use of a 7-day bowel record/diary.	IV
	7.0 Fluid intake should be between 1500-2000 milliliters (ml) per day. Encourage client to take sips of fluid throughout the day and whenever possible minimize caffeinated and alcoholic beverages.	III
	8.0 Dietary fibre intake should be from 25 to 30 grams of dietary fibre per day. Dietary intake of fibre should be gradually increased once the client has a consistent fluid intake of 1500 ml per 24 hours. Consultation with a dietitian is highly recommended.	III
	9.0 Promote regular consistent toileting each day based on the client's triggering meal. Safeguard the client's visual and auditory privacy when toileting.	III
9.1 A squat position should be used to facilitate the defecation process. For clients who are unable to use the toilet (e.g., bed-bound) simulate the squat position by placing the client in left-side lying position while bending the knees and moving the legs toward the abdomen.	III	

*See page 12 for details regarding "Interpretation of Evidence".

Summary of Recommendations

	RECOMMENDATION	*LEVEL OF EVIDENCE
Practice Recommendations	10.0 Physical activity should be tailored to the individual's physical abilities, health condition, personal preference, and feasibility to ensure adherence. Frequency, intensity and duration of exercise should be based on client's tolerance.	IV
	10.1 Walking is recommended for individuals who are fully mobile or who have limited mobility (15-20 minutes once or twice a day; or 30-60 minutes daily or 3 to 5 times per week). Ambulating at least 50 feet twice a day is recommended for individuals with limited mobility.	IV
	10.2 For persons unable to walk or who are restricted to bed, exercises such as pelvic tilt, low trunk rotation and single leg lifts are recommended.	IV
	11.0 Evaluate client response and the need for ongoing interventions, through the use of a bowel record that shows frequency, character and amount of bowel movement pattern, episodes of constipation/fecal soiling and use of laxative interventions (oral and rectal). Evaluate client satisfaction with bowel patterns, and client perception of goal achievement related to bowel patterns.	IV
Education Recommendation	12.0 Comprehensive education programs aimed at reducing constipation and promoting bowel health should be organized and delivered by a nurse with an interest in or advanced preparation in continence promotion (e.g., Nurse Continence Advisor, Clinical Nurse Specialist, Nurse Clinician). These programs should be aimed at all levels of healthcare provider, clients and family/caregivers. To evaluate the effectiveness of the constipation program, built in evaluation mechanisms such as quality assurance and audits should be included in the planning process.	IV
Organization & Policy Recommendations	13.0 Organizations are encouraged to establish an interdisciplinary team approach to prevent and manage constipation.	IV
	14.0 Nursing best practice guidelines can be effectively implemented only where there are adequate planning, resources, organizational and administrative support, as well as the appropriate facilitation of the change process by skilled facilitators. The implementation of the guideline must take into account local circumstances and should be disseminated through an active educational and training program. In this regard, RNAO (through a panel of nurses, researchers and administrators) has developed the <i>Toolkit: Implementation of Clinical Practice Guidelines</i> , based on available evidence, theoretical perspectives and consensus. The <i>Toolkit</i> is recommended for guiding the implementation of the RNAO Nursing Best Practice Guideline <i>Prevention of Constipation in the Older Adult Population</i> .	IV

Interpretation of Evidence

Levels of Evidence

- Ia Evidence obtained from meta-analysis or systematic review of randomized controlled trials.
- Ib Evidence obtained from at least one randomized controlled trial.
- IIa Evidence obtained from at least one well-designed controlled study without randomization.
- IIb Evidence obtained from at least one other type of well-designed quasi-experimental study, without randomization.
- III Evidence obtained from well-designed non-experimental descriptive studies, such as comparative studies, correlation studies and case studies.
- IV Evidence obtained from expert committee reports or opinions and/or clinical experiences of respected authorities.

Responsibility for Guideline Development

The Registered Nurses Association of Ontario (RNAO), with funding from the Government of Ontario, has embarked on a multi-year program of nursing best practice guideline development, pilot implementation, evaluation and dissemination. One of the areas of emphasis is on prevention of constipation in the older population. This guideline was originally developed in 2002 and subsequently revised in 2005 by a panel of nurses and researchers convened by the RNAO and conducting its work independent of any bias or influence from the Government of Ontario.

Preventing and reducing constipation is viewed to be a key intervention in the prevention and management of urinary incontinence. For this reason, this guideline has been revised in conjunction with the nursing best practice guideline *Promoting Continence Using Prompted Voiding* (RNAO, 2005). This guideline is available to download from the RNAO website (www.rnao.org/bestpractices), or can be purchased from the RNAO.

The Nursing Best Practice Guideline: Promoting Continence Using Prompted Voiding is available on the RNAO website at www.rnao.org/bestpractices.