Constipation Management [30400899]

For all abdominal surgery patients, contact Surgeon for constipation management.

## Patient Information
- **Height**: 
- **Weight**: 
- **Allergies**: 

## General

### Constipation Management

#### Step 1
- **Nursing communication**: Routine, Until discontinued, Starting today, Patient initiated on Constipation Management Step 1. Document and describe all bowel movements on nursing care record. If no BM in any 48 hour period, advance patient to Constipation Management Step 2 by utilizing order set.
- **Sennosides-Docusate (SENOKOT-S) tablet 8.6-50 mg**: 1 tablet, Oral, 2 times daily
  - **HOLD**: for diarrhea or loose stools

#### Step 2
- **Rectal check**: Routine, Once, Starting today For 1 Occurrences, If no BM by 72 hours, perform rectal examination to rule out impaction and initiate step 3. Rectal exam contraindicated in patients with neutropenia or thrombocytopenia.
- **Polyethylene glycol container 527 gram**: 17 g, Oral, Daily
  - 1 tablespoon (17g) in 240 ml juice or water PO daily (response may take 2-4 days).

#### Step 3
- **Magnesium Hydroxide 2,400 MG/10 ML ORAL SUSP**: 30 mL, Oral, Daily
  - Until regular BM. If serum creatinine greater than 1.8mg/dl, discontinue Milk of Magnesia and give Bisacodyl (Dulcolax)

### Other

#### Constipation Management Step 3
- **Notify provider**: Routine, Until discontinued, Starting today
  - Pulse greater than: ____________________________
  - Respiratory rate less than: ___________________ 
  - Respiratory rate greater than: __________________
  - Temperature greater than (celsius): ____________
  - Urine output less than (mL/hr): ______________
  - Systolic BP greater than: ______________________
  - Systolic BP less than: _________________________
  - Diastolic BP greater than: _____________________
  - Diastolic BP less than: _______________________
  - Other: If impacted and if no BM within 24 hours of initiating step 3
<table>
<thead>
<tr>
<th>Date/Time: _____________________</th>
<th>Printed Name of Ordering Provider: ______________________________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Signature: ____________________________</td>
<td></td>
</tr>
<tr>
<td>Date/Time: ___________________</td>
<td>RN Acknowledged: __________________________________________________________________</td>
</tr>
</tbody>
</table>

**Pharmacy to dose medication**

Routine, Once,
Starting today
Which drug do you need help dosing? Pharmacy to assess and initiate methylnatrexone bromide (Relistor) if indicated. ________

**Pharmacy general consult**

Routine, Once, Starting today
Help with medication dosing- please indicate drug.
Pharmacy to assess and initiate methylnatrexone bromide (Relistor) if indicated
Other Request? ________________________________________

**Patient is not impacted**

**bisacodyl (DULCOLAX) suppository 10 mg**

10 mg, Rectal, Daily
If not impacted, add this medication if not started in step 2:
Bisacodyl (Dulcolax) suppository 10mg PR daily.
Routine

**sodium phosphate (FLEET) enema**

1 enema, Rectal, Once, For 1 Doses
If not impacted, add this medication to above: Fleets enema times one dose PR in 1-2 hours if no response to Biscodyl Suppository
Routine

**Notify provider**

Routine, Until discontinued, Starting today
Pulse greater than: ____________________
Respiratory rate less than: ____________________
Respiratory rate greater than: ____________________
Temperature greater than (celsius): ____________________
Urine output less than (mL/hr): ____________________
Systolic BP greater than: ____________________
Systolic BP less than: ____________________
Diastolic BP greater than: ____________________
Diastolic BP less than: ____________________
Other: If impacted and If no BM within 24 hours of initiating step 3

**Pharmacy to dose medication**

Routine, Once,
Starting today
Which drug do you need help dosing? Pharmacy to assess and initiate methylnatrexone bromide (Relistor) if indicated. ________

**Pharmacy general consult**

Routine, Once, Starting today
Help with medication dosing- please indicate drug.
Pharmacy review of current medications to evaluate other causes of constipation and other treatment options and provide recommendations for change in treatment.
Other Request? ________________________________________

**Other**