

Older adult inpatient management of constipation

General aim should be to move bowels three times per week

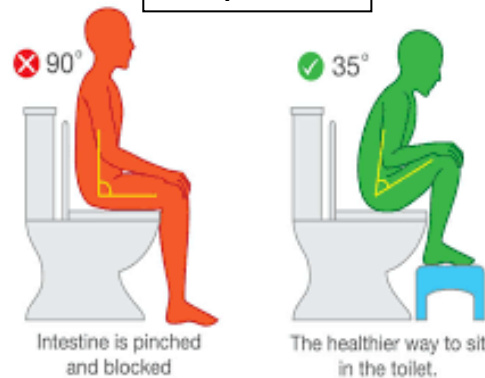
If not moved after 2 days in hospital, assessment for constipation required

Consider the following throughout admission:

Non-pharmacological

- Dietary advice
- Prunes and porridge
- Fruit/ Fruit juice (caution in diabetes)
- Dietary fibre intake (menu choices)
- Aiming 1.5-2 litres of fluid daily
- Hot decaffeinated drinks
- Maintain activity as able

Best position



Consider timing- 30 minutes after breakfast and hot drink

Try to avoid delay when the urge develops, and avoid rushing the person

Undertake medication review

Identify constipating medicines including:

- Aluminium containing antacids
- Antidiarrhoeals
- Iron and calcium supplements
- Opioid analgesics
- Calcium channel blockers: diltiazem
- Antimuscarinics: oxybutynin, amitriptyline, imipramine
- Antipsychotics: amisulpride, chlorpromazine
- Gabapentin/pregabalin, carbamazepine etc

Medical review including PR

Consider laxatives

1st line Laxido© (osmotic laxative)

Usual starting dose of 1 sachet twice daily

2nd line docusate (softener) or senna (stimulant)

Suppositories/enemas

Where stools are soft but difficult to pass (or no enteral route available) use bisacodyl suppositories 10mg daily and/or glycerol suppositories 4g daily

For hard stools use sodium phosphate retention enema or Micralax Micro-enema in morning