



“Lighting the way with better patient care.”

Anova
HEALTH CARE SYSTEM

Home Health · Hospice · Palliative · Home Care

HOSPICE PATIENT AND FAMILY EDUCATION AND TRAINING

MANAGING CONSTIPATION

Constipation is broadly defined as the passage of hard, dry stools less frequently than the patient's usual bowel-habit pattern. Patients and healthcare providers may differ in their assessments of what is considered constipation. The frequency of bowel movements (BM) is not the most critical factor (comfort having BMs is the important factor for the patient). Frequency of BM varies greatly from person-to-person, for example ranging from 3 BMs per day to 3 per week.

What is constipation?

- Bowel movements occurring less often than what is the normal pattern.
- Hard stool.
- Increased difficulty moving bowels.

Signs and Symptoms of Constipation:

- Dry hard stools.
- Straining during bowel movements.
- Incomplete passage of stool.
- Bloating.
- Distension of abdomen.
- Cramping, nausea, vomiting, and reflux/heartburn.
- Leakage of stool/diarrhea.

What to report to the Hospice and Palliative Care Team?

- No bowel movement in 2 days or a change in the frequency of bowel movements.
- Pain, cramping, or tenderness.
- A feeling of fullness or bloating.
- Nausea and/or vomiting.
- Blood in stools.
- Diarrhea or oozing of stools.

What can be done?

The good news is that there is much you, your caregiver and the hospice/palliative care team can do for constipation. The team will always try to discover the underlying cause and discuss treatments with your healthcare provider.

- Record when bowel movements have occurred.
- Drink as much fluid (liquids) as is comfortable. Drinking warm liquids has benefited many patients.
- Eat more fruits and fruit juices.
- Increase physical activity if possible. Walking can be beneficial.

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- Sit upright on toilet, commode, or bedpan.
- Establish routine times for toileting.
- Take laxatives/stool softeners as ordered by healthcare provider.
- Avoid bulk laxatives if not taking in enough fluids.
- Notify care team if constipation continues.
- Inform your healthcare providers if they are taking any over-the-counter medications or have medication changes that can make constipation worse.

Treatment options to manage constipation:

- Bulk-forming laxatives (Citrucel/Metamucil) are not always useful because intestinal movement is decreased with opioids.
- Increased amounts of fluids intake (6-8 glasses / day) is required to have effective results.
- There are different types of laxatives that can be prescribed to treat constipation. These include laxatives that can soften stools and increase peristalsis. Laxatives can be given by pill, liquid, rectal suppository, or enema.
- Constipation may be embarrassing for your patient to discuss, however it is very important for their care and comfort.
- Help the patient keep a record of their bowel movements. The record should include:
 - Date and times of BMs.
 - Consistency of stool (hard, soft, liquid).
 - Abdominal symptoms (bloating, distension, cramping, nausea, vomiting, reflux, heartburn, gas).
 - Problems with passing stool (straining, incomplete passage of stool or diarrhea, hemorrhoidal pain or bleeding).