

CONSTIPATION PROTOCOL

Name: _____

CALL 911 IF PERSON:

- Appears gravely ill or you are concerned about their immediate health and safety
 - Is vomiting material that smells like BM or has a very hard, protruding abdomen
 - Has severe abdominal pain
- Other (specific to the person) _____

1. Start emergency procedures as trained.

2. Notify: Supervisor Case Manager Physician _____
 R.N. Other _____

3. After the person is stable, document incident in:

Medical notes Incident report Other _____

Describe this person's bowel routine: when/how often she/he usually has a bowel movement (BM), how it looks and other special considerations - i.e.: "will only use upstairs bathroom": _____

Home: Document BM's? Yes No

If yes, where? MAR/TAR Bowel chart Other _____

Work: Document BM's? Yes No

If yes, where? MAR/TAR Bowel chart Other _____

If document BM's, how? Self-report Observed Other _____

Prevention: Consider all below and **all** decided upon

Dietary:

- Prunes _____ times daily
- Prune juice _____ times daily
- Bran _____ times daily
- High fiber diet
- Extra fluids _____

Other dietary _____

Regularly scheduled bowel medications
See MAR

Other:

- Instructional program for toilet use
- Regular scheduled time in the bathroom: _____

Exercise/activity _____

Other (privacy, reminders, etc) _____

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