Constipation

DEFINITION /PATHOPHYSIOLOGY

Constipation is an acute or chronic condition in which bowel movements occur less often than usual or consist of hard, dry stools that are painful or difficult to pass. The large intestine is responsible for absorbing water out of feces. If the patient does not take in an adequate amount of fluids during the day then the stool (evacuated feces) will be hard.

Bowel habits vary, but an adult who has not had a bowel movement in three days or a child who has not had a bowel movement in four days is considered constipated.

SIGNS & SYMPTOMS

According to the "Rome III criteria" for constipation, a patient must have experienced at least 2 of the following symptoms over the preceding 3 months:

- Fewer than 3 bowel movements per week
- Straining
- Lumpy or hard stools
- Sensation of anorectal obstruction
- Sensation of incomplete defecation
- Manual maneuvering required to defecate

A constipated patient may be otherwise totally asymptomatic or may complain of 1 or more of the following:

- Abdominal bloating
- Pain on defecation
- Rectal bleeding
- Spurious diarrhea
- Low back pain

The following signs and symptoms, if present, are grounds for particular concern:

- Rectal bleeding
- Abdominal pain (suggestive of possible irritable bowel syndrome [IBS] with constipation [IBS-C])
- Inability to pass flatus
- Vomiting
- Enema retention

ASSESSMENT:

History-

The nurse should assess the patient's usual defecation pattern in terms of frequency and timing during the day. The patient should be asked about stool form or maneuvers to allow expulsion. Medication history should be obtained and include any herbal or over-the-counter supplements. Timing of new medications can implicate new-onset constipation. Assess diet, fluid intake, gastrointestinal diseases, and any surgery involving the genitourinary and gynecologic systems.

Physical-Mental

Inspect and auscultate the abdomen for bowel sounds. Percuss the abdomen for dullness and palpate for masses. A distended and tender abdomen with dull percussion sounds may lead to possibility of constipation. The person's anxiety level should be noted as a possible cause of intestinal problems.

NURSING INTERVENTIONS

- Assess for signs and symptoms of constipation (e.g. decrease in frequency of bowel movements; passage of hard, formed stools; anorexia; abdominal distention and pain; feeling of fullness or pressure in rectum; straining during defecation).
- Assess bowel sounds. Report a pattern of decreasing bowel sounds.
- If it is reported that the patient has not had a BM for 3 days, then administer the cathartic ordered. Repeat if needed. Consult with physician on Day 4 if no results.
- Consult physician about checking for an impaction and digitally removing stool if client has not had a bowel movement in 3 days, if he/she is passing liquid stool, or if other signs and symptoms of constipation are present.
- NEVER digitally remove stool from a person with heart disease. A section of the Vagus nerve is in the rectum, which when stimulated could decrease blood pressure and heart rate.

Implement measures to prevent constipation:

- Encourage client to defecate whenever the urge is felt and do not wait.
- Place client in high Fowler's position for bowel movements unless contraindicated
- Encourage client to relax, provide privacy, and have call signal within reach during attempts to defecate
- Encourage client to establish a regular time for defecation, preferably within an hour after a meal
- Instruct client to increase intake of foods high in fiber (e.g. bran, whole-grain breads and cereals, fresh fruits and vegetables) unless contraindicated
- Instruct client to maintain a minimum fluid intake of 2500 ml/day unless contraindicated
- Encourage client to drink hot liquids upon arising in the morning in order to stimulate peristalsis
- If client is taking analgesics for pain management, encourage the use of nonnarcotic rather

than narcotic (opioid) analgesics when appropriate
- Increase activity as allowed
- Administer laxatives or cathartics and/or enemas if ordered.

Patient Teaching

- Teach client to consume a fiber intake of 20 g/day (for adults), ensuring that the fiber is palatable to the individual and that fluid intake is adequate.
- Give information on the relationships between diet, fluid intake, exercise, and appropriate laxative usage.
- Discuss the reasons for interventions and promote the continuation of any successful procedures.
- To assess the problem long-term, encourage the patient to keep an elimination journal.

Cultural Considerations

- Assess for the influence of cultural beliefs, norms and values.
- Offer foods that are familiar to the client, and do not offend their beliefs.

Coordinating Care with Nursing Assistant

- Encourage client to defecate whenever the urge is felt.
- Place client in high Fowler's position for bowel movements unless contraindicated
- Encourage client to relax, provide privacy, and have call signal within reach during attempts to defecate
- Increase activity as allowed
- Offer a variety of liquids during the day to prevent constipation.

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