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Constipation in the Long-Term Care Resident

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Guideline for Constipation in the Long-Term Care Resident

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Background and Significance

Purpose: To create a clinical practice guideline for the prevention and management of constipation in the long-term care (LTC) (nursing home) resident.

- Constipation is uncomfortable, undermanaged, and isolating condition
- Prevalence is approximately 10-71% in LTC residents
- Laxative use is found in over 1/2 of all LTC residents
- Billions in health care costs
- Minor and serious complications

Three published clinical practice guidelines for constipation:
 American Gastroenterological Association (2013)
 The American Society of Colon and Rectal Surgeons' (2016)
 Joanna Briggs Institute (2008)

Do not address the Long-Term Care resident

Barriers to constipation being an unpopular and undertreated topic

- Bowel habits are private
- Constipation is rarely life-threatening
 - fecal impaction may have significant morbidity and mortality.
- Incorrectly assessed as "imagined"
- Subjective nature makes diagnosis difficult
- Fear of treatment induced diarrhea
- Not discussed until in a crisis

Long-term care residents are a vulnerable population who care about their bowel function. They will benefit from a tailored guideline.

Methods

Phase 1 – Guideline Rough Draft Creation

- Literature Review
- Delphi Committee
 - Gastroenterologist, pharmacist, and two gerontologists

Phase 2 – Assess Guideline Clinical Applicability
 LTC Interdisciplinary Team (n=30)
 Education session
 Survey

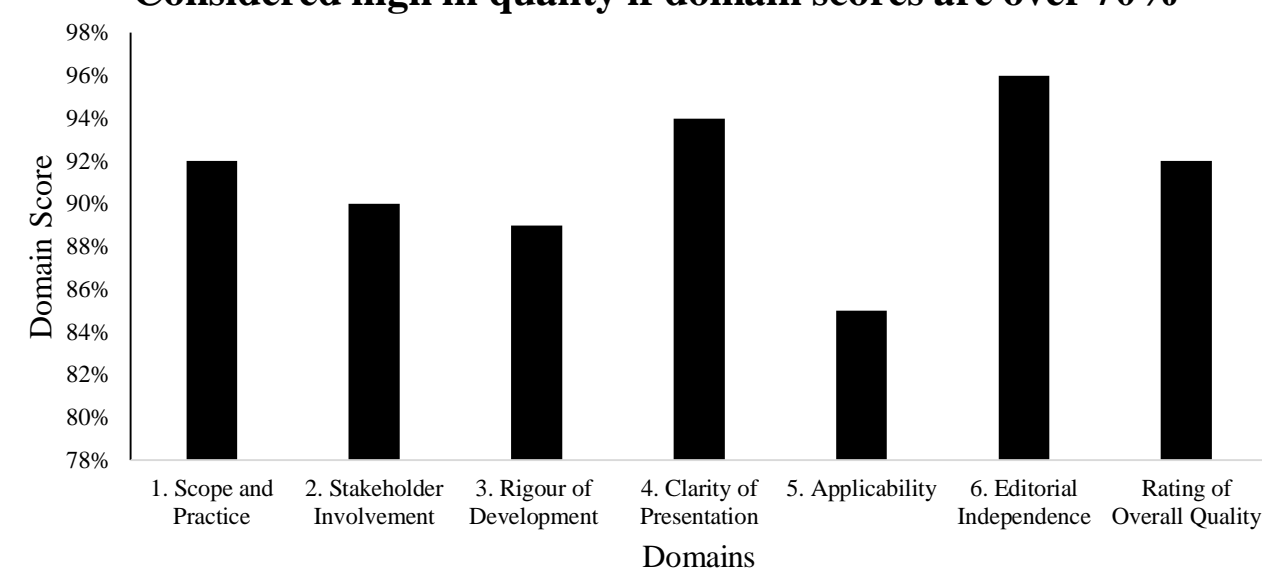
Survey Questions	Total (n=30)
Constipation is an important topic for long-term care residents	3.53
I feel that this guideline provided helpful information for the prevention and treatment of constipation	3.80
This guideline was applicable to long-term care residents I care for	3.79
The information provided in the guideline was easy to understand	3.66
I feel that constipation could be prevented or more appropriately treated because of the information presented in the guideline	3.69
I believe that the long-term care residents bowel function could be improved in the future following the recommendations in the guideline	3.55
I will share information provided in this guideline with others	3.80

Results and Discussion

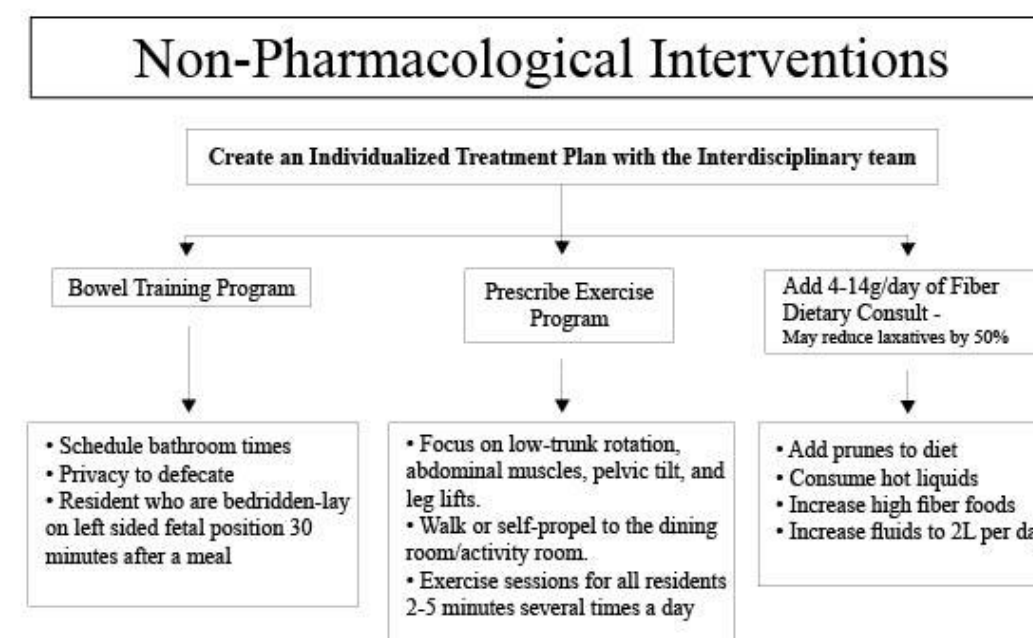
Phase 3 – Assess guideline quality

- AGREE II Instrument
- East Tennessee State University Alumni and Faculty
- Four practicing nurse practitioners

Considered high in quality if domain scores are over 70%



Nonpharmacological Interventions



Constipation is a Brain-Gut Disorder

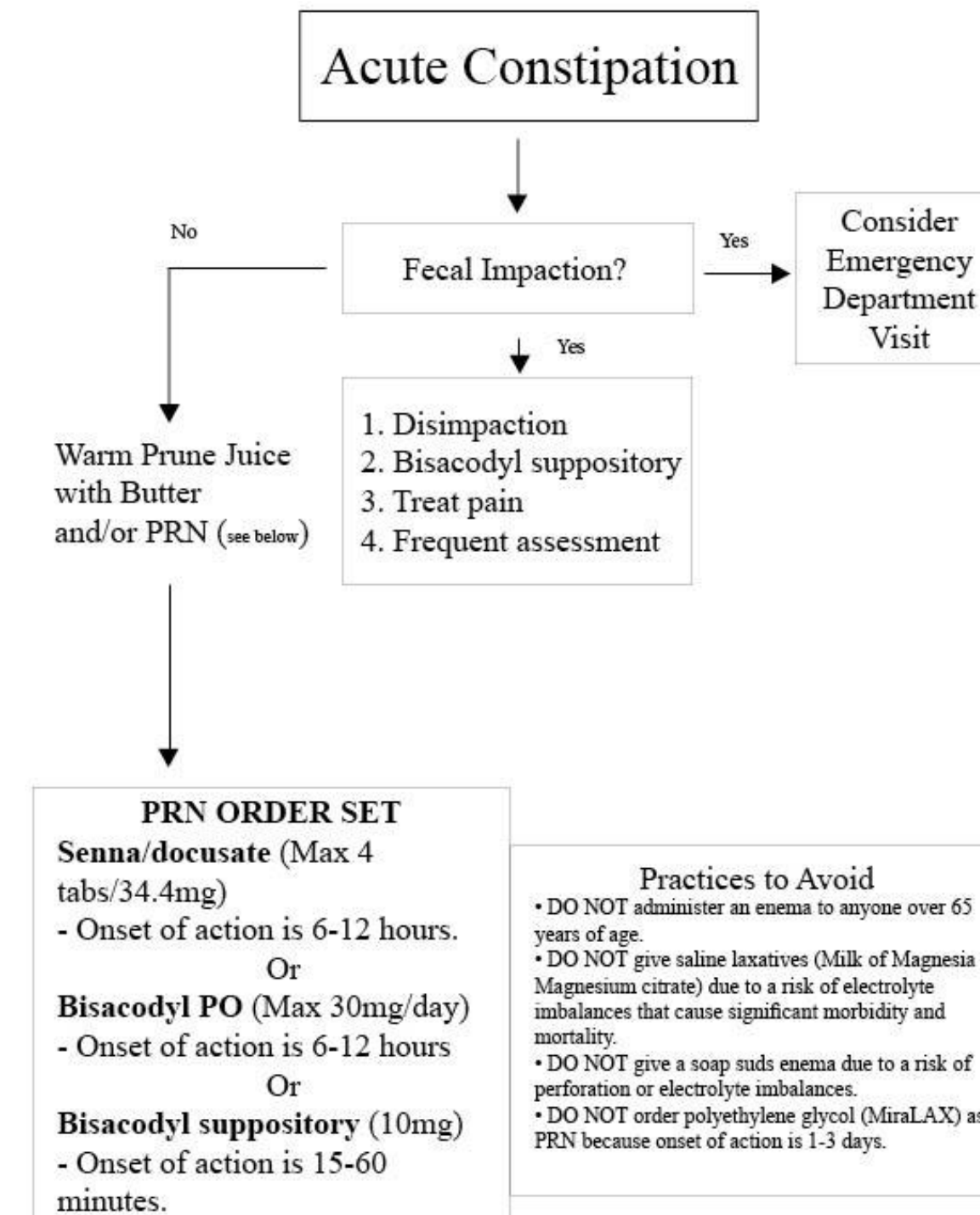
Behavior Changes Associated with Constipation

- Anorexia / change in appetite
- Change in bowel habit
- Attempting to get of bed unsafely
- Acute confusion
- Depression / anxiety
- Moaning



Food	Fiber Content
1 bowl of high fiber cereal	5.0-14.3g
1 cup of bean (kidney, navy, pinto)	5.7-8.0g
1 medium sized pear or apple	4.0-5.5g

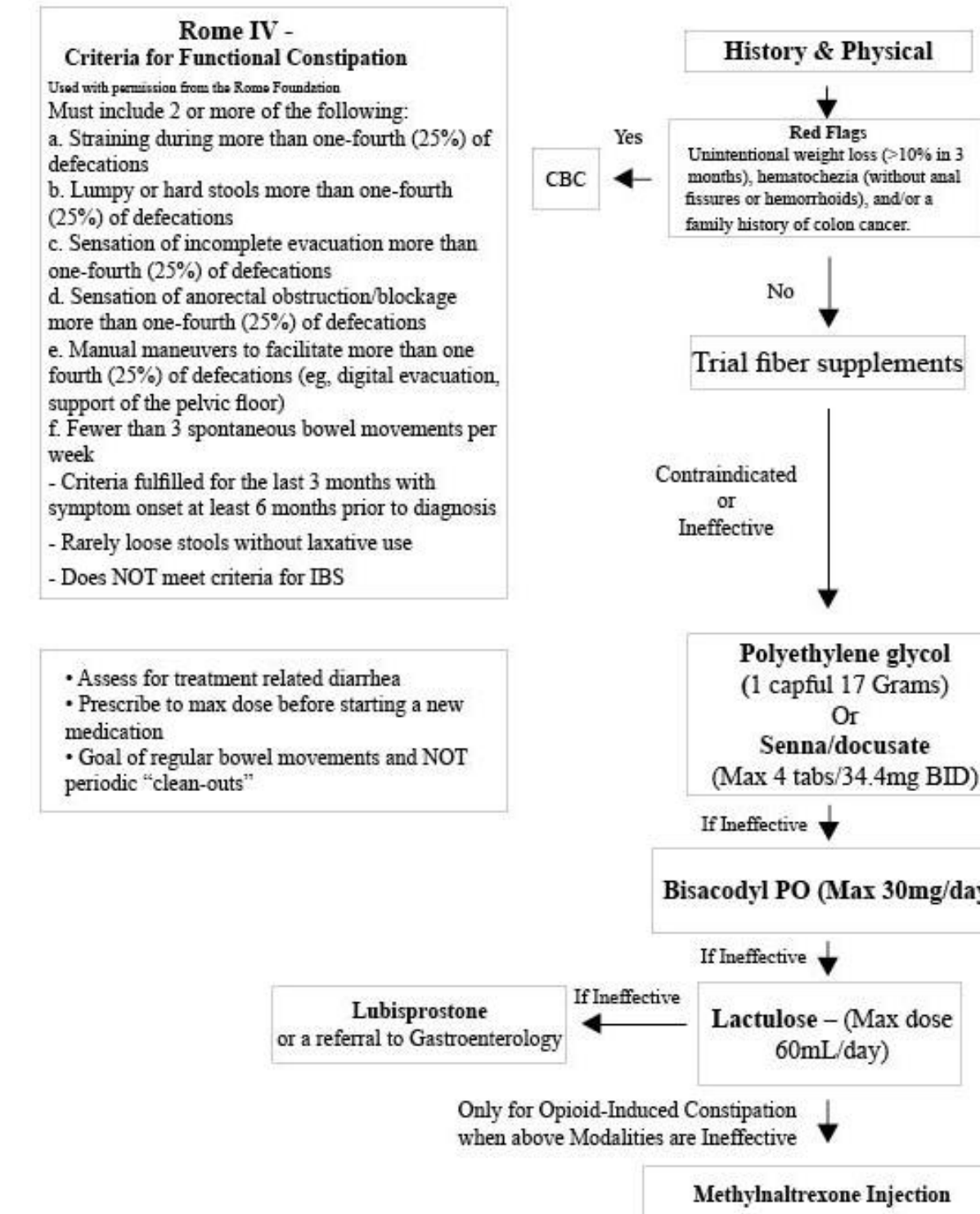
Acute Constipation



Clinical Pearls

- Hospitalization can lead to constipation – DO NOT discontinue scheduled bowel medications
- DO NOT use milk of magnesia or magnesium citrate – contraindicated in those with renal impairment, congestive heart failure, electrolyte imbalance, risk for dehydration, and hypertension.
- DO NOT use enemas or soap suds buckets - May result in perforation, electrolyte imbalances, renal failure, sepsis, and death (<4%).
- Use the digital rectal exam to assess constipation - Especially to assess for fecal impaction
- Fecal impaction can lead to severe morbidity and mortality – consider admission to the Emergency Department
- Add more prunes and fiber
- Use the max dosage of medication before attempting another medication
- The goal should be regular bowel movements - Avoid periodic cleanouts.

Chronic Constipation



Contact information

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