



Northern Health Palliative Care

Bowel Care Orders and Protocols

HOT TIP
January 2022

Terminally ill patients are at risk for constipation for a variety of reasons, but poorly managed bowel care is one culprit that results in difficult symptom management. Constipation can lead to nausea, pain and even delirium. In addition to causing symptoms and making them difficult to control, severe constipation can lead to fecal impaction, bowel obstruction, ischemia and bowel perforation. These serious complications can be reduced or eliminated by taking a preventative approach to bowel care.

- One of the most important things that can be done is to **keep an accurate record of a patient's bowel status**. Two excellent tools for this are:
 - The [Northern Health Bowel Care Record](#) (10-000-5200) and;
 - The Victoria Bowel Performance Scale (found on the back of the Bowel Care Record).
- This allows interventions to be implemented in a timely manner, with a well documented rationale. It is best practice to **document on this record each shift, whether the patient had a bowel movement or not**.
- Utilize the **Northern Health Bowel Care Order Sets** in a prophylactic manner. **Do not wait until a patient is severely constipated to initiate the bowel care protocol**. There are two order sets:
 - [Adult Bowel Care Record: Patient Taking Daily Opioid \(10-111-5201-002\)](#), and;
 - [Adult Bowel Care Orders: Patient NOT taking Daily Opioid \(10-111-5201-001\)](#).
- These order sets encourage bowel intervention in a stepwise fashion, to ensure a bowel movement every 2-3 days.
- Avoid bulk-forming laxatives (such as Metamucil) in debilitated patients when fluid intake is less than 1.5 liters per day.
- Sennosides may be the most useful single laxative when an opioid is prescribed.
- Keep in mind, as opioid dosages increase, so will the need for laxative use. Patients on opioids for symptom control will need a stimulant laxative from the time opioids are initiated.
- Even when a patient stops eating and drinking, the body continues to produce 1-2 oz of stool per day as the body is still producing waste. Bowel care is recommended up until the patient approaches death.
- It is appropriate to stop oral laxatives when a patient is no longer able to swallow and their level of consciousness diminishes.

References:

B.C. Inter-professional Palliative Symptom Management Guidelines, December 2017
Victoria Hospice Society (2008) Medical Care of the Dying