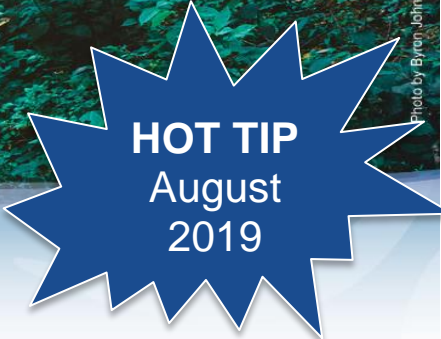


Photo by Byron Johnson on Unsplash



Northern Health Palliative Care

Palliative Care Bowel Orders

Palliative care bowel orders can be found on page two of the [Adult Palliative Care Orders for Hospital Inpatients \(10-111-5204\)](#) and the [Adult Palliative Care Orders for Outpatients, D Beds and Symptom Management Kits \(10-111-5204-001\)](#)

1. Complete bowel assessment and record on [Bowel Care Record 10-000-5200](#)
2. Determine level at which to start, based on bowel pattern, time since last BM and bowel medication use prior to assessment. Document level chosen on the medication administration record (MAR) and nursing notes.
3. Subsequent rectal and/or abdominal examinations are to be documented on the MAR and nursing notes.

Indications:

- To prevent opioid-induced constipation
- To manage constipation where dietary measures have failed, or previous laxative treatment unsatisfactory.

Contraindications:

- Do not follow protocol for ileostomy, short bowel syndrome, complete bowel obstruction, diarrhea, and impaction (impaction must be cleared prior to initiating protocol). If in doubt, contact physician or palliative care nurse consultant.

Level 1: Prevention	Once daily, see orders for details
Level 2: Prevention	See orders for details
Level 3: Constipation management	After 72 hours without BM, see orders for details
Level 4: Constipation management	No BM or insufficient result – after 96 hours, see orders for further details.

Outcome: After a BM, resume Level 1 or 2 (increasing dose(s) PRN) to maintain a BM at least q 3 days. It is not uncommon to require increasing doses of sennosides as dose of opioid increases.

For support or consultation, please call the nurse consultant in your area:

NE: 250-795-6134	NI: 250-565-7318	NW: 250-631-4191
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