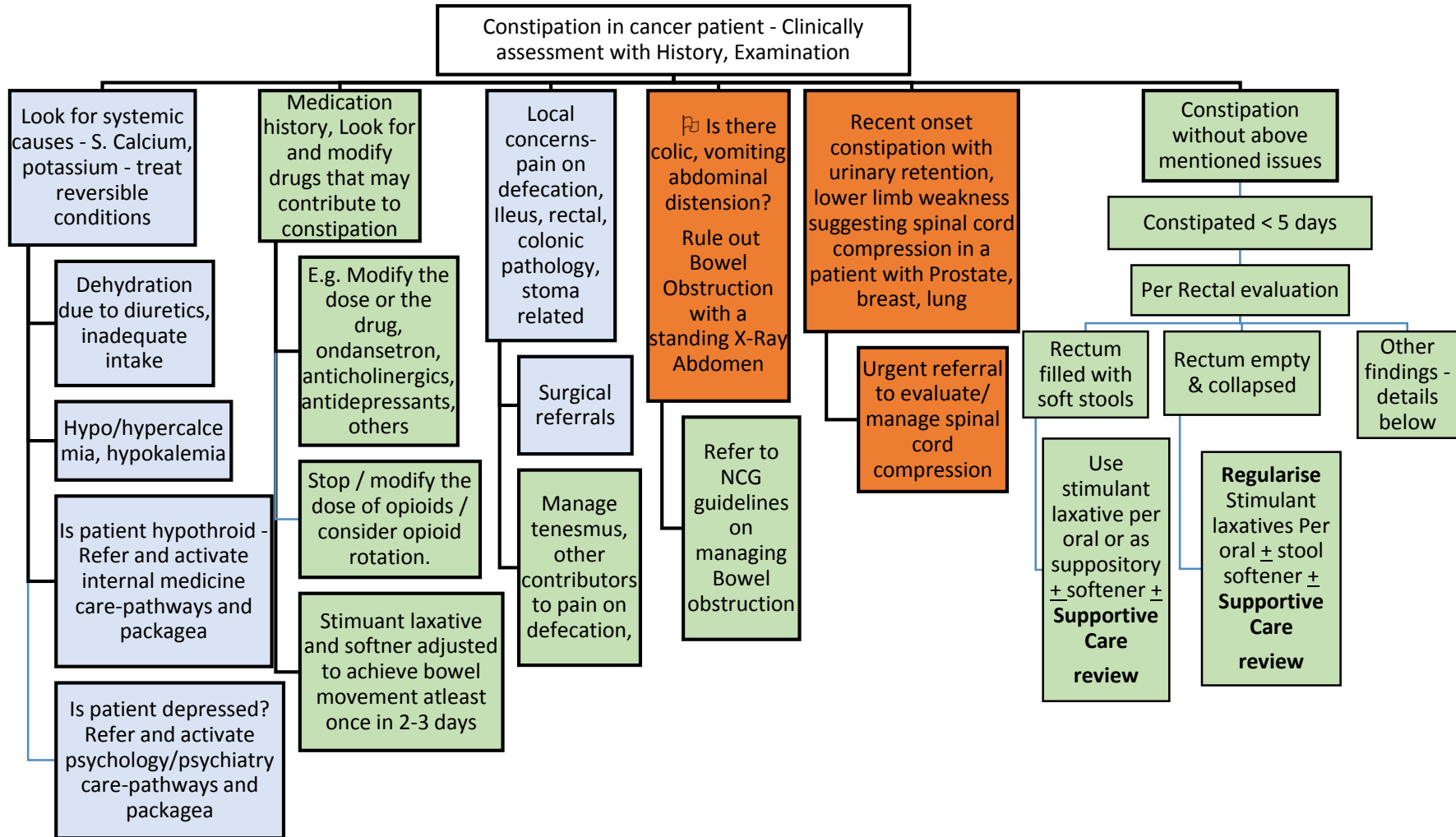
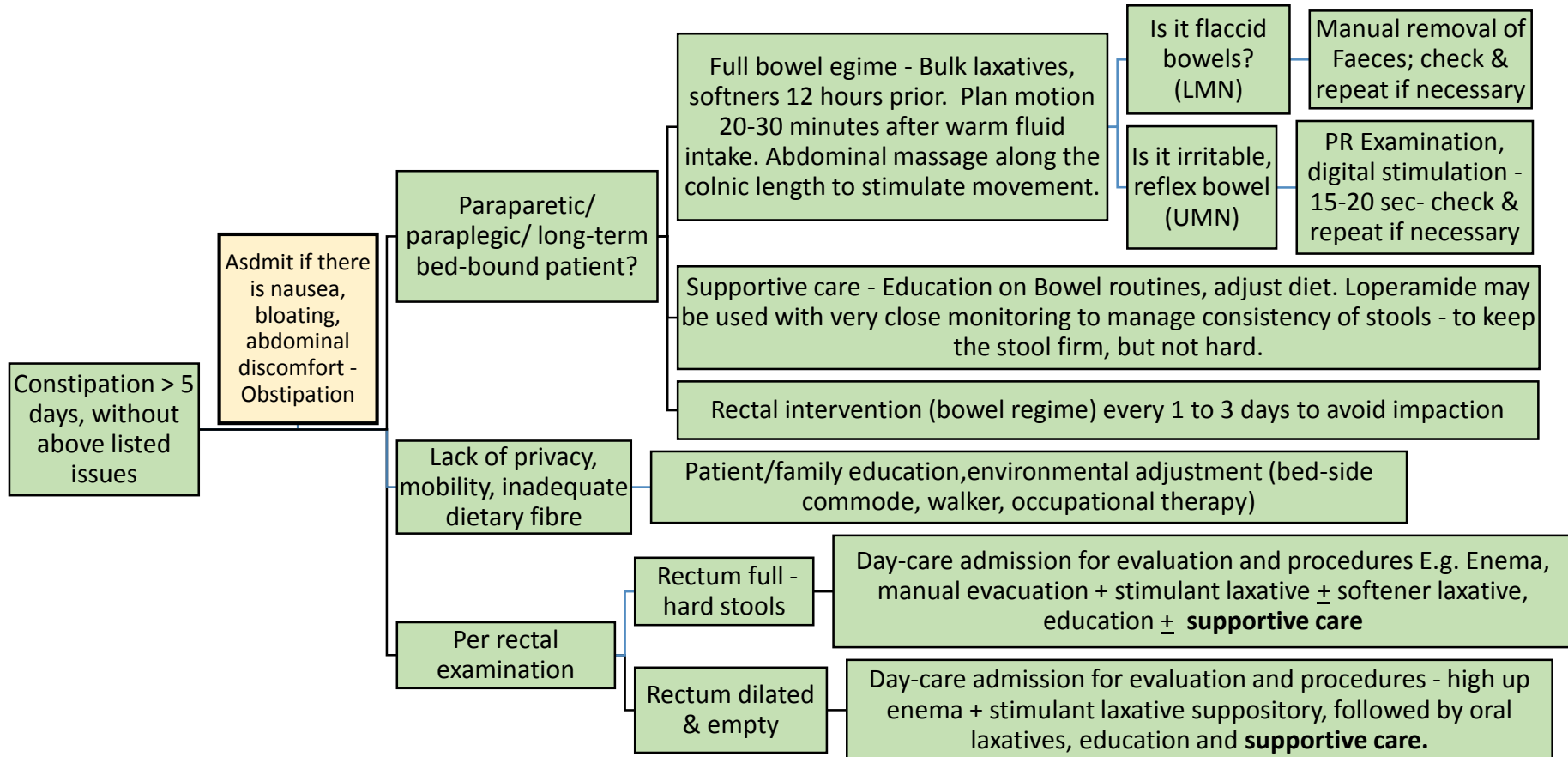


NCG Palliative Care Guidelines - Constipation



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Drugs (A)

| Stimulant laxatives | Softening laxatives | Others |
|---|---|--|
| <ul style="list-style-type: none"> • Bisacodyl – Tab: 5-10 mg at night to 10 mg TDS; • Bisacodyl Suppository 10mg • Senna 15 mg HS – 30 mg/ Day • Glycerol 4g • Sodium Picosulphate– 5 mg–30 mg / Day • Poly Ethelene Glycol sachet – Peglec –1 sachet dissolved in not < 125ml of water. Up to 3 sachets may be used with proportionate volume of water. Intended volume is taken orally in < 4 hours. Used in patients with prolonged, severe constipation. who can take in large volumes of fluids orally and mechanical issues / bowel obstruction is completely ruled out. | <ul style="list-style-type: none"> • Syp.Lactulose 15 ml HS to30 ml TDS • Docusate Sodium • Cremaffin.- <p style="text-align: center;">Osmotic / Bulk Forming</p> <ul style="list-style-type: none"> • Macrogols 1 sachet • Ispaghula | <ul style="list-style-type: none"> • Look for and modify impact of Drugs which cause constipation- opioids, antacids, anticholinergics, ondansetron, antidepressants • Opioid induced constipation, intractable with other treatments - S/C Methylnaltrexone 8 mg on alternate days (C.I - Bowel Obstruction) – is evidence based option – if accessible regionally. • Local application agents – Lignocaine ointment/gel |

Supportive Care * (B)

| Education/ communication | MDT - Referrals | Supportive Equipment |
|---|--|--|
| <p>Discuss issues with privacy/ comfort in the environment, regularity of daily rhythm, toilet seating/ positioning (knee above hip for improved dynamics); hydration</p> <p>Elicit and address fears - of bleeding per rectum, withholding fluids, food – due to anxiety about being dependant on others for defaecation</p> <p>Elicit and respond to dignity concerns</p> | <p>Diet – high fiber; hydration; special diet if on tube feeding- whole cereal meals (wheat, oats, rice), pulses, nuts, vegetables, fresh/dried fruits, natural juice,</p> <p>Physiotherapy/ occupational therapy</p> <p>Physical range of movement exercises, energy conservation techniques, positioning</p> | <p>Position support during defecation with knees above hip-joints - Foot-stool</p> <p>Access to commode / Railings for support</p> <p>Walker</p> |

NCG Palliative Care Guidelines - Constipation

Procedures (C)

Nursing Procedures – Rectal procedures are avoided if there is neutropenia, thrombocytopenia
This may require day care admissions.

Regular Enema

Minor procedure: Enema fluid is placed into the rectum using a lubricated end of Sodium Phosphate Enema sachet

High-up enema

Minor procedure - Enema fluid is placed high up beyond the rectum using a lubricated simple 16G catheter. 2 sachets of Sodium Phosphate Enemas

Manual Evacuation

Minor procedure - Local anaesthetic gel, gloves, day-care admission ± suppository ± enema

Drug administration- Subcutaneous injections / infusions, P/R suppository