

CONSTIPATION PROTOCOL

You do not need permission to call 911

Person's name: _____ Location of use: _____ Date: _____

Describe how you know this person is at risk for constipation (include diagnosis, history, and special considerations):

SECTION 1: Description of Preventions

<input type="checkbox"/> Prunes _____ times daily <input type="checkbox"/> Prune juice _____ times daily <input type="checkbox"/> Bran _____ times daily	<input type="checkbox"/> Instructional program for toilet use Instructions located:
<input type="checkbox"/> High fiber diet	<input type="checkbox"/> Regularly scheduled bowel medications
<input type="checkbox"/> Extra fluids:	<input type="checkbox"/> Exercise/activity:
<input type="checkbox"/> Other dietary support to help minimize risk of constipation:	<input type="checkbox"/> Regular scheduled time in the bathroom:
<input type="checkbox"/> Other preventions (Privacy, reminders, etc):	
<input type="checkbox"/> Record bowel movements Where: <input type="checkbox"/> BM Chart <input type="checkbox"/> MAR/TAR <input type="checkbox"/> Other: _____ Bowel movements are <input type="checkbox"/> Self-reported <input type="checkbox"/> Observed <input type="checkbox"/> Other: _____	
<input type="checkbox"/> BM data is shared with <input type="checkbox"/> School <input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Other: _____ How is BM data shared?	

SECTION 2: Signs and Symptoms of Constipation

<ul style="list-style-type: none"> ● Hard, small, dry stools ● Spending a lot of time sitting on toilet ● Bloating stomach ● Stomach pain and discomfort ● Has refused to eat for _____ meals <input type="checkbox"/> Refusing to eat or drink ● Unusual straining and grunting on the toilet <input type="checkbox"/> Has had no stool or only 'small' stool in _____ days 	<input type="checkbox"/> Person's own way of letting others know he/she is constipated:
<input type="checkbox"/> Other signs and symptoms of constipation:	

Person's name: _____

Location of use: _____

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SECTION 3: What to do if any signs and symptoms are observed

- Administer PRN bowel medications as ordered, see MAR
- Additional instructions for administering PRNs if not included in the order:
- If there is no PRN bowel medication order
- If PRN medication is not effective
- If no bowel movement occurs within ____ day(s) after administering PRN medication
- If vomiting occurs with other signs and symptoms of constipation
- If signs of blood in stool are present except: _____
- Other:
- 1. Contact and follow any instructions given:
 - Supervisor Nurse Physician _____
- 2. Document incident in: Progress notes Incident Report Other: _____
- 3. Notify:
 - Work Home Family/Guardian School Other: _____

SECTION 4: *CALL 911 AND START EMERGENCY AND FIRST AID PROCEDURES AS TRAINED, IF ANY OCCUR:*

- Person appears gravely ill or you are concerned about their immediate health and safety
- If person vomits material that smells like BM, or looks like coffee grounds or dark jelly
- If person has a very hard, protruding abdomen
- If person has severe abdominal pain
- Other:

After calling 911,

Contact and follow any instructions given:

- Supervisor Serv. Co./Res. Spec. Physician _____
- Nurse Family/Guardian Other: _____

After the person is stable, document incident in:

- Incident Report Progress notes Other: _____

Written by: _____