

TSU Bowel Protocol

Megan Anderson BSN, RN

Lehigh Valley Health Network, Megan_A.Anderson@lvhn.org

Alison Bahnick BSN, RN

Lehigh Valley Health Network

Amanda Thorpe BSN, RN

Lehigh Valley Health Network

Janel Werner BSN, RN

Lehigh Valley Health Network

Follow this and additional works at: <https://scholarlyworks.lvhn.org/patient-care-services-nursing>



Part of the [Nursing Commons](#)

Published In/Presented At

Anderson, M., Bahnick, A., Thorpe, A., Werner, J. (2014, July 18). *TSU Bowel Protocol*. Poster presented at LVHN UHC/AACN Nurse Residency Program Graduation, Lehigh Valley Health Network, Allentown, PA.

This Poster is brought to you for free and open access by LVHN Scholarly Works. It has been accepted for inclusion in LVHN Scholarly Works by an authorized administrator. For more information, please contact LibraryServices@lvhn.org.

TSU Bowel Protocol EBP

Megan Anderson, BSN, RN
Alison Bahnick, BSN, RN
Amanda Thorpe, BSN, RN
Janel Werner, BSN, RN

A PASSION FOR BETTER MEDICINE.™



Background/Significance

- Post-op elderly admissions to TSU with no recorded bowel movement within 3 day window, stated in LVHN policy.
- Constipation in elderly can lead to increased risk of post-op complications and decrease quality care outcomes

PICO QUESTION

PICO Question

- In the post operative elderly in a long term care setting, how does an established nurse driven bowel protocol influence routine bowel movements in comparison to standard unit admission orders to regulate Q3D bowel movements?

TRIGGER?

- Knowledge v. Problem
 - Problem Focused Trigger
 - Clinical problem: Post op elderly residents of the Transitional Skills Unit are not having bowel movements within the given time frame allotted by the organizations policy and procedure. There is no specific protocol for nurses to follow to promote regular bowel movements and enhance patient's health care outcomes.

EVIDENCE

- Search Engines
 - Cinahl
 - Ovid
 - PubMed
 - PEPID
- Key words
 - Constipation
 - Elderly
 - Post-op
 - Protocol
 - Nurse Driven
 - Patient Care

Synthesis of Evidence

- Baseline data collection, 57.7% of patients did not have a bowel movement within the first 3 days of admission. After implementation of bowel protocol, constipation decreased to 37.0%. Diarrhea decreased from 32.2% to 17%.
- Less administration of laxatives. Decrease in the subjective complaints of constipation.
- Patients given Mavicol with electrolyte had bowel movements sooner than those on standard treatments.
- With use of a stool softener and one dose of suppository, ileus and constipation were decreased. Effects of intervention were measured by using Electronic Medication Administration Record.

Synthesis of Evidence

- 81/197 residents in nursing homes treated for constipation did not achieve normalization of stool frequency and consistency. Differences in definitions of satisfactory response vary. Lactulose was the most frequently used laxative
- Laxatives were used by 66% of elderly participants that were taking opioids.
- The use of oat bran decreased the need for laxatives by 59%. Fiber supplements can be an effective alternative to laxative use.

Current Practice at LVHN

- Currently no protocol in place to promote and track bowel movements in the post-op elderly
- Residents must have bowel movement within 3 days

IMPLEMENTATION

1. Process Indicators and Outcomes

- Power point to educate staff – all staff must comply within time frame
- Flyers to remind staff of evidence based project protocol initiation
- Kardex sheets for communication and bowel movement tracking/measurement

2. Baseline Data

- initial assessment of resident's baseline bowel habits

Practice Change

- Assessment of resident's bowel patterns and lifestyle (non pharmacological means used to promote bowel regularity at home)
- Physician enters PRN laxative and stool softener orders for qualifying residents
- Walking list implemented for mobility of residents between therapy sessions
- Nurse responsible for assessing need of bowel regiment for individual residents and initiating protocol orders

RESULTS

- 7 post-op residents had bowel movements within 3 days utilizing the nurse driven bowel protocol with pharmacological interventions
- 1 resident received scheduled Senokot daily and had bowel movement within 3 day post-op window
- 1 resident refused pharmacological interventions, drank cranberry juice and ambulated frequently and had bowel movements daily
- 3 resident refused pharmacological interventions, did not supplement in diet and did not ambulate frequently. Had daily bowel movements.

Implications for LVHN

- Improved quality care outcomes for residents
- Reduction of post-op complications related to constipation in the elderly
- Increased involvement in physical and occupational therapy

Lessons Learned

- Educate early to have the most staff involvement and compliance
- Frequent re-education related to protocol and guidelines necessary

References

- Blane, R., & Blagrove, P. (2011). Management of constipation in long-term care: the importance of a multidisciplinary approach. *Canadian Nursing Home*, 22(4), 16-18.
- Fosnes, G., Lydersen, S., & Farup, P. (2011). Effectiveness of laxatives in elderly--a cross sectional study in nursing homes. *BMC Geriatrics*, 1176. McPeake, J., Gilmour, H., & MacIntosh, G. (2011). The implementation of a bowel management protocol in an adult intensive care unit. *Nursing In Critical Care*, 16(5), 235-242. doi:10.1111/j.1478-5153.2011.00451.x
- Linari, L., Schofield, L., & Horrom, K. (2011). Implementing a bowel program: is a bowel program an effective way of preventing constipation and ileus following elective hip and knee arthroplasty surgery?. *Orthopaedic Nursing*, 30(5), 317-321. doi:10.1097/NOR.0b013e31822c5c10
- Kyle, G. (2010). Considering the options for treating constipation. *Practice Nursing*, 21(3), 124-130.

References

- Madsen, L., Magor, C., & Parker, B. (2010). Comparison of two bowel treatments to prevent constipation in post-surgical orthopaedic patients. *International Journal Of Orthopaedic & Trauma Nursing*, 14(2), 75-81. doi:10.1016/j.joon.2009.07.049
- Max, E., Hernandez, J., Sturpe, D., Zuckerman, I. (2007). Prophylaxis for opioid-induced constipation in elderly long term care residents: A cross sectional study of medicare beneficiaries. *The American Journal of Geriatric Pharmacotherapy*, 5(2), 129-136.
- Morley, J. E. (2007). Constipation and irritable bowel syndrome in the elderly. *Clinics in geriatric medicine*, 23(4), 823-832.
- Tariq, S. H. (2007). Constipation in long-term care. *Journal of the American Medical Directors Association*, 8(4), 209-218. (This citation is either for the article that you have to scan and upload or for the article that we requested to be sent to us, I am not sure please let me know).
- Sturtzel, B., & Elmadfa, I. (2008). Intervention with dietary fiber to treat constipation and reduce laxative use in residents of nursing homes. *Annals Of Nutrition & Metabolism*, 5254-56.

Make It Happen

- Questions/Comments:

Contact Information:



Cedar Crest



17th Street



Muhlenberg



Health Centers