

# CONSTIPATION

**Constipation** refers to bowel movements that are infrequent or hard to pass that may also be painful.

## INTERVENTIONS

### Non-pharmacological

- **Increase fluid intake**  
Fluid can help soften the stool
- **Encourage mobility or exercise**  
Immobility can worsen constipation
- **Promote high-fiber content diet**  
Constipation can be caused or exacerbated by a low fiber diet
- **Guided imagery and other diversional activities will help the patient not to be so focused with constipation**
- **Discourage routine use of laxative**  
Bowel movements may become dependent upon their use
- **Advise patient to avoid voluntary withholding of stool.**  
The choice to withhold can be due to factors such as fear of pain, fear of public restrooms, or laziness.
- **Encourage him/her to take the time for bowel movements.**
- **Educate the patient about the proper use of medications to treat constipation.**  
Providing information will give the patient a clear understanding of the importance of compliance

### Pharmacological

- Fiber supplements, or bulk laxatives, are generally considered the safest of laxatives. Examples include FiberCon, Metamucil, Konsyl, Serutan and Citrucel. These agents must be taken with plenty of water.
- Stimulants cause rhythmic contractions in the intestines. Examples include Correctol, Dulcolax and Senokot.

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- Lubricants enable stool to move through your colon more easily. Examples include mineral oil and Fleet.
- Stool softeners moisten the stool and help prevent dehydration. Examples include Colace and Surfak.
- Osmotics help fluids to move through the colon. Examples include Cephulac, Sorbitol and Miralax.
- Saline laxatives act like a sponge to draw water into the colon for easier passage of stool. Examples include milk of magnesia and Haley's M-O.

## Conversation

**Nurse:** Hello maam, you look sad today. Is there something wrong?

**Patient:** My best friend told me to come here.

**Nurse:** So what's the matter? Is there anything I can do?

**Patient:** I've been constipated for almost a week. It really turned my world up-side-down.

**Nurse:** Oh, that's really a concern.

**Patient:** True, it affected my appetite, my sleeping pattern and my daily routine. That's why I consented my friend's suggestion to have me checked.

**Nurse:** Sometimes constipation is due to inactivity. Do you have sedentary lifestyle?

**Patient:** Not really. I'm very workaholic. Sometimes, I sacrificed my rest because of it.

**Nurse:** Ohh I see. What about your diet?

**Patient:** Why? Is it a triggering factor for constipation?

**Nurse:** It is. Low-fiber diet can worsen this condition. If a person is used with low-fiber content meal must consider modifying it.

**Patient:** In what way can fiber diet helps constipation anyway?

**Nurse:** Fiber is like a broom. It helps wash out substances in our digestive tracts. It is also easily digested and don't stay long in our intestines.

**Patient:** That's great to know.

**Nurse:** What about your hydration status? How often do you drink water?

**Patient:** I usually drink water when I'm thirsty. Sometimes, I forgot to drink either.

**Nurse:** You must drink water regularly at least eight glasses a day. When you're thirsty, that means lots of water has been lost in your body, so don't wait your thirst drive reminds you to drink.

**Patient:** Really? Okay then, I'll mark that point with care. Is there anything you can add?

**Nurse:** Oh yeah, I want to ask if you used enemas?

**Patient:** Oh no. I've never tried. I'm scared to put anything on my anus.

**Nurse:** I'll inform the doctor about all that we've talked. He might give you some medications which can make you feel better.

**Patient:** That sounds good, thank you!

**Nurse:** Welcome.