



Capital Health

PRE-PRINTED ORDER

Routine Bowel Care Orders

(Palliative Care)

Patient: _____ Allergies: _____

General Parameters

- Assess bowel function daily **OR** on each visit
- Encourage fluids, mobilization, fresh or dried fruit where practical
- Limit bulk-producing agents

Order Initiation

- Routine

STEP ONE: STIMULANT

- Senna 8.6–17.2 mg po daily (bedtime administration preferable)
- Start with 17.2 mg bid if on regular opioids. Reduce if needed.
If no effect within 24h, increase to 25.8 mg on Day 2, then 34.4 mg bid on Day 3
- If no bowel movement on Day 3, or if the patient is in distress (discomfort of constipation or cramping from senna), advance to Step Two and consider rectal agent

STEP TWO: ADDITION OF OSMOTIC LAXATIVE

- Polyethylene glycol (PEG) 3350 17 g dissolved in 125–250 mL of any fluid po daily. (PEG is an odourless, tasteless power which may be dissolved in any liquid or soft dessert)
- May increase PEG dose to 34–68 g po daily. Divide into two doses. Higher doses do not increase side effects or cause incontinence
- If patient **refuses** PEG or already uses lactulose, administer lactulose 15–30 mL po daily. May increase to a maximum of 60 mL po tid
- *If bowel medication is ineffective at maximum dosage or patient is not tolerating, consult with physician*

ONCE PATIENT HAS HAD A SATISFACTORY BOWEL MOVEMENT:

- Titrate medications used for prevention, taking as much as required to have a bowel movement every 1–2 days or a return to patient's normal bowel movement routine
- If bowels are moving very well or diarrhea, reduce dose of laxative

Rectal Agents

- Assess for contraindications (neutropenia, thrombocytopenia, obstructing rectal lesions, patient undergoing chemotherapy who have been told not to use rectal agents) – if uncertain, consult with physician
- Consider use if no bowel movement after 3 days or patient in distress from constipation
- In the absence of contraindications, patients may have per rectum glycerin suppository, bisACODYL suppository or microenema daily prn. If ineffective, give sodium phosphate enema daily prn



Physician's Orders

Prescriber's Signature: _____ Date (yyyy/mm/dd): _____

Prescriber's Name _____ Reg. No. _____

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