

Steps to Relieve Constipation

Step 1

When constipation starts to become problematic:

- Have usual medications for constipation been taken? If not, administer usual medication
- Increase fluid intake if possible
- Try non- medication interventions e.g. hot pack to abdomen



Step 2

If constipation continues and/or starts to worsen:

- Administer:
Together with
- If no relief in *<as nominated by nurse/doctor>* administer another dose of:
.....
- If still no relief in *<as nominated by nurse/doctor>*, administer:
.....

Signature of RN _____ Date: _____

Advice is based on review of current medication order(s) and discussion with client /



Step 3

If constipation becoming distressing:

- Ring *<Palliative Care Service Contact Details>* for advice and/or

Guidelines for implementation of Carer's Symptom Management Sheets

Purpose: To inform clients / carers about what to do when existing symptoms worsen or as initial steps for a new symptom.

Summary:

A one page Carer's Symptom Management Sheet is available for each common symptom. Each has the following steps:

Step 1 – Supportive measures for relieving the symptom. These measures can be implemented with client / carer at any time.

Step 2 – Pharmacological measures for relieving the symptom. This section can only be completed if:

- signed current medication order(s) are in place;
- the registered nurse has reviewed current medication order(s) and is competent and comfortable to provide this advice to the client / carer;
- medication (oral or injectable) and necessary supplies are kept in the home; and
- the client / carer are comfortable with the advice.

Step 3 – Unrelieved and distressing symptom.

Guidelines for implementing Carer's Symptom Management Sheets:

1. Team discussion about the introduction of applicable Carer's Symptom Management Sheets to client/carer.
 - a. Ensure client has a carer who is able and willing to provide symptom management at home
2. Identify relevant symptoms for which a sheet should be provided
3. Consider providing sheet(s) as part of Carer's Kit¹
4. Review signed current medication order(s)
5. If no medication order(s) are in place, provide sheet without completing Step 2
6. Ensure necessary supplies and medication is available in the home prior to completing Step 2
7. Discuss Step 2 process with client / carer and ensure they understand and are comfortable with it
8. Sign and date Step 2
9. Provide completed sheet(s) to client / carer
10. Make notes in client record including date when sheet(s) were provided, name of nurse, which symptom sheets were provided and if Step 2 was completed

¹ Carer's Safety and Information Kit for Palliative Care Services, Gippsland Region Palliative Care Consortium