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### TSU Bowel Protocol

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# TSU Bowel Protocol EBP

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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

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- Questions/Comments:

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