


SUBJECT: Bowel Management Protocol for ICU Patients	
DEPARTMENT: Intensive Care Services	Page: 1
REFERENCE # 04-04-0070	Of: 3

Introduction:

No organ in the body is so misunderstood, so slandered and maltreated as the colon!

Sir Arthur Hurst, 1935

Constipation occurs in 83% of patients. More constipated patients (42.5%) failed to wean from mechanical ventilation than non-constipated patients (0%), $P < 0.05$. Defecation within 6 days after ICU admission was associated with a shorter length of stay in the ICU, whether or not laxatives were used.

1. Purpose of Policy:

1.1 It is to observe and document the bowel status of those patients who are admitted to the Intensive Care Unit.


1.2 The Scope of the policy is for all patients admitted to Intensive Care Services in Riyadh Military Hospital:

- GICU
- New ICU
- SICU
- Mobile ICU
- LTVU and Weaning Program
- Transplant ICU
- Trauma ICU
- Solid Organ Transplant ICU

2. Definitions:

2.1 Constipation: Stool frequency of less than three per week or the presence of hard stool.

Director of Department	Director of Medical Administration	Program Director

SUBJECT: Bowel Management Protocol for ICU Patients	
DEPARTMENT: Intensive Care Services	Page: 2
REFERENCE # 04-04-0070	Of: 3


3. Policy:

- 3.1 The nurse should review the bowel motion and sounds daily at 7 am and to document the frequency, the color, and the amount.
- 3.2 Any patient who doesn't have bowl motion for 48hr or more - then the MD will be informed.
- 3.3 For all constipated patients, a review of all medication and lab result will be done.
- 3.4 Erect and supine abdominal x-ray will be done to all patients who don't have bowl motion for three or more days.
- 3.5 If mechanical obstruction is suspected, surgical consultation should be made.
- 3.6 Check for constipation inducing medications e.g.: opioids, iron supplement, anticholenergics, calcium, verapamil or antispasmodics.

4 Procedure:

- 4.1 For all patients, the following should be targeted:
 - 4.1.1 Keep the serum potassium and magnesium normal.
 - 4.1.2 These protocols should not be applied for patients who underwent a GIT surgery until the start oral or NGT feeding.
 - 4.1.3 May be the cause of constipation is anorectal pain due to anal fissure, piles or Crohns' disease.
 - 4.1.4 Any patient receiving TPN should have at least one small BM per week (this is natural sloughing of the intestinal mucosa)
- 4.2 Bowel Assessment
 - 4.2.1 Documentation of stool and bowl sound:

Director of Department	Director of Medical Administration	Program Director

SUBJECT: Bowel Management Protocol for ICU Patients	
DEPARTMENT: Intensive Care Services	Page: 3
REFERENCE # 04-04-0070	Of: 3

4.2.2 Call MD in case of:

4.2.2.1 no bowel sound

4.2.2.2 no bowel motion for two days

4.3 Start Preventive Measures:

4.3.1 Start oral or NGT feeding as fast as possible (see feeding protocol)

4.3.2 Well hydration

4.3.3 High fiber diet (oral or NGT)

4.3.4 Docusate sodium oral: 50-200 mg daily in two to three divided doses.

4.4 If No BM for the last 3 days:

4.4.1 Assess bowel sounds and document in the chart

4.4.2 PR to assess the rectum:

4.4.2.1 Empty: Give dulcolax suppository. 10 mg once. If no response in 24 hrs, repeat.

4.4.2.2 Full: assess the consistency of the stool:

4.4.2.2.1 Soft: give 2x glycerin supp. or fleet enema.

4.4.2.2.2 Hard or Firm

4.4.2.2.3

4.4.3 If no response, disimpact manually

4.4.4 If no response for 24 hrs, give phosphate enema.

5 References:

5.1 Br J Anaesth 2003; 91: 815±19.

5.2 Crit Care Med 2007; 35:2726–2731.

5.3 Harari D. et al. Arch Intern Med. 1996; 156: 315-320.

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