

Bowel care guidelines and standards for Care Home/Residential/Supported Living settings. (Learning disability services)

Bowel care guidelines and standards for care Home/Residential/supported living settings.

Version Number	Date	Author	Details of Update
1.0	December 2019	Learning into action group members	Draft guideline developed.
1.1	8 January 2020	Learning into action group members	Medicines optimisation in care homes reviewed and updated medicines information and developed bowel recording chart.
1.2	10 January 2020	Learning into action group members	Reviewed by members of the learning into action group.
1.3	13 January 2020	Learning into action group members	Formatting and content reviewed by learning into action group.
1.4	14 January 2020	Learning into action group members.	Care plan and bowel chart ammended.
1.5	11/02/20	Learning into action group members (membership included clinical lead Dr speciality in LD,LD community nurses, quality improvement nurse, care home nurses, continuing healthcare nurses)	Draft guideline has been sent to Norwich Community Health and Care (NCHC) learning disability LD community teams, Continence lead at NCHC and East Coast Community Healthcare (ECCH) for comments, Opening Doors have been involved in the development of the guideline. Guideline updated following any comments.
1.6	11/03/20	Learning into action group members	Hydration information from NCHC and updated guidance from the University of East Anglia also included within the guideline. Final version.
1.7	12/03/20	Learning into action group members .	Final version of guideline agreed to be considered by the care home steering group members.

Good Practice Bowel Care Guidelines for residents living with a learning disability in a Care setting (NB this guideline could also be considered for all adult residents in a care setting)

For: GPs, pharmacists, pharmacy technicians, nurses, care staff, care home managers, chefs and other staff working within care homes.

Aim: To help care providers provide high quality and safe bowel care for people who have a learning disabilities living in a care setting.

Background: Constipation affects up to 30% of the general adult population. However, we know that individuals with learning disabilities have an increased risk, with some studies reporting it being a problem for up to 70%. It is a re-occurring theme found in the National LeDeR reviews. Good quality care can help prevent complications and prevent hospital admissions.

This guidance sets standards that should be used to develop and review new and existing personal bowel care plans. It should be used to develop and sustain good practice in key areas of bowel care.

Standards for Good Bowel Care in a Care Setting

1. All care settings should have a bowel care policy.
2. Residents with learning disabilities living in a care setting should have a personalised bowel care plan in their notes (in addition to other standard care plans). This should include key roles, responsibilities, targets, outcome measures and any arrangements for specialist review.
3. There should be at least one 'Continence Care Champion' or 'Continence Key Worker' within each care setting who has attended locally recognised accredited training.
4. All care staff should have basic knowledge of Continence care and care settings should ensure staff supporting residents with bowel care are competent to care for these residents.
5. Care staff who deliver personal care to residents living with learning disabilities should be aware of the bowel care plan and the need for bowel charts to be reviewed every day.
6. Residents who are at high risk of constipation and/or overflow incontinence should have their bowel care plan monitored daily by care staff as agreed with the GP/Continence Specialist Nurse/District Nurse and in line with the local protocol for bowel care monitoring for residents with learning disabilities in care homes.
7. There should be a nutrition care plan based on both the resident's risk score and best practice guidance on nutrition for residents with constipation.
8. All residents with learning disabilities should have an annual LD review in line with NICE Guideline <https://cks.nice.org.uk/constipation>
9. Each care home should audit their service using the bowel care audit tool to assess the quality and extent of bowel care within their care homes.
10. All residents should have a full continence assessment on admission to the care setting.

Key Roles and Responsibilities for Providing Bowel Care for Residents in a care setting:

Residential Care Homes/Supported Living

- Every resident with learning disabilities should have a detailed bowel care plan which has been agreed with the resident and/or their family and their GP/HCP (general Practitioner/Health Care Professional) (See Resident's Learning Disability Health Passport)
- Good bowel care starts with a bowel care policy and all staff should be aware of the care home bowel care policy.
- There should be a continence champion or key worker in each care home - this person should attend the locally recognised continence training and will be responsible for making sure each resident with learning disabilities has a bowel care plan and bowel recording chart, with all the relevant sections completed. They can support all other care staff to provide high standards of bowel care especially regarding good hydration, nutrition and other elements of care for each individual.
- The Annual Health Review for people who have a learning disability is the responsibility of the GP practice. However, care home and supported living staff should help people in their care to and access these.
- Residential care staff can be trained on all aspects of bowel care. Care workers will need a competency assessment undertaken by a nurse to enable them to administer suppositories to individual residents. Competency will need to be assessed on a resident by resident basis.
- Annual theoretical training can be provided to care home staff by the continence link nurses.
- The record of competency will be kept in the individual patient's care record within the care home.

Nursing Homes

- Every resident should have a detailed bowel care plan and a bowel recording chart, which has been agreed with the resident and GP/HCP. (See Resident's Learning Disability Health Passport)
- Good bowel care starts with a bowel care policy and all staff must read and be aware of the policy.
- There should be a Continence Champion or key worker in each care home - this person should attend the locally recognised continence training and will be responsible for making sure each resident has a bowel care plan with all the relevant sections completed. They can support all other care staff to provide high standards of bowel care especially regarding hydration, nutrition and other elements of care depending upon the needs of each individual.
- The Annual Health Review for people who have a learning disability is the overall responsibility of the GP who may request that nurses within homes undertake some of the required checks. Nurses should ensure that they have the skills and competency to complete these when requested. Staff are responsible for ensuring that individuals are offered an Annual Health Check undertaken where possible.

GP

- The resident's GP/along with care staff are responsible for ensuring the Annual Health Check (learning disability residents) is offered and undertaken. This should include a bowel care review and a medication review as part of the annual health check.
- The resident's GP is responsible for offering bowel care assessments and reviews for residents with newly diagnosed constipation.

The following documents can support The Bowel Care Plan and can be used to implement the minimum standards required for good bowel care.

Bowel care policy for care homes	Every care home should have a detailed bowel care policy that all staff caring for all residents and particularly those with learning disabilities are aware of. The bowel care policy should meet the minimum standards set out within this document; in addition care settings may consider including the following information depending upon on their specific local circumstances. The care setting should ensure that their own bowel care policy meets the needs of their residents.	Page 3-4
Learning Disability Health Passport	The Learning Disability Health Passport was designed to meet the needs of the person with learning disabilities so they can receive appropriate care and support. The resident's Passport should be completed from the resident's bowel care plan with any other relevant information from health care professionals. The Passport can support and enhance communication between HCPs in primary and secondary care.	Page 6
Constipation care plan and bowel recording chart.	This nursing care plan is for the prevention and management of constipation in all residents.	Page 7-9
Overflow care plan	This nursing care plan is for the prevention and management of overflow liquid stool (often incorrectly termed "diarrhoea") in all residents	Page 10
Bristol Stool chart for care settings	All care settings including those who support people living with learning disabilities) should use the Bristol stool chart with evidence of daily checks and recording on the bowel chart.	Page 11
Signs of a healthy bowel	All care settings should encourage a healthy lifestyle including physical activity	Page 11
Nutrition in bowel care	Nutrition advice for the prevention and management bowel care including constipation.	Page 13-14
Hydration in bowel care	Hydration prevention and management leaflet.	Page 14
Learning disability annual review	Annual Health Check gold standard	Pages 15
Medicine Management	Common medications used to treat constipation	Page 13-14
Protocol for giving suppositories for residents with constipation in care settings	Provides a framework and guidance for safe administration in care homes.	Page 19
Bowel Care Standards Audit Tool for Care Homes/supported living.	This audit tool should be completed quarterly by the manager or lead person for Continence.	Page 20-22

Bowel care Policy for Care Homes/supported living.

What to include in a bowel care policy:

Both the Continence society and the Care Quality Commission (CQC) have clinical practice guidance for care home residents.

Clinical practice guidelines - to include: Learning Disability and constipation (Easy Read info NHSE)	NICE guidelines https://www.nice.org.uk/guidance/conditions-and-diseases/digestive-tract-conditions/constipation    constipation-resour ces-easy-read.pdf constipation-resour ces-hcp-31-web.pdf constipation-resour ces-families-carers-s
A screening programme for constipation	Bowel screening https://www.nhs.uk/conditions/bowel-cancer-screening/
Resident's care plan	Examples of care plan or See page 7/8
Treatment goal setting	To prevent /manage constipation effectively.
Management of constipation	NICE guidelines https://www.nice.org.uk/guidance/conditions-and-diseases/digestive-tract-conditions/constipation
Bristol stool chart	https://www.knowledgeanglia.nhs.uk/LinkClick.aspx?fileticket=21kBj_wehvo%3d&tabid=2874&portalid=1&mid=4502
Diet and lifestyle .	See page 11-12
Administration of treatments including suppositories	See page 19
Annual review arrangements to include bowel screening	See Page 15
Dietary and nutritional policy Hydration	See Page 14 https://www.knowledgeanglia.nhs.uk/LinkClick.aspx?fileticket=vlqldgPH8II%3d&tabid=2874&portalid=1&mid=4502
Regular audit of services (which could include referral to hospital)	Pages 20-22
Learning Disability Health Passport	Please click on link to download the Learning Disability Passport. This should be completed in conjunction with a health care professional.  Health Passport.doc

Care Plan template

Residents Name: Date of Birth:	
Continence key worker:	
Health care professional name and designation involved in writing care plan:	

Treatment should always be given immediately, as advised in the bowel care standards.

Does the resident have a clear treatment plan for preventing (constipation/overflow) and has this been written with a Health care professional?

Signs and symptoms of (Name) (state if) 'constipation or overflow'

What anticipatory medications are prescribed for management of constipation? Suppositories maybe required - request specialist advice from HCP and record this advice in this care plan.

Individual treatment plan

Diet;

Fluid;

Exercise;

Medication;

What is normal bowel habit when to call for HCP review?

Action plan

When constipation and or overflow has been identified, tell the key worker and also the resident's GP/HCP or Continence Specialist Nurse who may review the resident's bowel care treatment plan to prevent further episodes of constipation/overflow:

Actions taken:

Care homes /supported living can either use this template or their own bowel care/standard care plans as long as all relevant sections are included

Constipation means that your resident is not passing stools regularly or they are unable to completely empty their bowel. Constipation can also cause stools to be hard and lumpy, as well as unusually large or small. It is a common problem for people with learning disabilities. Many people only experience constipation for a short time, but for others, constipation can be a long-term (chronic) condition that causes significant pain and discomfort and affects quality of life.

Why is it more common in people with learning difficulties?

Constipation is more common in people with learning difficulties for a number of reasons:

- 1. Lack of understanding of the importance of going to the toilet** Individuals with learning difficulties may not understand the importance of opening their bowels regularly and may ignore the urge to have a poo. As a result, constipation can easily develop.
- 2. Not drinking enough and poor diet** We all need to drink around 2 litres of, preferably water based, fluids per day and eat at least 5 portions of fruit and vegetables. Inadequate fluid intake and not eating enough fibre can be a contributory factor to constipation. Fussy eating or a restricted diet is common in people with learning difficulties
- 3. Reduced mobility and lack of exercise** Lack of exercise is a known contributory factor for constipation. A number of individuals, such as those with Down's syndrome for example, have poor muscle tone which is also a risk factor.
- 4. Side effects of some medications** It is well known that certain prescribed medications can cause constipation, as some of their side effects include slowing down the movement of the bowel. Individuals with a learning difficulty are more likely to take medication, such as antipsychotics, antidepressants and anticonvulsants, which can all have a negative effect on bowel movements.
- 5. Anxiety** Some individuals with learning difficulties have increased levels of anxiety, particularly around using unfamiliar toilets. Those with sensory issues might be frightened of public toilets because of different noises, especially hand driers, lighting etc. Also if they have had the experience of passing hard stools, which hurt them, they may be fearful of going to the toilet again.

How will I know if someone has a problem with constipation?

If the person you are caring for has any of the following problems, then it could be a symptom of underlying constipation:

- Having to strain to pass a stool
- Not having a bowel movement for 3 days
- Streaks of blood on the stool or toilet paper (usually as a result of passing a large hard stool)
- Complaints of abdominal pain that improves once they have been to the toilet
- Starting to soil when they have previously been clean

- Passing hard stools (type one to two on the Bristol stool chart,)

Constipation can cause complications, such as:

The most common complications associated with constipation are discomfort and irritation that can lead to:

- Hemorrhoids
- Rectal bleeding
- Anal fissures (tears in skin around the anus)
- Sometimes, the difficulty passing a bowel movement can cause more serious complications, such as:
- Rectal prolapse (the lowest part of the large intestine detaches and pushes out of the anus)
- Faecal impaction (hard, dry stool is stuck in the body and unable to be expelled naturally)

When to ask for urgent medical attention

Be alert for any **Red Flags** that might indicate a serious underlying condition including cancer.

Persistent unexplained change in bowel habits.

Palpable mass in the lower right abdomen or the pelvis.

Persistent rectal bleeding without anal symptoms.

Passing narrower stools.

Family history of colon cancer, or inflammatory bowel disease.

Unexplained weight loss, iron deficiency anaemia, fever, or nocturnal symptoms.

Severe, persistent constipation that is unresponsive to treatment.

Referral to GP if any of the following identified:

Referral to other services:

- Consider referral to a Continence Service (when available) if faecal incontinence is a problem.
- Consider dietetics referral for more detailed support of diet.
- Please ensure that the bowel recording chart is being completed.

An example is provided below:

- Bowel recording chart.



STOOL CHART
2020.doc

Overflow Care Plan

Residents Name: Date of Birth:	
Continence Key Worker:	
When to contact the GP	

Care homes can either use this template or their own bowel care/standard care plans as long as all relevant sections are included

What is overflow? (Name) (Name) is known to have constipation and sometimes has overflow. Severe constipation can cause a blockage in the bowel. Because of this, watery stool from higher up above the blockage begins to leak around the blockage. The leak from the bowel can look like **diarrhoea**. It's sometimes called '**overflow diarrhoea**'. In this situation you should **not** give anti-diarrhoea medicines.

Treatment should always be started immediately, as advised below.

Does the resident have a clear treatment plan for preventing overflow?

Signs and symptoms of a 'overflow' in (Name) _____

What anticipatory medications are prescribed for management of overflow? Suppositories maybe required - request specialist advice from HCP and record this advice in this care plan.

Which treatment plan would (Name) prefer?

In the event of overflow follow the guidance in the bowel care plan and for further advice see:

When overflow treatment has started, tell the key worker and also the resident's GP/HCP or Continence Specialist Nurse who may review the resident's bowel care treatment plan to prevent further episodes of constipation/overflow.

Bowel Care Plans:

It is essential that bowel care plans are accurate and that they are updated when appropriate. These should include details of regularly prescribed medication or those which have been used on a 'when required' basis.

Signs of a healthy bowel - Guidance for Care Homes/supported living.

Aim:

All care settings that care for residents living with learning disabilities should record bowel movements in a daily chart.

Bristol Stool Chart

The Bristol Stool Chart (or Bristol Stool Form Scale) is an aid designed to help everyone to understand what type of stools are being passed and reduces confusion and misunderstandings. There are seven types of stools (faeces) according to the Bristol Stool Chart.

What should stools look like?

The type of stool or faeces depends on the time it spends in the colon. After you pass faeces, what you see in the toilet bowl is basically the result of diet, fluids, medications and lifestyle.

The Bristol Stool Chart shows seven categories of stool. Every person will have different bowel habits, but the important thing is that stools are soft and easy to pass – like types 3 and 4 below.

- [Type 1–2 indicate constipation](#)
- [Type 3–4 are ideal stools](#) as they are easier to pass, and
- [Type 5–7 may indicate diarrhoea and urgency.](#) [\(always consider overflow\)](#)

Bristol Stool Chart

Type 1		Separate hard lumps, like nuts (hard to pass)
Type 2		Sausage-shaped but lumpy
Type 3		Like a sausage but with cracks on its surface
Type 4		Like a sausage or snake, smooth and soft
Type 5		Soft blobs with clear-cut edges (passed easily)
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces. Entirely Liquid

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Reference: Heaton, K W & Lewis, S J 1997, 'Stool form scale as a useful guide to intestinal transit time'. *Scandinavian Journal of Gastroenterology*, vol.32, no.9, pp.920 - 924. Retrieved on 2/3/2007.

What are the signs of a healthy bowel?

Being 'regular' is a way of describing good bowel habits or normal bowel function. We often talk about our bowels being regular but this is often misunderstood as meaning that you go to the toilet to pass faeces every day. It's common for people to empty their bowel once a day, although it's still normal to be more or less often. Being regular really means that soft yet well-formed bowel motions are easily passed and that this happens anywhere from 1–3 times a day to 3 times a week. The key question to ask residents "was the stool sausage like and easy to pass?" (type 4 stool)

The bowel usually wants to empty about 30 minutes after a meal (commonly breakfast), but this can vary from person to person.

Good bowel function for adults

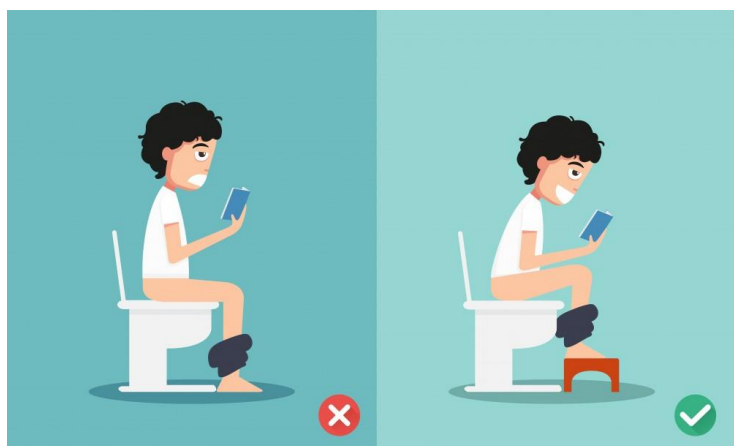
There's more to good bowel function than just being regular. For example, you should be able to:

- Hold on for a short time after you feel the first urge to go to the toilet - this allows time to get there and remove clothing without any accidental loss of faeces
- Pass a bowel motion within about a minute of sitting down on the toilet
- Pass a bowel motion easily and without pain - ideally, you shouldn't be straining on the toilet or struggling to pass a bowel motion which is hard and dry.
- Completely empty your bowel when you pass a motion – this means that you don't have to go back to the toilet soon after, - to pass more.

People who pass bowel motions at the wrong time or in the wrong place may be experiencing poor bowel control, or faecal incontinence. They may also pass wind when they don't want to.

Poor bowel control is more common than you may think - about one in 20 people experience poor bowel control. It's often not talked about, but both men and women can have poor bowel control. It's more common as you get older, but young people can also have poor bowel control. Sometimes, people with poor bowel control also have poor bladder control and may leak urine.

Correct positioning.



Nutrition and hydration Advice and Bowel care

There is not one 'bowel care diet' which is suitable for everyone and as with all care, diet for

preventing constipation must be patient-centred.

What you can do

If you care for a person with a learning disability, they may need help and support to stay a healthy weight.

People with a learning disability are more likely to have problems with their weight. Some people may be underweight because their disability means they have difficulties with eating or swallowing, for example. Others may be overweight because they have a condition that increases their risk of obesity, such as Down's syndrome and Prader-Willi syndrome.

Therefore, you need to be aware not only of each resident's care needs, but also of their likes and dislikes food-wise and be observant for any changes in their nutritional status (e.g. weight gain or loss, skin, hair etc.).

For more information: <https://www.nhs.uk/live-well/eat-well/the-eatwell-guide/>

<https://www.nhs.uk/live-well/healthy-weight/managing-weight-with-a-learning-disability/>



Residents with constipation and who are at Risk of Malnutrition

Food first advice (to increase energy and protein intake) to treat malnutrition should be used for people who have constipation as well as for those who do not.

For more information on food first or the IDDSI framework:

<https://www.knowledgeanglia.nhs.uk/KMS/SouthNorfolk/Home/ProvidersServices/CareProviders.asp>
X

For residents with constipation who are at risk of malnutrition, it is important to work with the resident's GP, continence specialist nurse and/or dietitian for expert advice

Keeping Hydrated

The recommended amount to drink is 1600mls to 2000mls per day (depending how active you are). So 1600 mls for women and 2000mls/day for men. Keeping hydrated can prevent or aid the treatment of constipation, low blood pressure, urinary tract infections (UTI's), pressure ulcers and falls.

Norfolk Community **NHS**
Health and Care
NHS Trust
Nutrition & Dietetic Department
Norfolk Learning Disability Service

- ☐ **All fluids count, except for alcohol!** Choose a drink that you are most likely to enjoy and finish
- ☐ **Do not wait until you feel thirsty** to have a drink; thirst is a late response to dehydration.
- ☐ **Use the pee chart to score your hydration status** as the colour of your urine can indicate dehydration risk.
- ☐ **Serve drinks at their optimum temperature** and replenish any drink that has been left to stand.
- ☐ **Choose nourishing fruit or milk base drinks** if you are not eating well or need to gain weight.
- ☐ **Opt for water, skimmed milk or sugar-free drinks** if you have diabetes or are trying to lose weight.
- ☐ **Replace fluid that is lost** through sweat, open wounds, diarrhoea or vomit to prevent dehydration
- ☐ **You will sweat more in warm conditions** and when you are more active
- ☐ **Limiting your fluid intake can make incontinence worse** because it reduces your bladder's capacity
- ☐ **Increase your fluid intake earlier in the day** if you worry about urinating at night.
- ☐ **Fit your fluid intake around daily routine** and take a bottle with you on the go
- ☐ **Spout cups, handled mugs or plastic tumblers** may be lighter and easier to handle.



Hydrated

Dehydrated

Extremely Dehydrated
(consult a doctor)

Use a measuring jug to gauge the volume of your cups / glasses at home

Around 20% of our daily fluid intake comes from within our food

TIP: See the 'Hydration Boosters' resources for more advice on how to improve your hydration status

Hydration Boosters

The recommended amount to drink is 1600mls to 2000mls per day. Assuming we drink 1600mls (women) or 2000mls (men) per day, then we all need an additional 20% from the foods that we eat. For people who don't drink these amounts, then foods can give us a little more.

Norfolk Community **NHS**
Health and Care
NHS Trust
Nutrition & Dietetic Department
Norfolk Learning Disability Service

Savoury Options

☐ Humus dip (50g)	= 30ml
☐ 1 boiled egg	= 40ml
☐ Serving gravy	= 50ml
☐ 1 chicken drumstick (90g)	= 55ml
☐ 2 celery sticks	= 55ml
☐ 2 tablespoons cottage cheese	= 60ml
☐ 2 tablespoons of mashed potato	= 70ml
☐ 3 tablespoons of mushy peas	= 70ml
☐ Cauliflower cheese (90g)	= 70ml
☐ 4 florets of broccoli	= 75ml
☐ 1 tomato (85g)	= 80ml
☐ Scrambled eggs with milk (120g)	= 80ml
☐ 3 tablespoons of baked beans	= 90ml
☐ Side salad (100g)	= 95ml
☐ Small tin of soup (300g)	= 265ml

DID YOU KNOW...?

Around 20% of our daily fluid intake comes from within our food!

Sweet Options

☐ 2 tablespoons of cream	= 30ml
☐ Fromage frais (60g)	= 50ml
☐ 2 pineapple rings	= 70ml
☐ Ice lolly (70g)	= 70ml
☐ Stewed apple (85g)	= 75ml
☐ 2 scoops of ice cream	= 75ml
☐ Small bowl of porridge (110g)	= 80ml
☐ Custard (120g)	= 90ml
☐ Yoghurt (125g)	= 95ml
☐ Tinned fruit cocktail (115g)	= 100ml
☐ Jelly (120g)	= 100ml
☐ Instant whip (120g)	= 120ml
☐ Serve cereal with milk	= 125ml
☐ 1 slice of melon	= 140ml
☐ Rice pudding (200g)	= 160ml



TIP: Choosing fluid rich meals or serving foods with a sauce can help improve your fluid intake.

Annual Review for Every Resident Living with Learning disabilities

Aim:

- Every resident living with learning disabilities should have an annual medical review, either in their GP surgery or in their care home. (It is the responsibility of the care setting to ensure all residents have an opportunity to have an annual health check undertaken.)
- The residents GP practice is responsible for ensuring the annual review is undertaken (although, where available, this may be undertaken or supported by the learning disability Specialist Nursing Team or Clinical Pharmacist, where appropriately trained)
- The date of the review and where the review will take place must be recorded in the resident's care plan

Gold standard annual health check and action plan.



**Gold Standard
Annual Health Chec**



**My Health Action
Plan.pdf**

Management of Constipation with Medication

Treatment can vary depending on the type of constipation, this is because different laxatives have different ways of working. Initial management should include a review of changes to diet and lifestyle as previously noted in this report. Laxative medication may be needed in addition to these lifestyle changes.

It is important to review stool/bowel charts to identify the type of stool (or absence of stool) being produced. Small or hard stools will likely benefit from osmotic laxatives which aim to create a softer and smoother stool as this laxative helps the bowel to retain water. Where a resident cannot pass a stool but it is loaded (but **not** impacted) in the colon/rectum then a stimulant laxative can be used. It is common for individuals to need both an osmotic laxative and stimulant laxative, one to create a stool which is easier to pass and one to help expel the stool. Glycerol suppositories can also be useful to expel a stool loaded in the rectum.

Treatment	Administration	Common side effects (SE) and cautions
Osmotic Laxatives (Retains water in the bowel to create a softer, smoother stool)		
Lactulose	Needs regular dosing for beneficial effects, e.g. 10-15mL twice daily for 24-48hrs.	Caution in lactose intolerant residents. <i>Seek advice.</i> SE: Flatulence, abdominal pain.
Macrogol Compounds (<i>Laxido®/Cosmocel®</i>)	'Full-strength' sachets dissolved in 125mL water. Larger doses prescribed by GPs for impaction.	Check leaflet for storage information once reconstituted. SE: Flatulence, nausea, stomach grumbling.
Stimulant Laxatives (Helps to expel stool from a loaded colon/rectum)		
Senna	Should be taken at night to encourage bowel movement(s) in the morning. Tablets usually act within 8-12 hours.	Not to be used if there is the possibility of impaction. SE: Abdominal cramps, nausea.
Bisacodyl <i>Also available as suppositories</i>		
Glycerol Suppositories	Suppositories to be moistened before insertion into rectum. Multiple sizes (age): 1g (<1), 2g (1+), 4g (12+).	Only to be administered by trained staff members SE: local irritation of rectum, abdominal cramps.
Dual Action Laxatives		
Docusate Sodium	Has both stimulant and softening actions. Generally, needs twice daily dosing for 24-48 hours. Available in soft gel capsule or liquid.	Oral solution can be mixed with milk or squash. SE: Abdominal cramps, nausea.
Bulk-forming laxatives (increases bulk of stool, enhancing gut motility)		
Ispaghula husk (Fybogel®)	To be taken after meals with at least 150mL liquid and remain upright. Not to be taken immediately before bed.	Not to be used where there is impaction. Not to be used unless at least 2L fluid is drunk each day. SE: Abdominal pain, hypersensitivity reactions (rash).
It's not just about medication...		
Diet and Lifestyle	Changes in diet and/or lifestyle should continue alongside the use of laxatives. Laxatives may still be required in addition to these changes.	Discuss with Clinician before making any significant changes to diet or lifestyle.
Always refer to product information for dosing guidance and precautions/contraindications		

Warning signs for immediate GP referral:

- Blood in or around stool or rectum
- Severe abdominal pain
- Constipation related to medication
- Unintentional weight loss
- Overflow diarrhoea
- Failed self-care interventions
- Severe straining

Medication-induced Constipation:

Medicines can contribute to constipation. Some common examples include:

- clozapine
- opioids (codeine, fentanyl, buprenorphine, meptazinol),
- verapamil

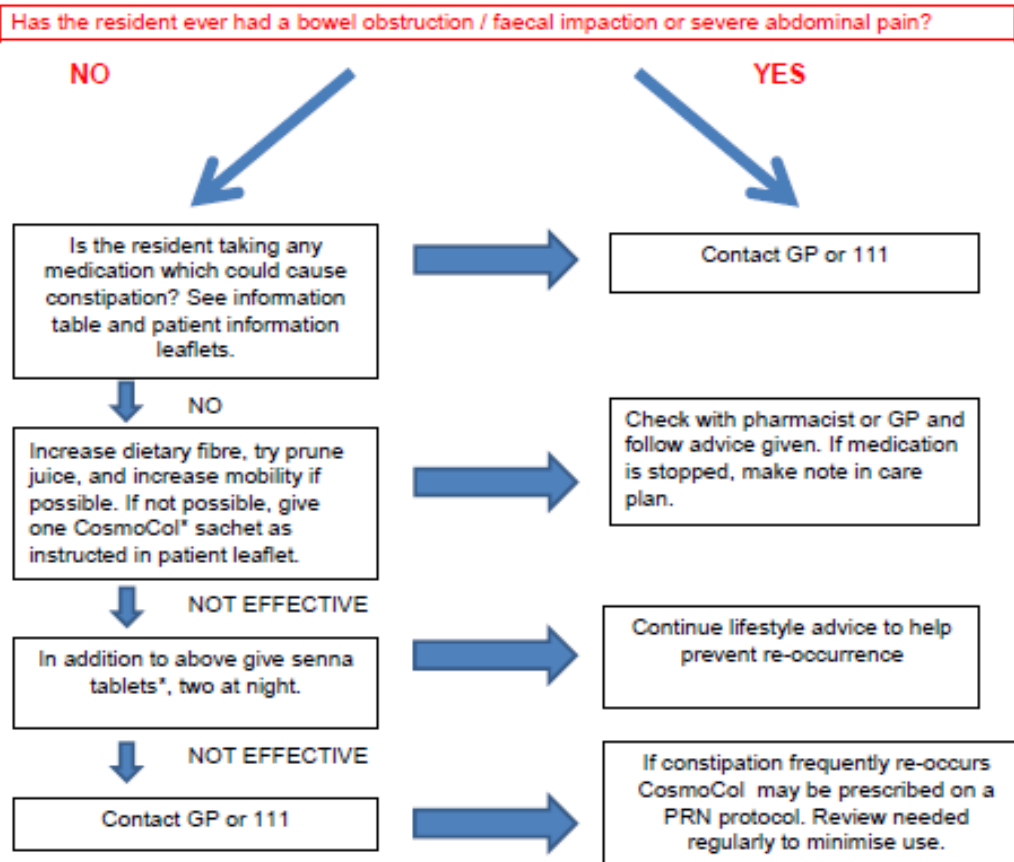
Contact your care home or community pharmacist to review a resident's medications, they may refer you to the GP if they feel the medications may be contributing to the constipation.

Homely Remedies:

Many care homes have access to homely remedies. These are medications purchased by the care home provider for administration to residents who have an individualised authorisation form signed by an appropriate healthcare professional e.g. GP, nurse, pharmacist. Laxatives are appropriate as homely remedies, as 48 hours of dosing can be enough to manage constipation initially and prevent a GP visit. If staff are not confident to use homely remedies without seeking advice, they can discuss the use with their local pharmacist or GP surgery. Use of homely remedies must be appropriately recorded to enable review of the resident if their use fails and a prescriber needs to make further interventions.

Guidance for treatment of minor ailments with homely remedies - CONSTIPATION

Initial changes in bowel habits should be reported to GP. Bowel charts should be kept in care plans for monitoring purposes. Constipation in the elderly is often due to insufficient fluid intake so large glasses of fluid should be avoided. Little and often is more effective



Protocol for administering suppositories for Residents with Constipation in Care settings

Summary:

- Only give suppositories where there is a clinical need or requested by a registered practitioner (such as a GP or Nurse) and documented in the care plan.
- It is the responsibility of the registered practitioner to set targets, interpret the results and take action.
- Consent should be obtained prior to giving suppositories as it is an invasive procedure.
- It is recommended that any member of staff undertaking the administration of suppositories must have completed training and been assessed by a designated registered practitioner.

1. Introduction

2. Purpose:

The purpose of this protocol is to provide a framework for direction and guidance for safe administration of suppositories in care homes.

3. Responsibilities:

3.1 Registered Practitioner (RP)

Any registered Nurse / Continence Specialist Nurse / GP / Pharmacist

- Must have evidence of annual training when administering suppositories and be competent and confident in the procedure.
- Is professionally accountable for the delegation of the task and ensuring that anyone delegated to, is competent and confident to carry out the task at the time of the assessment. (NMC 2018)¹

3.2 Non-Registered practitioner (NRP)

Any Healthcare Assistant / Support Worker / Care worker

- Is responsible for their actions/omissions and work within their scope of practice.
- Has responsibility to undertake the task only if they feel competent and confident to do so.
- Must receive approved training, demonstrate competence and have annual reassessment of competence by a registered practitioner

3.3 It is best practice for each care home to have its own policy, reflecting the needs of its residents.

Appendix One

Bowel Care Standards Audit Tool for Care Homes/supported living.

Standard: The Standards for Good Bowel Care should be implemented in all Care Homes/supported living.

Action	- This audit tool should be completed quarterly by the manager or lead person for Continence. - In the event of non-compliance, action plans should be produced and reviewed regularly. - Completed audit tools should be kept locally for good practice assurance and as evidence for CQC inspections.
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Name of person completing the audit tool: Date:

Standard	Evidence	Compliance target	Compliance achieved	Reason for Exception	Improvement plan
1.	Bowel care policy	Care home has a current bowel care Policy	100%		
2.	Personalised Bowel Care plan	Each resident with learning disabilities has a personalised care plan	100%		
3.1	Continence champion Or Continence key Worker	Care home has an appointed Continence Champion or continence key worker	100%		
3.2	Accredited training for Continence champion or continence key worker	Continence Champion or continence key Worker has attended locally recognised Accredited training.	100%		
4.	Care workers are Competent in basic Knowledge of bowel care	a)All care workers should demonstrate basic knowledge of bowel care b) All care workers are competent to care for residents with constipation	90%		
5.	Evidence of Healthy lifestyle	A) Each resident should have a Healthy Living and lifestyle change care plan b) Personalised physical activity care plan	80%		
6.	Bristol stool chart	Each resident should have a stool chart,	100%		

		with evidence of daily review of bowel habit				
7.	Hydration	Each resident has a daily fluid intake target	100%			
8.	Nutrition	Each resident should have a nutrition care plan based on both the residents MUST score and best practice guidance on nutrition for healthy bowels.	100%			
9.	Learning disability annual review	Every resident living with learning disabilities should receive an Annual Health Check Review by a suitably qualified person, such as a specialist nurse or GP.	90%			
10.	Audit tool	Each care home should audit their care monthly to assess the quality and extent of bowel care.	90-95%			
11.	Screened for constipation On admission to care Home	All residents should be screened for constipation on admission to the care home and this should be documented in the residents care plan.	90%			

How to complete the audit and achieve the compliance target

Standards		Evidence/ exception
1.	Bowel care policy	Current and up to date bowel care policy. No exception.
2.	Personalised Bowel Care plan	Current bowel care plan for every resident. Exception –resident has documented their wish not to have a passport.
3.1	Continence Champion or continence key Worker	Continence champion or continence key worker. No exception.
3.2	Accredited training for Continence Champion or continence key worker	Continence champion or continence key worker attended accredited training. No exception.
4.	Care workers are Competent in basic	Training matrix. Bowel care competency document. Exception- new staff awaiting training (within 3 months of start date).

	Knowledge of bowel care	
5.	Evidence of healthy lifestyle	Healthy lifestyle personalised care plan. Exception – resident has a documented mental capacity assessment/best interest decision If no evidence of a healthy lifestyle discussion..
6.	Bristol Stool Chart	The Bristol stool chart for every resident with personalised care plan – resident has a documented capacity assessment or best interest meeting held if capacity issues identified.
7	Hydration	Hydration personalised care plan for each resident. No exception
8.	Nutrition	Nutrition care plan for each resident. No exception.
9.	Annual Health Check	Annual review for each resident with learning disability. Exception- HCP responsibility and out of care home control.
10	Audit tool	Evidence of monthly audits. No exception
11	Screened for constipation On admission to care home	Constipation screening on admission for all residents. Exception- GP/continence responsibility and out of care home control.

References:

NICE guideline <https://cks.nice.org.uk/constipation>

Flynn M and Eley R. (2015) A serious case review: James. Available online at www.suffolkas.org/assets/Working-with-Adults/SARs/SCR-Case-James-091015.pdf

NICE guidance - cks.nice.org.uk/constipation (Revised June 2017)

Making reasonable adjustments for people with learning disabilities in the management of constipation. PHE August 2016 www.ndti.org.uk/uploads/files/Constipation_RA_report_final.pdf