

(place patient label here)

Patient

Name: _____



PROVIDER ORDERS

Order Set Directions:

- > (✓)- Check orders to activate; Orders with pre-checked box will be followed unless lined out.
- > Initial each place in the pre-printed order set where changes such as additions, deletions or line outs have been made
- > Initial each page and Sign/Date/Time last page

Diagnosis: _____

Allergies with reaction type: _____

REHAB CONSTIPATION PROTOCOL

Version 6 [6/5/2019]

- Goal is regular pattern with as few medications as possible
- This protocol is recognized as a "minimum intervention" for simple constipation
- Additional medications to be ordered if this is not sufficient

Nursing Orders

- Encourage fluids
Additional Instruction 2-2.5 liters every 24 hours
- Nutrisource Fiber
Supplement Frequency: BID
Number of Scoops: 2
Additional Instructions: Orally
- Establish time for elimination
 - Consistent Time for Elimination
 - Following meals
 - Considering the person's premorbid function and timing
 - Use toilet or bed side commode whenever possible
 - Provide Privacy
 - Left side lying position if patient is unable to sit

Medications

docusate sodium (COLACE)

- 100MG PO Daily, PRN constipation

bisacodyl (DULCOLAX)

- 10MG rectally Daily, PRN Constipation or no stool in 48 hours

polyethylene glycol 3350 17-gram oral powder packet (MIRALAX)

- 17 milligrams orally once a day IN 8 OZ (240 milliliters) OF WATER (HOLD for loose Stools)

MILK OF MAGNESIA (MOM)

- 30 milliliters orally once a day as needed for constipation - (HOLD for loose stools - Not recommended with severe renal failure)

Provider Signature: _____ Date: _____ Time: _____