

(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 7 2/3/20**

- 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

Initiate Rehab Constipation Protocol

## 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: \_\_\_\_\_