

(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 Reflexive Bowel Protocol

Version 7 2/3/20

Spinal cord injury above the sacral segments of the spinal cord produces a REFLEXIC or UMN bowel in which defecation cannot be triggered by conscious effort. Spinal cord and colon connections remain intact, allowing for reflex coordination of stool propulsion.

- Maintain soft stool
- Do not change any elements of program until 3 to 5 cycles complete

Initiate Rehab Reflexive Protocol

Nursing Orders

- Encourage Fluids
Additional Instruction: 1.5 to 2.5 liters every 24 hours
- Nutrisource Fiber
Supplement Frequency: TID
Number of Scoops: 2
Additional Instructions: orally
- Daily Bowel Program
 - Same time of day
 - Upright or left side lying position for insertion
 - Use water-soluble lubricant with suppository insertion
 - Digital stimulation after suppository until evacuation complete
- IF Daily Bowel Program Does NOT produce consistent results, Decrease to QOD

Medications

bisacodyl (DULCOLAX)

- 10 milligrams orally twice a day as needed for constipation - (HOLD for loose stools)
- 10 milligrams rectally once a day as needed for constipation - (HOLD for loose stools)

Provider Signature: _____ Date: _____ Time: _____