## Clinician Follow Up Reference for Supportive Care Physical Concerns – "YES" to Constipation

| Start With   |   |  |   |
|--|---|--|---|
| Asking the patient the   | If YES  | Next Step  | Timing  |
| below question<br>Did your<br>constipation<br>start with a new<br>medi cation or<br>treatment? | <ul> <li>Options/Recourse</li> <li>MA or higher level screener: communicate answer of yes to constipation starting with a new medication or treatment to Physician/APC and referral or notes for Next Step</li> <li>APC or higher screener: <ul> <li>Assess for cause and severity</li> <li>Rule out impaction, especially if diarrhea accompanies constipation (overflow around impaction)</li> <li>Rule out obstruction (history, physical exam and abdominal x-ray. Consider GI consult if stenting is feasible for obstruction)</li> <li>If NO</li> </ul> </li> <li>Options/Recourse <ul> <li>MA or higher level screener: communicate this answer of no to recent onset of diarrhea to Physician/APC in referral or notes for Next Step.</li> </ul> </li> <li>APC or higher screener: <ul> <li>Assess for cause and severity of constipation, whether impaction present</li> <li>Potential other causes (e.g., hypercalcemia, hypokalemia, hypothyroidism, diabetes mellitus, medications)</li> </ul> </li> <li>Constipation Preventive Measures <ul> <li>Increase fluids</li> <li>Increase fluids</li> <li>Increase dietary fiber if patient has adequate fluid intake and physical activity. With opioid induced constipation – Never recommend over the counter fiber supplements (e.g.; Metamucil, Citrucel) for first line treatment.</li> <li>Exercise, if appropriate</li> <li>Laxative, stool softeners, suppository may be needed if difficulty evacuating stool</li> <li>Colace does not work well for opioid induced constipation – patients usually need a daily laxative (sometimes colace is used in conjunction with senna)</li> <li>Frail patients may benefit from step stool to raise legs while sitting on toilet – helps with evacuation in setting of weak abdominal muscles</li> </ul> </li> </ul> | Refer to<br>Physician/APC<br>Nurse can assess for:<br>• Impaction, use<br>algorithm for<br>management<br>• Difficulty<br>evacuating and<br>recommend<br>suppositories<br>• Make sure to<br>screen for<br>difficulty<br>evacuating stool<br>Refer to Registered<br>Dietician if needed<br>Potential referral to<br>GI, consider<br>colonoscopy in some<br>patients<br>Share Patient Links<br>and Handouts as<br>appropriate<br>See Reference links<br>below for additional<br>information | If<br>obstruction<br>– send to<br>ER.<br>If no BM in<br>more than<br>two days:<br>Sub Acute<br>1-3 days |
| Notos  |   |  |   |

## Notes

**Stages I-III:** Refer to NCCN guidelines. Make sure to take a careful history. Is issue with straining or more of an issue with evacuation of stool? Review medications carefully. If constipation mild, can try dietary modification and increased fluid intake first. If patient not on opioids and ambulatory, can try fiber supplement. Avoid fiber supplements if constipation is opioid induced. If constipation moderate to severe, may need assessment for stool impaction.

**Stage IV:** Refer to NCCN guidelines. Very preventable if from opioids, try to prevent constipation that is medication induced. Make sure a bowel regimen is prescribed for all patients receiving an opioid prescription. Avoid fiber supplements if constipation is opioid induced. If constipation moderate to severe, may need assessment for stool impaction.

**Geriatric:** Constipation is very common. With age there is less water in body, easily dehydrated, narcotics effects are stronger and can happen quicker. Co-morbidities and polypharmacy should both be considered as reasons for constipation in this population.

## **Patient Links and Handouts:**

## **References:**

- > American Cancer Society Constipation
- Cancer.Net. Constipation
- NIH. Gastrointestinal Complications (PDO®)
- NIH. Constipation

CSOC Patient Handout can be accessed at: <u>http://cancer-help.me/constipation</u>

> NIH (PDO®). Gastrointestinal Complications – Overview

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