

MANAGEMENT OF CONSTIPATION ASSOCIATED WITH OPIOID USE

- 1 All patients on opioids (except those with malabsorption or an ileostomy) require regular aperients
- 2 Use CDHB Bowel Motion Chart (C280030) to record bowels daily (an adequate bowel motion is generally Types 3, 4 or 5 on the BRISTOL STOOL FORM scale)
- 3 Do not use this flow chart if the patient is in bowel obstruction - refer to bowel obstruction section of the Palliative Care Guidelines
- 4 Lactulose and bulking agents eg *Metamucil™* are not recommended, and *Kiwi Crush™* is generally not effective alone. Neither should be commenced as initial treatments in this context
- 5 For doses and times to effect see Palliative Care Guidelines
- 6 If patient develops loose bowel motions, withhold one dose of laxatives. Be vigilant for overflow diarrhoea
- 7 Do not perform a PR or insert suppositories in patients who are neutropenic without authorisation

Every day without a bowel motion requires a formal assessment

