

CONSTIPATION RESEARCH



The management of constipation is a problem in any healthcare setting and, if managed incorrectly, can affect quality of life. Sussex Health Care explain their research into the subject with associated training.

A small research team was created and comprised Carol Dilley, Head of Training, Research and Development, Vivienne Davis, Trainer and Jacqui Franklyn, Clinical Nurse Tutor at SHC. They were then joined by Professor Sir George Castledine from the University of Central England and his research assistant Michele Grainger.

A range of possible topics were discussed but following attendance at a Royal College of Nursing (RCN) study day on constipation the topic was deemed very suitable as it directly affects service users' quality of life.

Undertaking research

The research commenced with a collection of baseline data on staff knowledge of constipation gathered through a questionnaire. A second questionnaire for service users and relatives collected information on satisfaction with current constipation management systems.

A representative sample of care homes were selected to participate with the

following service users: 16 adults with learning disabilities, 61 elderly mentally ill, 110 elderly and 49 young disabled.

Letters were sent to relatives, service users and the General Practitioners (GPs) giving pertinent information on the research and giving service users the opportunity to refuse to take part. Only five refusals were received.

Additional baseline data was collected by home staff, ensuring confidentiality was observed by using room numbers as the only means of identification for future reference. The analysis of this information indicated extensive use of aperients. Lactulose and Senna were the leaders with Movicol and Dulcolax being used more predominately in one home. When problems persisted suppositories and enemas were used. Manual evacuations were occasionally used, always on the instruction of the GP and following the RCN guidelines 2005. In some cases this was the preferred method for service users with complex needs.

Communication difficulties with service users complicated the problem when

looking at symptoms. But on the whole medication appeared to be the first resort and in many cases there were multiple medications being used.

The data showed the need for further training. Staff needed further knowledge on the medications being used and their impact on the individual.

Better assessment on admission to the home was also highlighted and, in some cases, improved input from the GPs as well.

Education

A representative of European pharmaceutical company Norgine met with the team to discuss using the research and the need for training. Training sessions were impartial and looked holistically at constipation, quality of life and lifestyle changes that could be put into practice.

During the training the Bristol Stool Chart was introduced which provides an objective method of assessment. A range of different medications were discussed and staff learnt about their effect on the body. This increased staff knowledge and they

could then discuss use of medication with the GP and promote a person-centred approach to each individual service user.

A risk assessment tool was devised and adapted to SHC service users. It included Body Mass Index, calculation of individual fluid requirements and a scoring system that placed the individual at low, medium or high risk. A list was devised of measures to be taken once the risk had been assessed these included diet, fluid intake and exercise, and regular medication review. The Bristol Stool Chart numbering system was used on the bowel recording chart or care plan as a reliable measure of constipation.

A protocol flow chart, produced by the Royal College of Physicians, was revised to include the use of Movicol. The research showed this medication to give a good action for service users and the team ensured the protocol included consideration of dignity in its treatments.

Fluids

The risk assessment requires that each service user's ideal fluid intake is calculated. Low fluid intake was often found and fluids were encouraged in many different ways such as smoothies, fluids with vivid colours also seemed more

attractive than water. Extra fruit consumption was encouraged and attention was paid to food consumption. Some, who were perceived to be able to look after their own needs, were found not to be consuming enough fluid and foods without some prompting. The Bristol Stool Chart was being used to monitor and flag up risks on a daily basis and the risk assessments were updated monthly.

Implementation

The new assessment tool and protocol were implemented and after six months a second questionnaire and baseline data was carried out. This showed improved staff knowledge and altered use of aperients, with reduced use of multiple medications. There was lower incidence of medication use and some homes no longer needed to use invasive methods such as suppositories, enemas or manual evacuations.

In June, a constipation study day was held to pass on the information, assessment tool and protocols to nursing homes and health professionals with an interest in this topic.

SHC intends to continue to monitor the topic on a six monthly basis using baseline charts. The team also continues to put on education days for staff to ensure continuity.

Most recently they have been approached by a local care home forum to speak at their meeting to pass on the information.

The research team meets on a regular basis and continues to discuss and monitor any new developments in the topic as well as moving onto new research topics that will improve the quality of care of service users.

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References

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