

Guidelines & References

Handbook p200

List of laxatives handbook p205

What is it?

*Constipation is when it becomes hard to pass bowel motions, or you're going less often than usual (e.g., **fewer than 3 times per week**)*

Bristol - Type 1-2

Types

Primary	Secondary
Normal Transit constipation (NTC) (most common): overlaps with IBS	Cognitive impairment
Slow transit constipation (ST-C): increased transit time, reduced colonic motility	Depression, anxiety, EDs
Dyssynergia defecation: poor coordination of pelvic floor and anal sphincter	Immobility
	Medications - uraemia, hypothyroidism, hypercalcaemia, celiac disease
	Surgical complications
	Structural: tumours, stricture, surgical stenosis (a narrowing that restricts flow)

Causes

Low fibre	Inadequate fluid
Lack of movement	Stress
Medication	

Objectives

↑ stool frequency and soften stool consistency

Achieve fibre intake of ≥25–30g/day

Achieve/maintain fluid intake at 1.5–2L/day

Promote regular bowel habits and physical activity

Diagnosis

ROME IV Diagnosis Criteria

1: Two or more of the following: straining during more than 20% of defaecations. Lumpy/hard stools (T1-2). Sensations of incomplete evacuation more than 25%. Sensation of blockage more than 25%. Fewer than 3 bowel movements/week.

2: Loose stools are rarely present without the use of laxatives

3: Insufficient criteria for IBS

Assessment

Fibre intake	Fluid intake
Medications	Laxatives/stool softeners
Fam hx bowel cancer	Daily stress/depression/anxiety
PA	Travel/changes in routine
Ignoring the urge to go	Bowel routine
Appetite & general intake	Overflow diarrhoea?
N/V	

Strategies

Strategies (cont)

Before going to toilet - go for a short walk, cup of warm fluids (eg. tea/coffee)

Colonoscopy for 40+ years

Physical Findings Dehydration

Findings	Moderate	Severe
Behaviour	Normal to listless (low energy, enthusiasm)	Normal to comatose (coma/unconscious)
BP	Orthostatic (drop in BP due to this positional change)	Decreased
Core body temp	rises 0.15 to 0.2 degrees for every 1% of BW lost due to sweating	"
Eyes	Sunken	"
Mucous membranes	Dry	"
Pulse	Thready (<i>weak, faint, rapid or barely perceptible</i>)	Faint, impalpable (<i>cannot be felt</i>)
Resp Rate	Increased	Fast, hyperpnoea (<i>increased depth of breathing</i>)
Urine output	Oliguria (<i>low, <500 mL/day in adults</i>)	" , anuria (<i>very little/no urine output, typically <10-0mL/day</i>)

Example PESS

Inadequate fluid intake	insufficient access to fluid at work
Inadequate fibre intake	food and nutrition-related knowledge deficit

Eat more fibre-rich foods: wholegrain breads/cereals, fruits with skin, legumes, vegetables

Start your day with high-fibre breakfast cereals (e.g., bran, oats)

Drink plenty of water – especially if increasing fibre

Prunes, kiwi fruit, psyllium husk or flaxseed may help with regularity

Establish a toilet routine, e.g., 15–30 minutes after breakfast

Discuss appropriate use of fibre supplements or stool softeners

Squatty Potty (better position)



By Michellephillips02

cheatography.com/michellephillips02/

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