"Stools for Stools"

- combining medical and conservative treatments to reduce constipation in the elderly inpatient population

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Introduction

Constipation is a common cause of morbidity in the elderly. Its management is particularly challenging in the inpatient population where many factors, including both illness and treatment, exacerbate constipation. We describe a Quality Improvement Project to **reduce the rates of constipation** on a female Medicine for the Elderly ward, with a particular emphasis on **conservative measures**, such as the use of footstools to optimise posture when using commodes and toilets.

Aims and objectives

- 1) Increase **patient frequency of bowel motions** to at least once every two days
- 1) Increase bowel chart documentation (nursing and doctor entries)

Methods

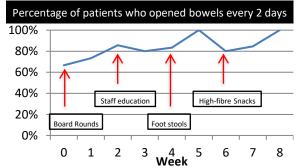
• Weekly monitoring of ward inpatients: days since last bowel motion, laxatives prescribed, bowel chart and ward round documentation, episodes of diarrhoea

• One episode of diarrhoea was defined as 3 motions of type 6 or type 7 stool in 24 hours

• A new intervention was introduced every two weeks over a total of 8 weeks

Interventions

- **1. Recording bowel motions** at the daily **'Board Round'** Multi-Disciplinary Meeting.
- 2. Ward staff education sessions
- **3. Footstools** for use with commodes and toilets
- **4. High-fibre foods** to patients with constipation.



Results

Rate of constipation was successfully reduced, with 100% patients moving bowels every 2 days from a baseline of 68%.

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Bowel chart documentation improved from 33.3% to 92.9%. Ward round documentation improved from 41.3% to 100%.

Laxative prescriptions increased from 50% to 78.6%, with no increase in episodes of diarrhoea.

Conclusions

Constipation improved with our interventions, but was accompanied by increased laxative prescriptions.

Our next steps will be optimise our conservative measures to reduce laxative prescriptions, and to this end we are developing high-fibre snack boxes to aid constipation in elderly patients.

