

quent peritonitis, a life-threatening condition. Oral drugs also are contraindicated with intestinal obstruction and fecal impaction.



Herbal and Dietary Supplements

Many of the commonly used laxatives are plant-based (eg, cascara, psyllium, senna, castor oil). These have long been used and are safe and effective when used as directed.

Aloe is used most often as a topical remedy for burns and possibly other minor wounds. When used for this purpose, a gel-like liquid can be squeezed directly from a plant leaf onto the burned area. Oral aloe is sometimes used as a laxative. However, it is not recommended for this use because it is a strong stimulant laxative. With oral ingestion, aloe can cause severe cramping and other potentially serious adverse effects including hypokalemia and cardiac dysrhythmias.

Nursing Process

Assessment

Assess clients for current or potential constipation.

- Identify risk factors:
 - Diet with minimal fiber (ie, small amounts of fruits, vegetables, and whole-grain products)
 - Low fluid intake (eg, <2000 mL daily)
 - Immobility or limited activity
 - Drugs that reduce intestinal function and motility (eg, opioid analgesics, antacids containing aluminum or calcium, anticholinergics, calcium channel blockers, clozapine, diuretics, iron, phenothiazines, cholestyramine, colestipol, sucralfate, tricyclic antidepressants, vincristine). Overuse of antidiarrheal agents also may cause constipation.
 - Conditions that may reduce intestinal function and motility (eg, depression, eating disorders such as anorexia nervosa, hypothyroidism, hypercalcemia, multiple sclerosis, Parkinson disease, spinal lesions).
 - Hemorrhoids, anal fissures, or other conditions characterized by painful bowel elimination
 - Elderly or debilitated clients
- Signs and symptoms include the following:
 - Decreased number and frequency of stools
 - Passage of dry, hard stools
 - Abdominal distention and discomfort
 - Flatulence

Nursing Diagnoses

- Constipation related to decreased activity, inadequate dietary fiber, inadequate fluid intake, drugs, or disease processes
- Pain (abdominal cramping and distention) related to constipation or use of laxatives

- Noncompliance with recommendations for nondrug measures to prevent or treat constipation
- Risk for Deficient Fluid Volume related to diarrhea from frequent or large doses of laxatives
- Deficient Knowledge: Nondrug measures to prevent constipation and appropriate use of laxatives

Planning/Goals

The client will:

- Take laxative drugs appropriately
- Use nondrug measures to promote normal bowel function and prevent constipation
- Regain normal patterns of bowel elimination
- Avoid excessive losses of fluids and electrolytes from laxative use
- Be protected from excessive fluid loss, hypotension, and other adverse drug effects, when possible
- Be assisted to avoid constipation when at risk (ie, has illness or injury that prevents activity, food and fluid intake; takes medications that decrease GI function)

Interventions

Assist clients with constipation and caregivers to:

- Understand the importance of diet, exercise, and fluid intake in promoting normal bowel function and preventing constipation
- Increase activity and exercise
- Increase intake of dietary fiber (vegetables, fruits, cereal grains)
- Drink at least 2000 mL of fluid daily
- Establish and maintain a routine for bowel elimination (eg, going to the bathroom immediately after breakfast)

Monitor client responses:

- Record number, amount, and type of bowel movements.
- Record vital signs. Hypotension and weak pulse may indicate deficient fluid volume.

Evaluation

- Observe and interview for improved patterns of bowel elimination.
- Observe for use of nondrug measures to promote bowel function.
- Observe for appropriate use of laxatives.
- Observe and interview regarding adverse effects of laxatives.

PRINCIPLES OF THERAPY

Drug Selection

Choice of a laxative or cathartic depends on the reason for use and the client's condition.

1. For long-term use of laxatives or cathartics in clients who are elderly, unable or unwilling to eat an adequate diet, or debilitated, bulk-forming laxatives (eg, Meta-