Confident Bite Issue 6

Constipation
In Aged Care



> **Notice change. Support healthy bowel habits. Prevent complications**

Constipation is common in older people and can affect comfort, appetite, function and quality of life. **Early recognition helps prevent complications and unnecessary distress.** It is not simply "not opening the bowels **every day.**" It is important to know the person's usual bowel pattern and look for a changes from their normal pattern.

What Constipation Can Look Like

- Hard, dry or lumpy stools
- Straining or pain when passing stool
- Bowel motions less often than usual
- Passing only small amounts
- Feeling the bowel has not fully emptied
- Abdominal discomfort, bloating or reduced appetite.

Bowel Habits Are Individual

- Bowel frequency varies between people.
- For adults, a usual pattern can range from three bowel motions a day to one every three days.
- A daily bowel motion is not essential.
- Focus on stool consistency, difficulty passing stool and change from the person's baseline.
- Refer to the older person's care plan and bowel chart for their usual bowel habits.

Why Older People Are at Greater Risk

LOW FLUID INTAKE
Dehydration can make stools harder and more difficult to pass.

LOW FIBRE INTAKE
Poor intake or a low-fibre diet can contribute to constipation.

LESS MOVEMENT
Frailty, illness and reduced physical activity can slow bowel function.

MEDICINES
Opioids and several other medicines can contribute to constipation.

HEALTH CONDITIONS
Diabetes, Parkinson's disease, dementia and other conditions may increase risk.

ROUTINE & TOILETING
Changes in routine, limited privacy or difficulty getting to the toilet can contribute.

What You Can Do

Small changes can prevent a bigger problem. Notice change, ask, support healthy bowel habits and report concerns early.

1 NOTICE

- When was the last bowel motion?
- Is the stool hard, lumpy or difficult to pass?
- Any pain, bloating, straining or reduced appetite?

2 ASK

- What is normal for you?
- Are you uncomfortable or feeling blocked?
- Check recent changes in food, fluids, mobility, routine or medicines.

3 SUPPORT

- Encourage fluids if appropriate to the care plan
- Support fibre-containing food, movement and regular toileting.
- Allow time, privacy and a comfortable toileting position.

4 REPORT

- Report new or worsening constipation to the RN/clinician.
- Report faecal soiling/ leakage or ongoing symptoms.
- Escalate red flags promptly.

Red flags: escalate

Seek prompt clinical review or urgent assessment for:

- Blood in the stool or rectal bleeding
- Unexplained weight loss
- Severe abdominal pain, cramping or bloating
- Vomiting or fever
- Unable to pass gas
- Presistent constipation that is not responding to treatment.

What Happens If Not Managed

- Faecal impaction
- Haemorrhoids or anal fissures
- Faecal leakage/incontinence
- Pain, bloating and reduced appetite
- Reduced comfort, function and quality of life
- Ongoing straining and distress
- In severe cases, bowel obstruction may occur and require hospital admission.

RN/Clinical Response

- Review bowel history, usual pattern, symptoms, medicines and possible reversible causes.
- Use a bowel chart/Bristol Stool Chart to monitor frequency and stool character.
- Assess for red flags and complications such as faecal impaction or bowel obstruction.
- Review an individualised bowel management plan (fluids/fibre, mobility, toileting and treatment).
- Monitor response and refer for medical, continence, dietetic or physiotherapy review as needed.

Take the **Constipation Quiz**

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