



## GUIDELINE

**SUBJECT:** BOWEL MANAGEMENT: OPIATE INDUCED CONSTIPATION

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All Clinical Areas Kaleidoscope GNS

**PERSON RESPONSIBLE FOR MONITORING AND REVIEW:**

Paediatric Pharmacist John Hunter Hospital.

**COMMITTEE RESPONSIBLE FOR RATIFICATION AND REVIEW:**

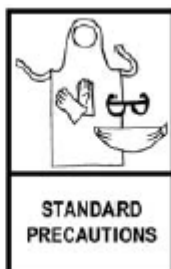
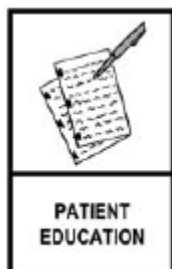
Kaleidoscope Quality Use of Medicines Committee  
 Kaleidoscope GNS Quality Committee

**Disclaimer**

It should be noted that this document reflects what is currently regarded as a safe and appropriate approach to care. However, as in any clinical situation there may be factors that cannot be covered by a single set of guidelines, this document should be used as a guide, rather than as a complete authoritative statement of procedures to be followed in respect of each individual presentation. It does not replace the need for the application of clinical judgment to each individual presentation.

# S.W.P.

## SAFE WORK PRACTICE



This document is to provide general principles regarding broad medication issues within the John Hunter Children's Hospital and includes information about Medication management and handling, prescribing and administration standards of practice, Pharmacy Department and after hours availability of medications.

### Bowel management - Opiate Induced Constipation

- Instigation of this treatment plan should be considered if more than 24 hours of regular opiate based medication administration is intended and bowel sounds MUST be present.
- These guidelines are not applicable if the patient has undergone any form of abdominal or gastroenterology surgery.
- All these medications require Medical Officer prescription i.e. none are on the Nurse Initiated Medicines list for children.
- Non pharmacological interventions may be appropriate.

#### Step One – Stool Softener

<b>Paraffin Liquid</b> (Parachoc®)	12 months – 6 years	15mL daily
	7 years to 12 years	20mL daily
	Adolescent	40mL daily

- Increase/decrease by 5mL daily until desired response
- Patient must remain upright post dose
- Use with caution in patients with specific nutritional requirements (impairs absorption of fat soluble vitamins)
- Paraffin is not effective on its own and will need to be combined with Senna or Sorbitol.

**OR**

<b>Docusate</b> (Coloxyl®)	<6 months	10 drops tds
	6-18 months	15 drops tds
	18months – 3 years	25 drops tds
	3-6 years	50mg once daily
	6-12 years	50 -120mg once daily
	Adolescent	100 -240mg/day in 1-2 divided doses

**OR**

<b>Sorbitol</b>	1-3mL/kg/day in single or divided doses
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- Gradually increase according to response up to a maximum of 30mL per dose.

**If bowels are not opened by day 3, a stimulant laxative is necessary.**

### **Step Two – Stimulant Laxative**

These treatments can be added to the above regime as one off treatments and repeated based on response.

<b>Senna</b> (Senokot®)	Granules	2-6yrs	3.75-7.5mg/day
		6-12yrs	7.5-15mg/day

- Not per kilogram
- 1 Senokot tablet = ½ teaspoonful of granules = 7.5mg sennoside

**OR**

<b>Microlax Enema **</b>	< 3 years	Insert only half of nozzle. Give whole dose
	> 3 years	Insert full length of nozzle. Give whole dose

**OR**

<b>Colonlytely Sachet</b>	30 mL/kg/hour for 4–8 hours until the rectal effluent is clear; may require several days treatment for severe constipation.
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### **Precautions:**

\*\* Suppositories and enemas must never be given to Oncology patients unless on the instruction of the Oncologist.

- Review is required to rule out bowel obstruction prior to treatment.

### **REFERENCES:**

Australian Medicines Handbook 2006

MIMS at CIAP, Dept of Health March 2006

Paediatric Pharmacopoeia, Royal Children's Hospital Melbourne, 13th Ed 2002

British National Formulary for Children 2005

### **RELATED LEGISLATION:**

Medication Handling in NSW Public Hospitals - Policy

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