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7.4 assessment biology answers

Constipation is defined as “three or less intestinal movements in a week; stools that are hard, dry or lumpy; stools that are difficult or painful to pass; or the feeling that not all stools have passed.” If defecation is delayed for a prolonged time, additional water is absorbed, thus making feces more solid and potentially leading to constipation. There are several causes of constipation, such as the lack of fluid or fiber appropriate in the diet, the lack of ambition, various processes of disease, recovery from surgical and opioids anesthesia, and side effects of many drugs. A list of these potential causes can be found in Figure 7.6 Since there are several potential constipation causes, treatment must always be individualized to the patient. Many times, constipation can be treated with simple changes in diet, exercise or routine. However, when medications are also needed to solve constipation, there are several categories of laxative drugs that work in different ways. Laxative medication classes are described below. Figure 7.6 Common causes of constipation medications Antacidhe containing aluminum and calcium Anticholinergics and antispasmodic Anticonvulsants—used to prevent seizures Calcium channel blockades Diuretics Iron Supplements The drugs used to treat Parkinson’s disease Narcotic pain medications Some drugs used to treat depression Health and nutrition issues Do not eat enough fiber Do not drink enough liquids or dehydrationand adequately individualize the treatment and education of patients. The nurse must document an abdominal evaluation that includes discomfort, distension and reduced intestinal sounds. Even the date of the last bowel movement should be documented. The patient can be asked questions of additional history such as the appearance of the stool to determine whether it is hard and dry, if the passage of the stool is difficult or painful, or if there is an incomplete emptying sensation. Many structures have a protocol of intestinal drug with progressive constipation treatment ranging from stool softeners to stimulants to enema, depending on the length of time from the last intestinal movement. Drugs must be administered according to the label instructions, and the patient must be educated when expecting a bowel movement will occur. Measures to prevent constipation should also be discussed with the patient. Patient teaching for all classes of laxative drugs must be individualized according to the cause of constipation. Measures to prevent constipation should be examined with the patient, such as: Get enough fiber in the diet Drink a lot of water and other liquids Get regular physical activity Trying to have a bowel movement at the same time every day If a bowel movement does not occur within the expected term, the supplier must be notified and other causes investigated for individualized treatment. It is imperative that a good documentation of intestinal movements and communication between staff occurs when constipation is treated with various drugs. If there is a complete absence of intestinal sounds, worsening abdominal distension or pain, a streaking of stools, or other results that indicate that a paralytic ileus or a block can be verified, the supplier must immediately beThere are five categories of laxative drugs commonly used for treating constipation: Fiber supplements, stool softeners, osmotic agent, lubricants and stimulants (see tableFiber supplements and stool softeners are often used daily to prevent constipation, while other laxative categories are used to treat constipation. Table 7.4b1 compares the mechanism of action for each laxative category and includes the common prototype and the OTC brands., Table 7.4b1 Categories of Laxatives used to treat constipation Category Prototypes Mechanism Action Integrators Phybra psyllium (Metamucil) Bulk forming to facilitate the passage of feces through correct Facienc Causes water to be stored with the stool, increasing the number of intestinal movements and softening the stool is easier to pass the mineral stools Cause the contracted intestine, causing stools to move through the colon Psyllium (Metamucil brand name) is an example of a common OTC fiber supplement (see Figure 7.14). Figure 7.14 Psyllium in the form of powder Mechanism of action Psyllium adds mass to the stool to facilitate the passage through the rectum. Specific administrative considerations When administering, put a dose in an empty glass and mix with at least 8 ounces of water or other fluids. Taking this product without enough liquid can cause suffocation. Mix with a stir and drink promptly. If the mixture thickens, add more liquid and mix. Administer at least 2 hours before or 2 hours after other medications as it can affect absorption. Psyllium usually produces a bowel movement within 12 to 72 hours. It could cause swelling and cramping. Patient teaching and education When teaching patients how to take psyllium at home, in addition to the above considerations, we recommend them to start with 1 dose per day, but it can gradually increase to 3 dosesday if necessary to maintain soft stools. Docusate is a common OTC softener that is also frequently used in healthsettings. Mechanism of action: Docusate facilitates the movement of water and fat in feces to make it soft and improve the regularity of intestinal movements. Specific administrative considerations: Docusate usually produces a bowel movement in 12 to 72 hours. It can cause stomach cramps. Magnesia milk and polyethylene glycol 3350 (the name of Miralax brand) are examples of common osmotic agents used to promote a bowel movement (see figure 7.15. Figure 7.15 Miralax & Milk of Magnesia Action Mechanism Osmotic agents cause water to be preserved with stool, increasing the number of intestinal movements and softening the stool so it is easier to pass. Polyethylene glycol 3350 has a bottle top that can be used as a measuring cap to contain 17 grams of powder when filled to the indicated line. Fill at top of clear section in cap, which is marked to indicate the correct dose (17 g); mix and dissolve in any 4 to 8 ounces of drink (cold, hot or ambient temperature), and then administer. Patient teaching and education In addition to the administration considerations above, teach patients that polyethylene glycol usually produces a bowel movement in 1-3 days. It can cause loose stools and watery. An enema of mineral oil (the Enema brand name of the fleet) is an example of lubricant laxative (see Figure 7.16). Figure 7.16 Mineral oil enema Mechanism of action Mineral oil covers the stool to help seal in water. Specific administration considerations Read the drug label for children as some brands can be used in children over 2 years, while others are not intended for children. Patient Teaching and Education A mineral oil enema generally produces a bowel movement in 2 to 15 minutes. It can cause stomach cramps, swelling,of the stomach, or diarrhea. bisacodyl is an example of stimulant laxative. mechanism of action bisacodyl causes the intestine to contract, causing the stool to move through the colon. administration considerations specific oral or rectal dosingare available. Check out the instructions to insert a rectal suppositories. Instruct the patient to keep up for about 15-20 minutes (see Figure 7.17). Figure 7.17 Administering a rectal suppositories A bowel movement is generally produced in 15 minutes. Bisacodyl can cause stomach cramps, dizziness or rectal burning. Now let's take a closer look at the drug grills that compare the drugs used to treat constipation. (See Table 7.4b2). Drug grills are intended to help students learn key points on each drug. As information about the drug is constantly changing, nurses should always consult the evidence-based resources to review current recommendations before administering specific drugs. Basic information about each class of medications are described below. Detailed information about a specific drug can be found free of charge at the Daily Med. On the home page, enter the name of the drug in the search bar to learn more about the drug. The prototyping/generic drugs listed in the grids below are also directly linked to a Daily Med page. Table 7.4b2 Extended use of comparative medications Used to treat the prototype constipation/Considerations of the genetic administration Adverse/Side therapeutic effects psyllium (Metamucil) Put a dose in an empty glass and mix with at least 8 ounces of water or other fluids. Taking this product without enough liquid can cause suffocation. Mix with a stir and drink promptly. If the mixture thickens, add more liquid and mix It usually produces a bowel movement within 12 to 72 hours Administering at least 2 hours before or 2 hours after other drugs as it can affect absorption Start with 1 dose per day; can gradually increase to 3 doses per day as necessary Improve regularity of intestinal movementscause swelling and docusate cramps It usually produces bowel movement in 12 to 72 hours Can cause polyethylene abdominal cramps(Miralax) It usually produces a bowel movement in 1-3 days The top of the bottle is a measuring cap marked to contain 17 grams of powder when filled to the indicated line For adults and children 17 years of age and older: ☐ Fill at the top of the clear section in cap, which is marked to indicate the correct dose (17 g) ☐ Mix and dissolve in any 4-8 ounces of drink (cold, warm or ambient temperature) and then drink ☐ use once a day ☐ no more than 7 days Softens the stool and improves the regularity of intestinal movements It can cause loose stools, watery read the drug label for children as some brands can be used in children over 2 or older, while others are not intended for children Generally produces the bowel movement in 2 to 15 minutes The bowel movement in 15 minutes Stomach cramps, swelling, upset stomach, or diarrhea bisacodyl Oral dose or reptile suppositories are available to administer a rectal suppository: Patient position on the left side with the right knee towards the chest. In the presence of anal or hemorrhoids cracks, the supposes must be coated at the tip with petroleum jelly. Remove the foil and insert the suppository well into the rectum touching the wall of the intestine. Instruct the patient to keep up for about 15-20 minutes. A bowel movement is generally produced in 15 minutes at an hour. For children, read the drug label for Bowl movement dosage within an hour stomach cramps, dizziness, or rectal combustion Critical Thinking Activity 7.4b A patient who suffered a hip surgery two days ago had no bowel movement before admission. The patient receives oxycontin ER 10 mg every 12 hours and oxydone 5 mg every 4 hours for pain. The patient describes the abdominal discomfort and the nurse finds the decreased intestinal sounds in allThe nurse informs the doctor, follows the intestinal protocol, and administers the docusate sodium to the patient. What are the potential causes of constipation that should be addressed for this patient? What is the mechanismDocusate action? the patient asks how quickly the drug will work. What is the best response of the nurse? what other preventive measures for constipation should teach the nurse to the patient? if docusate is not effective within 24 hours, what other medications can the nurse anticipate to be ordered? note: answers to critical thinking activities are found in the “Answer Key” sections at the end of the book. John, John, John,John Detergenti, Daniele

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