

Norgine® Risk Assessment Tool for Constipation



Medical Condition ✓	
Cancer	
Clinical depression	
Diabetes	
Haemorrhoids, anal fissure, rectocele, local anal or rectal pathology	
History of constipation	
Impaired cognition/dementia	
Multiple Sclerosis	
Parkinson's disease	
Post operative	
Rheumatoid arthritis	
Spinal cord conditions (injury, disease or congenital)	
Stroke	
Current Medication ✓	
Aluminium antacids	
Anticholinergics	
Antiparkinson drugs	
Antipsychotic drugs	
Calcium channel blockers	
Calcium supplements	
Diuretics	
Iron supplements	
Non-steroidal anti-inflammatory drugs (NSAIDs)	
Opioids	
Tricyclic antidepressants	
Polypharmacy (more than 5 drugs including ones not on this list)	

Toileting Facilities ✓	
Bed pan	
Commode by bed in hospital/care home/home	
Supervised use of lavatory/commode	
Raised toilet seat, without foot stool	
Mobility ✓	
Restricted to bed	
Restricted to wheelchair/chair	
Walks with aids/assistance	
Walks short distances but less than 1/3 mile (0.5km) daily	
Nutritional Intake ✓	
At nutritional risk as identified by local nutritional screening tool	
Fibre intake 6g or less per day ¹	
Difficulty in swallowing/chewing	
Needs assistance to eat	
Daily Fluid Intake (see below for calculation table) ✓	
Minimum fluids not achieved	

PATIENT'S NAME	
PATIENT'S DATE OF BIRTH	
PATIENT'S RECORD NUMBER	

INSTRUCTIONS

1. Tick all relevant categories in each table.
2. There may be more than one tick in a table.
3. ADD ALL THE TICKS TOGETHER.
4. Fill in the number of ticks in the box below.
5. Date and sign

Fluid Requirement Calculation
30mls fluid per 1kg of body weight ²
Patients minimum fluid intake should be: Weight in kg = x 30ml =
Patients actual fluid intake is:

DATE	TOTAL NO. OF TICKS	SIGNATURE

1. Australian NHMRC recommends adults consume 30g of fibre daily. 2. Ritz P(2001) Factors affecting energy and macronutrient requirements in elderly people. Public Health Nutrition Vol 2. No.2B pp561-68

Action to take when risk of constipation is identified



The Norgine Risk Assessment Tool for Constipation was developed to raise awareness of a patient's risk of becoming constipated and to encourage proactive assessment and, if necessary, treatment. Healthcare professionals should monitor the risk assessment score and take reasonable steps to reduce the score over time e.g. by increasing fluids, increasing fibre in diet, improving mobility, reducing polypharmacy etc. For patients with a Risk Assessment score greater than **4 ticks**, it is recommended that the patient is fully assessed as outlined in the check list below.

CHECKLIST	✓
Complete full bowel assessment as per facility protocol	
Monitor and record bowel movements daily using the Bristol Stool Chart and bowel record chart	
Stool type 1 or 2 prescribe appropriate laxative therapy	
Advise on toileting position and establish regular toileting pattern	
Review medication including over the counter medicines	
Advise on ways to improve mobility	
Encourage patients to achieve at least minimum fluid intake	
Improve nutrition according to nutritional intake score	

In addition to advice from your continence advisor, doctor, clinical nurse specialist or pharmacist, certain associated risk factors may be addressed by referring a patient to a dietitian, speech and language therapist, occupational therapist, dentist, podiatrist or physiotherapist.

Information about your local Continence Advisory Service can be found at the Continence Foundation web site: www.contfound.org.au

THE BRISTOL STOOL FORM SCALE				Advice if taking laxatives
TYPE 1		Separate hard lumps, like nuts (hard to pass)	Constipated	Commence or increase laxatives
TYPE 2		Sausage-shaped but lumpy	Constipated	Commence or increase laxatives
TYPE 3		Like a sausage but with cracks on its surface	Ideal stool consistency	Maintain laxative dose
TYPE 4		Like a sausage or snake, smooth and soft	Ideal stool consistency	Maintain laxative dose
TYPE 5		Soft blobs with clear-cut edges (passed easily)	Slightly too soft	Decrease laxative dose
TYPE 6		Fluffy pieces with ragged edges, a mushy stool	Too soft	Decrease laxative dose
TYPE 7		Watery, no solid pieces ENTIRELY LIQUID	Too soft	Stop taking laxatives for a day or two

Reproduced by kind permission of Dr KW Heaton, Reader in Medicine at the University of Bristol.
© 2000 Norgine Pharmaceuticals Ltd.

DAY	1	2	3	4	5	6	7
Number of bowel movements today							
Type of bowel movement (see above)							

The Norgine Risk Assessment Tool for Constipation was developed by Gayle Kyle, Senior Lecturer, Thames Valley University, (gayekyle@tiscali.co.uk), Terri Dunbar, Advanced Nurse Practitioner, Berkshire West PCT and Phil Prynne, Continence Services Manager, Berkshire West PCT to encourage health care professionals to adopt a proactive approach to bowel care. If you wish to offer feedback and/or request more copies of this risk assessment tool, please email rasst@norgine.com