



Going Number Two: An audit of inpatient bowel charts and aperient prescribing

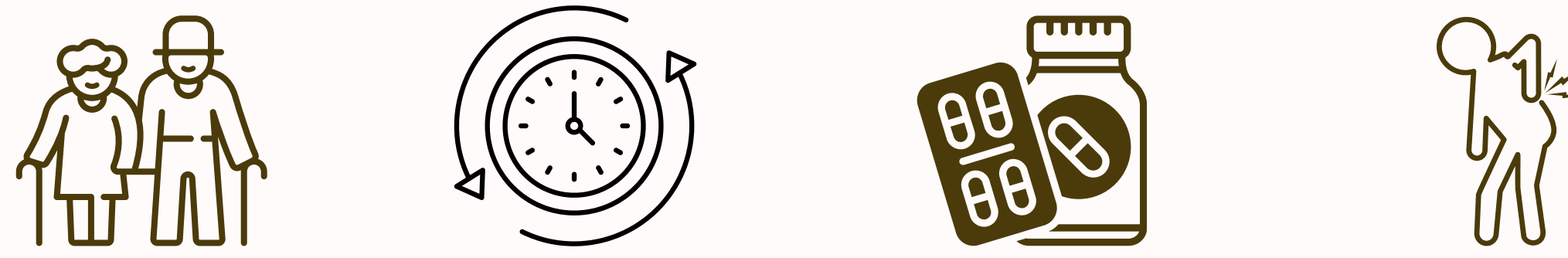


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Background

Altered daily routine, decreased mobilisation, and increased prescribing of constipating medicines puts hospitalised patients at a higher risk of experiencing constipation (~43%) and associated complications.¹



Such complications include delirium, faecal impaction, falls and impaired medicine absorption, potentially increasing the patient's morbidity, length of stay and associated hospital expenses.^{1,2}



Objective

To evaluate bowel chart compliance and aperients prescribed to identify areas for future interventions to prevent constipation-related complications.

Methods

- Review local policies.
- Compare to other sites for effective strategies that could be implemented.

Audit inpatient charts including bowel charts, observation charts and progress notes.

- Data analysis.
- Extrapolate trends to identify procedural gaps.

Conduct education for pharmacy department with findings and suggestions.

- Continue education for other health practitioners.
- Conduct follow up audit.

Inclusion Criteria

- Admitted patients on surgical, medical and maternity wards.
- Patients aged 18+

Exclusion Criteria

- Patients in ED (Emergency Department), mental health wards and ICU
- Patients with a stoma
- Patients with bowel obstruction
- Abdominal surgeries

Capture Points

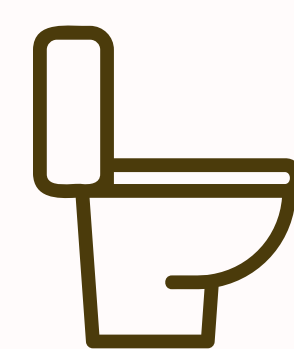
- Prescribing practices
- Co-prescribing aperients
- Bowel chart presence and use
- Record of bowels elsewhere
- Occurrences of constipation
- Pharmacist interventions
- Nurse interventions

Results

126 patients audited



24% of patients had daily documentation of bowels.



Patients prescribed opioids went without aperients for an average of **5 days**.



16 bowel charts started on day of admission



52% of all patients audited had an active bowel chart.



18 patients had BNO >3 days.



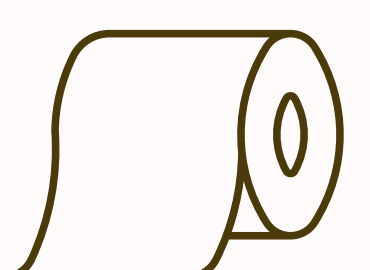
50 bowel charts started later



27% of patients had no bowel documentation.



44% of patients who experienced constipation received pharmacological interventions.



45% of patients prescribed an opioid were not co-prescribed aperients.



80% of pharmacist interventions resulted in prescribing of appropriate aperients.



Conclusion

Results show that bowel chart documentation was inconsistent and pharmacological management and pharmacy interventions could be further improved. The audit indicates a need for continued education for clinicians, nursing staff and pharmacists, in addition to establishing local procedural guidelines on appropriate bowel chart usage to improve practice and reduce constipation-related complications.

Contact

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References-

- 1- Konradsen H, Lundberg V, Florin J et al. Prevalence of constipation and use of laxatives, and association with risk factors among older patients during hospitalization: a cross sectional study. BMC Gastroenterol. 2022 Mar 8; 22: 110.
2- Lee TC, McDonald EG, Bonnici A et al. Pattern of Inpatient Laxative Use. Waste Not, Want Not. AMA Intern Med. 2016;176(8):1216-1217.