

**Adult Bowel Movement
Standard Orders
(for Acute Care)**

*These orders are to be used as a guideline and do not replace sound clinical judgement and professional practice standards.
Patient allergy and contraindications must be considered when completing these orders.*

Automatically activated (If not in agreement with an order cross out and initial).
 Requires a check(√) for activation

Allergies: Unknown No Yes (describe) _____

Height (cm): _____ **Weight (kg):** _____

MEDICATION ORDERS

GENERAL ORDERS

ADMINISTER the following medications in SEQUENCE from A to D

A. (stimulant)

- Sennosides 8.6 mg PO 1 – 4 tablets BID PRN
OR
- Bisacodyl 5 mg PO 1 – 3 tablets daily PRN

B. If A ineffective: Add the following medication to the above regime OR use this medication alone

- Lactulose 667 mg/mL PO 15 – 30 mL TID PRN
OR
- PEG 3350 17 grams PO daily PRN

C. If A & B ineffective and no bowel movement proceed with:

- Bisacodyl 10 mg sup PR daily PRN (if stool is soft)
AND/OR
- Glycerin sup PR daily PRN (if stool is hard)

D. If C ineffective after 1 to 2 hours proceed with:

- Sodium Phosphate enema 130 mL PR daily PRN
OR
- Mineral oil retention enema 130 mL PR daily PRN

If A & B ineffective

- Perform a bowel assessment

- Contact prescriber if bowel regime is ineffective

PRESCRIBER'S SIGNATURE: _____ PRINTED NAME: _____ Date _____ Time _____

Order Transcribed

Date: _____ Time: _____ Init _____

FAX TO PHARMACY

Date: _____ Time: _____ Init _____

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MEDICATION ADMINISTRATION RECORD (MAR):
Adult Bowel Movement Standard Orders (for Acute Care)

Do NOT use for Pregnant Women

Key: D/C = medication discontinued; other Approved Codes and Legend on reverse side of this form.

Date Ordered	ALLERGIES (describe):	DATE: MONTH _____ YEAR 20 _____											
Date Re-ordered		Time / Init.	Time / Init.	Time / Init.	Time / Init.	Time / Init.	Time / Init.	Time / Init.	Time / Init.	Time / Init.	Time / Init.	Time / Init.	Time / Init.
A. Stimulant													
	Sennosides 8.6mg PO 1-4 tabs BID PRN OR <input type="checkbox"/> RECOPIED TRANSCRIBER _____ / _____ NURSE												
	Bisacodyl 5mg PO 1-3 tablets daily PRN <input type="checkbox"/> RECOPIED TRANSCRIBER _____ / _____ NURSE												
B. If A ineffective													
	Lactulose 667mg/mL PO 15-30mL TID PRN OR <input type="checkbox"/> RECOPIED TRANSCRIBER _____ / _____ NURSE												
	PEG 3350 17grams PO daily PRN <input type="checkbox"/> RECOPIED TRANSCRIBER _____ / _____ NURSE												
C. If A & B ineffective (perform a bowel assessment, Bristol stool chart)													
	Bisacodyl 10mg supp PR daily PRN (if stool is soft) AND/OR <input type="checkbox"/> RECOPIED TRANSCRIBER _____ / _____ NURSE												
	Glycerin supp PR daily PRN (if stool is hard) <input type="checkbox"/> RECOPIED TRANSCRIBER _____ / _____ NURSE												
D. If C ineffective after 1-2 hrs													
	Sodium Phosphate enema 133mL PR daily PRN OR <input type="checkbox"/> RECOPIED TRANSCRIBER _____ / _____ NURSE												
	Mineral oil retention enema 130mL PR daily PRN <input type="checkbox"/> RECOPIED TRANSCRIBER _____ / _____ NURSE												