



## ORIGINAL ARTICLE

## Evaluation and handling of constipation in critical patients<sup>☆</sup>

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**KEYWORDS**

Constipation;  
Intensive care;  
Nutrition;  
Treatment;  
Nursing

**Abstract**

**Objective:** To evaluate the effectiveness of nursing care against constipation and to identify, analyse and evaluate causes and consequences.

**Methodology:** Observational, descriptive and prospective study in polyvalent ICU tertiary hospital (2013–2015). Inclusion criteria: >18 years, stay >7 days, connected to respiratory support, with nasogastric tube and enteral or mixed nutrition. Patients with gastrointestinal pathology, encephalopathic and jejunostomy/ileostomy were excluded. The studied variables (age, sex, weight, height, pathology, medical treatment, nutrition and volume type, depositional characteristics, quantity and frequency, corrective measures and complications) were collected by *ad hoc* grill. It is authorised by the CEIC.

**Results:** 139 patients with a mean age of 62 years and average stay of 11 days were analysed; 63% suffered from constipation. Opiates and antacid were the drugs administered most frequently (99%), even though patients who took muscle relaxants, iron supplements and/or calcium and anti-hypertensive were the ones who suffered most from constipation (77%; 75%; 70%) The fibre free diet was the most widely used (60% constipated), followed by dietary fibre (51% constipated), and the combination of both (85% constipated). 56% used laxatives as a corrective measure, magnesium hydroxide being the most widely used; 54% began the first day. Gastric retention was the most relevant complication (49%).

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**Conclusion:** Constipation is a real multifactorial problem. We recommend:

- Intensified surveillance in patients with drugs that promote constipation.
- Use high-fibre diets from the outset.
- Apply laxatives and prokinetics early and in combination. We need to create a protocol for prophylaxis and management of constipation.

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## PALABRAS CLAVE

Estreñimiento;  
Cuidados intensivos;  
Nutrición;  
Tratamiento;  
Enfermería

## Evaluación y abordaje del estreñimiento en el paciente crítico

### Resumen

**Objetivo:** Valorar la eficacia de los cuidados enfermeros frente al estreñimiento e identificar, analizar y evaluar sus causas y consecuencias.

**Metodología:** Estudio observacional, descriptivo y prospectivo, en UCI polivalentes de un hospital de tercer nivel (2013-2015). Criterios de inclusión: >18 años, estancia >7 días, con ventilación mecánica, portadores de sonda nasogástrica y nutrición enteral o mixta. Se excluyeron pacientes con enfermedad digestiva, encefalopáticos y con yeyunostomía/ileostomía. Las variables estudiadas (edad, sexo, peso, talla, enfermedad, tratamiento médico, tipo de nutrición y volumen, características deposicionales, cantidad y frecuencia, medidas correctoras y complicaciones) se recogieron mediante parrilla *ad hoc*. Dispone de autorización CEIC.

**Resultados:** Se analizaron 139 pacientes con edad media de 62 años y estancia media de 11 días; un 63% padecieron estreñimiento. Opiáceos y antiácidos fueron los fármacos más administrados (99%), aunque los relajantes musculares, suplementos de hierro y/o calcio y antihipertensivos fueron los que dieron más estreñimiento (77, 75 y 70%). La dieta sin fibra fue la más utilizada (60% estreñidos), seguida de dieta con fibra (51% estreñidos) y la combinación de ambas (85% estreñidos) Un 56% usó laxantes como medida correctora, siendo el hidróxido de magnesio el más utilizado; un 54% las iniciaron el primer día. La retención gástrica fue la complicación más relevante (49%).

**Conclusión:** El estreñimiento es un problema real multifactorial. Recomendamos:

- Intensificar la vigilancia en pacientes con fármacos que favorecen el estreñimiento.
- Utilizar dietas con fibra desde el inicio.
- Aplicar de forma precoz y combinada procinéticos y laxantes. Creemos necesario crear un protocolo para la profilaxis y manejo del estreñimiento.

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## Introduction

Nursing staff play an important role in monitoring and checking bowel movements which, although it is not a priority in initial care, has to be taken into account to prevent the development and appearance of complications other than the initial reason for admittance.<sup>1,2</sup>

The problem we found in undertaking this study lies in the lack of agreement among experts in defining constipation.<sup>3</sup> After analysing different definitions we decided that constipation may be defined as delayed and infrequent bowel movements (less than 3 times per week), with excessively dry stools or the feeling that the movement was incomplete.<sup>4</sup>

From our viewpoint as professionals in the field of critically ill patient care, it must be taken into account that the above definition of constipation cannot be extrapolated into the context of an intensive care unit (ICU), so that following a review of the bibliography, we define constipation as the absence of bowel movements 3 days after commencing enteral nutrition (EN).<sup>5,6</sup>

Although constipation is a problem that is rarely treated, it is a common problem in critically ill patients.<sup>7</sup> According to several studies the prevalence of constipation in critically ill patients varies from 5% to 83%.<sup>8,9</sup> This disparity between data is the result not only of the lack of an agreed definition, but also the lack of a protocol to prevent and treat it.<sup>2</sup> Its causes have not been elucidated by controlled studies,

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