

OKLAHOMA DEPARTMENT OF CORRECTIONS
NURSING PRACTICE PROTOCOLS
ABDOMINAL PAIN / CONSTIPATION / DIARRHEA

MSRM 140117.01.5.1
(R-2/20)

Subjective Data:

Chief complaint: _____ **Allergies:** _____

Onset: _____ New Onset Chronic

History:

Last bowel movement: _____ Color/Consistency: _____
 History of dietary habits: _____ History of fluid intake/restriction: _____
 History of laxative use: Yes No If "Yes" Type: _____
 History of hernia: Yes No If "Yes" When: _____
 History of Glaucoma: Yes No
 Last meal: _____ Pain: Yes No scale: (0-10) _____

Current medications: _____

Associated symptoms:

Nausea Vomiting Cramping Flatulence Hemorrhoids Bloating

BP _____ Pulse _____ Resp. _____ Temp. _____ Wt. _____ O₂ sats. _____ FSBS: _____

Abdomen	<input type="checkbox"/> Soft	<input type="checkbox"/> Firm	<input type="checkbox"/> Distended	<input type="checkbox"/> Tender to palpation	<input type="checkbox"/> Rebound tenderness
Bowel sound:	<input type="checkbox"/> Normal	<input type="checkbox"/> Hyperactive	<input type="checkbox"/> Hypoactive	<input type="checkbox"/> Absent	
Hemorrhoids (if applicable)	<input type="checkbox"/> Protruding	<input type="checkbox"/> Bleeding	<input type="checkbox"/> Not visualized		
Turgor:	<input type="checkbox"/> Normal	<input type="checkbox"/> Decreased			

CONTACT HEALTH CARE PROVIDER IMMEDIATELY IF: Abdomen is anything but soft, non-tender and with normal bowel sounds or there is vomiting, constipation of more than 3 days duration, fever. *Health care provider must be called if not on site or if after clinic hours.*

REFER TO HEALTH CARE PROVIDER IF: (Do not administer laxative if any of these sign and symptoms are present) *If during clinic hours the health care provider is to be called if not on site. If after clinic hours the health care provider is to be called the next working day.*

Constipation

- Onset is sudden and unexplained
- Chronic problem exists or reoccurrence
- Abdominal distention and tenderness with emesis
- Absence of bowel sounds
- Constipation alternating with diarrhea/bloody stool
- Persistent nausea/vomiting, fever
- Presence of hernia,
- No bowel movement

Diarrhea

- Diarrhea persisting 48 hours or not responding to nursing intervention
- Weight loss greater than 5% of body weight
- Temp > 101
- Unable to tolerate fluids
- Abdominal pain and tenderness that is different from the cramps that immediately precedes diarrhea stool
- Other conditions that are known to cause diarrhea- HIV disease, ulcerative colitis, Crohn's disease
- Common source - epidemic, is apparent

Health Care Provider: _____ **Time Notified:** _____ **Orders Received for Treatment:** Yes No

If physical exam is negative for any of the above s/s and/or there is no need for additional medication/treatment, proceed with nursing interventions.

Plan: Interventions: (Check all that apply)

- Check in assessment only for health care providers visit.
- Chief complaint resolved prior to appointment. Instructed inmate to follow-up sick call for signs/symptoms warranting further evaluation. Assessment completed.

<p align="center">Abdominal Pain</p> <p>Abdominal Pain Emergency: Immediate Emergency Care and Notify Health Care Provider without Delay</p> <ul style="list-style-type: none"> <input type="checkbox"/> Grossly bloody stool, severe abdominal pain, or severe dehydration 	<p align="center">Constipation</p> <ul style="list-style-type: none"> <input type="checkbox"/> Bisacodyl (i.e Dulcolax) 1 tablet p.o. daily for 10 days PRN <input type="checkbox"/> Psyllium (i.e.Fiber Tabs, Metamucil) 2 tablets each evening for 30 days with 8 oz of water PRN 	<p align="center">Diarrhea</p> <ul style="list-style-type: none"> <input type="checkbox"/> Bismuth tablets: chew 2 tablets 4 times a day for 3 days PRN for diarrhea (DO NOT GIVE IF HX BLEEDING , ASTHMA OR ALLERGY TO ASA) <input type="checkbox"/> Loperamide hcl (Imodium) 2 tablets a day for 3 days PRN for diarrhea <input type="checkbox"/> Clear liquid diet for 3 days <input type="checkbox"/> Complete "Medical Diet Request" and send to kitchen.
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Education/Intervention: Instructed to increase water intake, daily/fibrous foods, avoid straining when passing stool, medication use, follow-up sick call if no improvement. Inmate verbalizes understanding of instructions.

Progress Note: _____

Health Care Provider Signature/Credentials: _____ **Date:** _____ **Time:** _____

RN/LPN Signature/credentials: _____ **Date:** _____ **Time:** _____

Inmate Name
(Last, First)

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