**Constipation Screening and Referral Tool**

**When to use this tool**

A person’s bowel health can change quickly for a number of reasons and anyone can become constipated at any time in their life.

**If left unmanaged, constipation is a potentially life threatening condition!**

Use this tool to assess if the person is at risk of suffering from constipation. Constipation is the infrequent passing of stools – that is, less than 3 stools per week, or sometimes straining to pass a stool, or passing hard, dry or bullet shaped stools.

**Be aware that diarrhoea may also be an indication of constipation as ‘overflow’ can occur where watery stools leak around any faecal impaction (blockage).**

This Screening and Referral Tool should be:

* Used when we commence supporting a person.
* Used when a person is identified as possibly being at risk of constipation.
* Used where there is any change to a person’s usual bowel habits.
* Reviewed at least every 6 months where the constipation continues and every 12 months where no risk has been identified. (The 12 monthly review should take place in conjunction with the annual review of the Risk Analysis tool in My Support Plan)

|  |  |
| --- | --- |
| Person’s Name: |  |

**Section 1**

**If ANY of the following ‘Red Flag’ symptoms are present, an immediate referral must be made to the person’s G.P.**

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| --- | --- | --- |
| **Are any of the following present?** | **Yes** | **No** |
| Recent significant changes in bowel habits? |  |  |
| Blood and/or mucus in stools or on a pad? |  |  |
| Weight loss or weight gain or abdominal bloating. A tight waistband with no weight gain? |  |  |
| Constipation with vomiting – with or without abdominal pain? |  |  |
| Constipation and loss of appetite? |  |  |
| Straining or painful and ineffectual straining? |  |  |
| Where the person has epilepsy, any changes in frequency of seizure activity? |  |  |
| Other signs of possible faecal impaction (lethargy/pain/change in behaviour/faecal incontinence/foul smells/excessive wind/excessive visits to the toilet) and the individual does not have an existing current Bowel Management Plan. |  |  |
| The person has had diarrhoea for more than 2 – 4 days?  (The NHS state that a ‘normal’ episode of diarrhoea should last between 2 -4 days) |  |  |
| The person is showing signs of Sepsis:  **S**lurred speech or confusion **E**xtreme shivering or muscle pain **P**assing no urine (in a day) **S**evere breathlessness **I**t feels like you’re going to die **S**kin mottled or discoloured  **\*If the person is showing signs of Sepsis then IMMEDIATE medical attention should be sought!** |  |  |

Please continue below:

**Section 2**

|  |
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| **What is normal for this person?**  How frequently does this person normally open their bowels? (E.g. ‘once a day in the morning’/’more than once every day’/’every other day’) |
| **Has there been a change?**  If ‘yes’ please give details: |
|  |
| **What stool type is normal for this person?** (Please refer to the attached Bristol Stool Chart and ‘Stool types for people who use pads’) |
| **Has there been a change?**  If ‘yes’ please give details: |
|  |
| **Does this person have a history of constipation?**  If ‘yes’ please give some detail: |
| **Does the person strain to pass faeces or try to pass faeces unsuccessfully?**  If ‘yes’ please give some detail: |
| **Do you have other concerns that this person may be suffering from constipation?**  If ‘yes’ please describe your concerns: |

**Actions**

* If the answer is ‘Yes’ to any of questions in Section 1 you must make an immediate referral to the person’s G.P. and record actions below.
* If the answer is ‘Yes’ to any of the questions in Section 2 and the person does not have a current Bowel Management Plan, you should make an immediate referral to a Community Learning Disability Nurse or Continence Advisor (or a G.P. if these are unavailable) and record actions below.

***\*See ‘Preparing to visit a GP, Community Nurse or Continence Advisor’ in the Dimensions Constipation Toolkit***

* If the answer is ‘Yes’ to any of the above questions then a Bowel Monitoring Chart should be started immediately.
* In conjunction with the Medical Professional, an individual Bowel Management Plan should be developed and implemented.

***\*See Dimensions ‘Constipation and Bowel Health Management Plan – A Guide’ in the Dimensions Constipation Toolkit***

* Record all actions in the person’s Health Action Plan.

| **Identified risk/issue** | **Action** | **Name of person referral made to** | **Date** | **Name of person making referral** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

| **Name of person/s completing/reviewing the form** | **Position** | **Date** | **Signature** |
| --- | --- | --- | --- |
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