**Preparing to visit a GP, Nurse or Continence Advisor**

 **…to talk about constipation!**

**What’s in this document?**

This document will prepare you to accompany a person with a learning disability or autism, or both, to an appointment with a GP, Learning Disability Nurse or Continence Advisor to talk about constipation. It will help you to:

* Work with the person to prepare for their appointment
* Remember to take all the information you will need
* Compile a list of questions to ask at the appointment
* Summarise the key information at the end of the appointment.

There is some helpful information on the first three pages. Starting on page 4, there is a form for you to complete with the person you support. It will help the person you support to think about what is important to them, in relation to their appointment. As the person’s supporter, you should do the following:

1. Check whether the person wants to involve anyone else, before or during the appointment – such as a relative, friend or advocate – and help to arrange this, either yourself or by talking to your manager.
2. Check the person’s Support Plan or Daily Diary for any recent changes in their bowel health or habits, behaviour, use of medication or experience of side effects.
3. Make sure that your manager knows that the appointment is about constipation.

If the person you support has a different opinion from you, about their health, then record both and share both at the appointment.

**Reasonable adjustments**

If the person requires any reasonable adjustments in order to be fully involved in the appointment, you should request these prior to the appointment. Examples of common reasonable adjustments include:

* An extended appointment time
* Use of communication tools
* Visiting the clinic or surgery prior to the appointment.

**Previously agreed actions**

Check whether any actions have been agreed at previous health appointments about constipation and whether these have been implemented. If you are unable to do this you should inform a senior member of staff.

You should also refer to the person’s Health Action Plan and check whether it contains any information or actions relevant to this appointment.

**Symptoms**

Symptoms tell you when someone is unwell. Ask the person or anyone who is speaking on their behalf about how they are feeling, both physically and emotionally. Ask the person about when any symptoms started and what makes them better or worse.

**Communication**

If someone has difficulty in expressing themselves, a change in their behaviour may help you understand how they feel. For instance, this may indicate that they are unwell or in pain. Check their Daily Diary and collate instances of when they appeared to be in pain or distress, what may have been the cause and what worked or didn’t to help manage their pain and distress?

You need to take along any communication tools the person uses so they can be fully involved in the appointment.

**Medication**

Before you accompany someone to an appointment, you need some basic information about the medication they take, the reason it has been prescribed and when it was last reviewed. You should take the persons medication recording (MAR) sheet with you.

**Questions**

List any questions which you or the person you are supporting want to ask during the appointment.

Before you leave the appointment, make sure that both you and the person you are supporting understand what the Doctor or Nurse is saying about what is wrong, what needs to happen next, who is going to do what action and what outcomes are to be achieved.

**Summary**

Finally, use the summary section to go over the appointment with the person, record what the Doctor or Nurse has said and what will happen next. This record can be attached to the person’s Health Action Plan but you should also make a note of the appointment and any relevant actions in the Health section of the persons Daily Diary and the Communication Book where appropriate. You should inform your Manager about the outcome of the appointment.

**Preparing for an appointment about constipation**

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| **Appointment Details** |
| Person’s name |  |
| Name of person who made the appointment |  |
| Name of the person who will accompany the person |  |
| Name and role of the professional you are seeing |  |
| Date and time of appointment |  |
| Reason the appointment was made  |  |
| Reasonable adjustments made, requested or needed |  |
| **Any Actions Agreed at Previous Appointments** |
| **Action agreed** | **Outcome** |
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| **Signs and Symptoms of Constipation** |
|  | **Yes** | **No** | **Don’t****know** | **Details** | **Any Actions Required?** |
| Loss of appetite? |  |  |  |  |  |
| Is there pain or discomfort in abdomen? |  |  |  |  |  |
| Are there signs of lethargy/lack of energy or enthusiasm? |  |  |  |  |  |
| Is there faecal leakage (overflow) often mistaken for diarrhoea? |  |  |  |  |  |
| Are there signs of faecal impaction such as bloating or changes in the pattern of bowel movements or stool types? |  |  |  |  |  |
| Has there been a change in the person’s behaviour? |  |  |  |  |  |
| Has there been a change in seizure pattern? |  |  |  |  |  |
| Are there any additional signs associated with constipation? E.g. straining, discomfort, pain, distress around using the toilet? |  |  |  |  |  |

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| **History** |
| **Investigations, Surgery and Identified Bowel Disease.**Is there a history of any of the following? | **Yes** | **No** | **Don’t know** | **Date of Investigation/Outcome** | **Any Actions Required?** |
| Abdominal X-Ray? |  |  |  |  |  |
| Barium Enema? |  |  |  |  |  |
| Sigmoidoscopy? |  |  |  |  |  |
| Colonoscopy? |  |  |  |  |  |
| Anal Ultrasound? |  |  |  |  |  |
| Chest X-Ray? |  |  |  |  |  |
| Previous bowel surgery? |  |  |  |  |  |
| Other? |  |  |  |  |  |
| Is there any known previous history of bowel disease? |  |  |  |  |  |
| Aged between 50 and 74 years?Does the person regularly Participate in the National Bowel Screening Programme |  |  |  | Date of last screen: |  |

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| **Mobility** | **Yes** | **No** | **Don’t know** | **Details** | **Any Actions Required?** |
| Is the person independently mobile? |  |  |  |  |  |
| Does the person require mobility assistance or aids? |  |  |  |  |  |
| Is the person an independent wheelchair user? |  |  |  |  |  |
| Is the person immobile or restricted to a wheelchair/chair? |  |  |  |  |  |
| Has lifestyle information about avoiding constipation been provided to the person/carer? |  |  |  |  |  |
| Is a referral to Occupational Therapy or Physiotherapy required around mobility or posture? |  |  |  |  |  |

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| **Nutrition and Hydration** | **Record** | **Date** |
|  | Height: |  |
| Weight: |  |
| BMI: |  |
|  | **Yes** | **No** | **Don’t know** | **Detail** | **Any Actions Required?** |
| Is the person considered to be underweight or overweight? |  |  |  |  |  |
| Does the person have a healthy diet and fluid intake? |  |  |  |  |  |
| Is there difficulty with swallowing and chewing? (See Safer Swallowing policy) |  |  |  |  |  |
| Does the person have dysphagia/a modified diet/fluids (PEG or other)? |  |  |  |  |  |
| Is a fluid balance chart required? |  |  |  |  |  |
| Does the person have excessive salivation or drooling? |  |  |  |  |  |
| Does the person drink excessive amounts of alcohol? |  |  |  |  |  |
| Is there any history of Urinary Tract Infections (UTI)? |  |  |  |  |  |
| Active with Speech and Language Therapy (SALT) or is a referral to Speech and Language Therapy needed? |  |  |  |  |  |

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| **Communication** |
| What is this person’s preferred method of communication? |
|  | **Yes** | **No** | **Don’t know** | **Detail** | **Any Actions Required?** |
| Does the person have a Communication Passport? |  |  |  |  |  |
| Are any tools such as DisDAT in place to help understand when the person is in distress? |  |  |  |  |  |
| Are there any communication guidelines in place to prompt the person to use the toilet? |  |  |  |  |  |

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| **Social Considerations** | **Yes** | **No** | **Don’t know** | **Detail** | **Any Actions Required?** |
| Is there a risk that the person could be socially isolated due to constipation or incontinence? |  |  |  |  |  |
| Does the person have enough privacy in using the toilet? |  |  |  |  |  |
| Does the person have any new routines which could be impacting on their previous toileting routine? |  |  |  |  |  |
| Does the person ignore the urge to go to the toilet because they are engrossed in another activity? |  |  |  |  |  |

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| **Toilet Facilities, Physical Environment and Routine** | **Yes** | **No** | **Don’t know** | **Detail** | **Any Actions Required?** |
| Can the person adopt a good position on the toilet to promote defecation? |  |  |  |  |  |
| Has the person had any support form an Occupational Therapist or Physiotherapist around posture on the toilet? |  |  |  |  |  |
| Does the person have a current Bowel Management Plan or Toilet Support Plan? |  |  |  |  |  |
| Can the person use the toilet independently? |  |  |  |  |  |
| Can the person use the toilet independently but needs help with personal hygiene? |  |  |  |  |  |
| Does the person use any toilet aids? (hoists/rails/frames/commode/bedpan/raised toilet seat etc.) |  |  |  |  |  |
| Does the person use a footstool to maintain a good position on the toilet? |  |  |  |  |  |
| Does the person use pads or other continence aids? |  |  |  |  |  |
| Does the person have difficulty fully emptying their bowel or bladder? |  |  |  |  |  |
| Are there any environmental issues such as poor ventilation, space, odour, privacy or comfort? |  |  |  |  |  |
| Can the person change position on the toilet independently? |  |  |  |  |  |
| What is the person’s usual toilet routine – what time do they usually go? How long do they usually take? How do they communicate that they need the toilet? |  |
| Has there been any change to the person’s daily routine that may disrupt their usual toilet routine or prevent them from going when they want to? |  |
| Does the person have any specific habits or needs around their toilet routine – e.g. taking a newspaper/listening to music/encouragement from others? |  |

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| **Physical Considerations** | **Yes** | **No** | **Don’t know** | **Detail** | **Any Actions Required?** |
| Has the person any current prescription for suppositories, enemas or laxatives? |  |  |  |  |  |
| Does the person have haemorrhoids (piles)? |  |  |  |  |  |
| Does the person have an anal fissure? |  |  |  |  |  |
| Is abdominal massage used to assist the person to open their bowels? |  |  |  |  |  |

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| **Psychological Considerations** | **Yes** | **No** | **Don’t know** | **Detail** | **Actions Required** |
| Does the person seem to show any distress around any aspect of their toilet routine? |  |  |  |  |  |
| Is there any sense of embarrassment in the person around constipation or toileting? |  |  |  |  |  |
| Has the person had any negative experiences which may affect them using the toilet? |  |  |  |  |  |
| Has there been an increase in anxiety around using the toilet? |  |  |  |  |  |
| Does the person have any obsessional behaviour around using the toilet?  |  |  |  |  |  |

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| **Questions to ask the Doctor/Nurse** |
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| **Appointment Summary*****To be completed at the end of the appointment and agreed with the Doctor/Nurse.*** |
| What the Doctor/Nurse said: diagnosis, advice, treatment recommended, anticipated health outcomes:  |
| What I need to do: |
| What the Doctor/Nurse will do: |
| What the other support staff need to do: |
| Date and time of next review: |