

Opioid-Induced Constipation (OIC) - Assessment Checklist

This checklist is designed to help you effectively assess a patient's symptoms of constipation and gather information to guide appropriate treatment.

1. Take a history of bowel habits:

| Question/action | Rationale |
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| Ask patient to complete bowel symptom diary. Review diary regularly. | Diary records stool consistency, frequency and monitors patient's perception of symptoms. Stools of type 1 or 2, or patient reporting symptoms from the checklist indicate constipation and the need for a laxative review. Types 6 or 7 may suggest the need for a reduction in laxative dose. Diarrhoea should be distinguished from leakage of watery stools as the latter suggests impacted faeces with overflow. |
| Do you always achieve a comfortable and complete bowel opening? If no, enquire about: <ul style="list-style-type: none"> ● Straining ● Time taken on the lavatory ● Pain (rectal or abdominal) ● Abdominal bloating ● Incomplete evacuation ● Bleeding | Identifies type of constipation: <ul style="list-style-type: none"> ● Slow colonic transit time ● Evacuation difficulties ● Combination Rectal pain or bleeding suggests local pathology such as haemorrhoids or fissure. |
| Ensure patient passing flatus | Absence of flatus may suggest obstruction. |
| Assess whether any difficulty in passing urine or blockage of urinary catheter | Either may indicate faecal impaction. |
| How do you usually cope with the problem? | Identifies whether patient is taking any over-the-counter preparations or if patient is using digital stimulation to aid bowel opening. |
| Have you felt sick or been sick? | Nausea/vomiting may suggest constipation is disrupting digestion further up gastrointestinal tract. |
| Are you managing to drink/eat/move about very much? | Establish dietary patterns and level of activity. Lifestyle advice may be given if appropriate. Ensure patient can access suitable toilet facilities that maintain privacy and dignity. |
| Are you taking your laxatives as prescribed? | If no, ask why. Address issues of concordance as appropriate. |

2. Perform appropriate examinations

| Action | Rationale |
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| Perform abdominal examination | Examination may reveal palpable indentable faecal masses in the colon. Abdominal distension or the absence of bowel sounds may indicate obstruction. |
| Check condition of tongue and breath | A constipated patient may have malodorous breath. Tongue may show signs of dehydration. Address inadequate fluid intake as much as possible. |
| Check for evidence of neurological impairment (sensory or motor level/loss) | Impairment may suggest that constipation has an underlying neurological cause. |
| Assess mood and mental state (confusion may accompany hypercalcaemia) | Hypercalcaemia can contribute to constipation. |
| Consider digital rectal examination especially if any associated nausea, pain, incontinence or confusion is present | <ul style="list-style-type: none"> ● Gaping anus - indicates faecal impaction ● Note rectal content - full or empty, hard or soft stools. An empty rectum may indicate hard or impacted stools lying higher in the bowel. ● Assess local pathology; fissure, haemorrhoids, soreness or irritation |