

Constipation

The missed diagnosis - simple treatment for a big problem

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PROBLEM

Patients living with frailty are admitted with symptoms of delirium, falls, urinary retention and incontinence through ED at RHCH, Winchester and are treated primarily for urosepsis when the primary diagnosis is constipation.

Constipation affects 24% of older adults and over 50% of those living in an institution

AIM

Raise the index of constipation when patients present with potential signs of urosepsis in ED, and thus treat constipation when it is responsible for the patients' symptoms.

Model for improvement

PLAN → **DO** → **STUDY** → **ACT**

PHASE ONE

Collect data
1 month
N=34

INTERVENTION

Poster campaign

PHASE TWO

Collect data
1 month
N=21

INTERVENTION

Training and information for professionals admitting patients

PHASE THREE

Collect data
1 month
N=?

CURRENT 1ST LINE MANAGEMENT OF POTENTIAL UROSEPSIS

- Catheterisation

POSSIBLE CONSEQUENCES

- Negative impact on urinary control
- Reduced mobility this is shown to increase the risk of falls
- Lengthens hospital stay
- Unnecessary cost
- Portal of entry of infection
- Unpleasant for patient

- Antibiotic therapy

- Possible side effects
- Unnecessary use of antibiotics
- Contributes to bacterial resistance issues
- Unnecessary cost

LESSONS LEARNT

- Keep the principle of QI simple
- Involve clinicians continually to ensure participation in new working model
- Use multiple techniques to share information
- In line with evidence, eye catching posters providing information can help to improve practice. It is anticipated that interactive training will have a further positive effect on identification of constipation as a primary diagnosis.

NEXT STEPS

Evidence suggests use of multiple and repeated techniques enable clinicians to process and apply information effectively. Therefore following the poster campaign an interactive teaching session is planned in December. Constipation will then be integrated into the annual training cycle for ED clinicians. Data will be collected at one and two months.

SUMMARY

Constipation is a quickly reversible condition, correct identification can reduce the stay or even prevent unnecessary admission of patients living with frailty.

THE FUTURE

- Maintain the raised suspicion of constipation when assessing patients
- Maintain a thorough baseline assessment to include bowel history
- Continue regularly updated training sessions & awareness
- Continue with awareness posters in ED

References

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