

HOSPICE PHARMACIA

MUGs[®]

Medication Use Guidelines

SAMPLE: Constipation Protocol



10th
Edition

SUPPORTIVE. PROVEN. PROFESSIONAL.



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The Medication Use Guidelines (MUGs) are a tool that is peer-reviewed and updated annually. Current literature, evidence, and algorithms are applied to assist in the management of commonly experienced end-of-life symptoms. Different than a traditional formulary, HP's MUGs bring symptom-based clinical decision tools together with the relative cost of drugs. The combination of this information provides patient care managers with the transparency necessary for cost-effective clinical decision making.

To learn more about the Medication Use Guidelines or the medication management services offered by Hospice Pharmacia, please call 877-882-7822. MUGs are offered free-of-charge, exclusively to Hospice Pharmacia partnering hospices.

Pediatric Medication Use Guidelines and Wound Care Guidelines are also available.



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ACRONYMS USED IN THIS MONOGRAPH:

PO = by mouth
PR = rectally

PRN = as needed
QD = daily

PHARMACOLOGIC THERAPY INCLUDED IN THE PER DIEM:

Evacuants

Medication	Suggested Dosing
Sodium phosphate dibasic and monobasic rectal enema	1 enema PR as directed

Lubricant Laxatives

Medication	Suggested Dosing
Mineral oil rectal enema	1 enema PR as directed

Osmotic Laxatives

Medication	Suggested Dosing
Glycerin suppository	1 suppository PR QD PRN
Lactulose	15mL to 60mL PO QD PRN
Magnesium citrate solution	½ to 1 bottle (150mL to 300mL) as a single or divided dose PO PRN
Sorbitol 70%	15mL to 60mL PO QD PRN

- Avoid osmotic laxatives in a patient who is dehydrated.
- Magnesium citrate is contraindicated in patients with hypermagnesemia, severe renal impairment, renal failure, or renal disease leading to renal failure.

Saline Laxatives

Medication	Suggested Dosing
Milk of magnesia	30mL PO QD PRN
Mineral oil oral solution	15mL to 45mL PO QD PRN

- Milk of magnesia should not be used in patients with renal failure unless their serum magnesium levels are being closely monitored.
- Use of mineral oil should be avoided in older adults due to risk of aspiration.

Stimulant Laxatives

Medication	Suggested Dosing
Bisacodyl tablet	5mg to 15mg PO 1 to 3 times a day PRN, up to 30mg/day
Bisacodyl suppository	1 suppository PR QD PRN
Senna concentrate tablet	1 to 2 tablets PO QD PRN
Senna solution or syrup	1 to 2 teaspoonfuls PO QD PRN
Senna-docusate sodium	1 to 2 tablets PO QD PRN

- SENNA-S® is not available as a liquid formulation. Patients who lose the ability to swallow SENNA-S® tablets can be switched to senna and docusate sodium liquids, which are separate products.

Stool Softeners

Medication	Suggested Dosing
Docusate calcium	240mg/day to 480mg/day PO, given in single or divided doses
Docusate sodium	50mg/day to 300mg/day PO, given in single or divided doses
Docusate sodium enema (ENEMEEZ® MINI ENEMA)	1 enema PR as directed

- Directions for usage of docusate sodium solution: Shake well and administer using a calibrated measuring device. May be mixed with 120mL of milk, fruit juice, or infant formula to mask the bitter taste.

PHARMACOLOGIC THERAPY OUTSIDE THE PER DIEM:

- The cost represented in the tables below is based on the average cost of a 15-day supply for all strengths of the medications.

Chloride Channel Activators

Medication	Average Cost of Therapy
Lubiprostone (AMITIZA®)	\$108.11

Osmotic Laxatives

Medication	Average Cost of Therapy
Polyethylene glycol 3350 powder (MIRALAX®)	\$27.85

Peripherally-Acting Mu-Opioid Receptor Antagonists

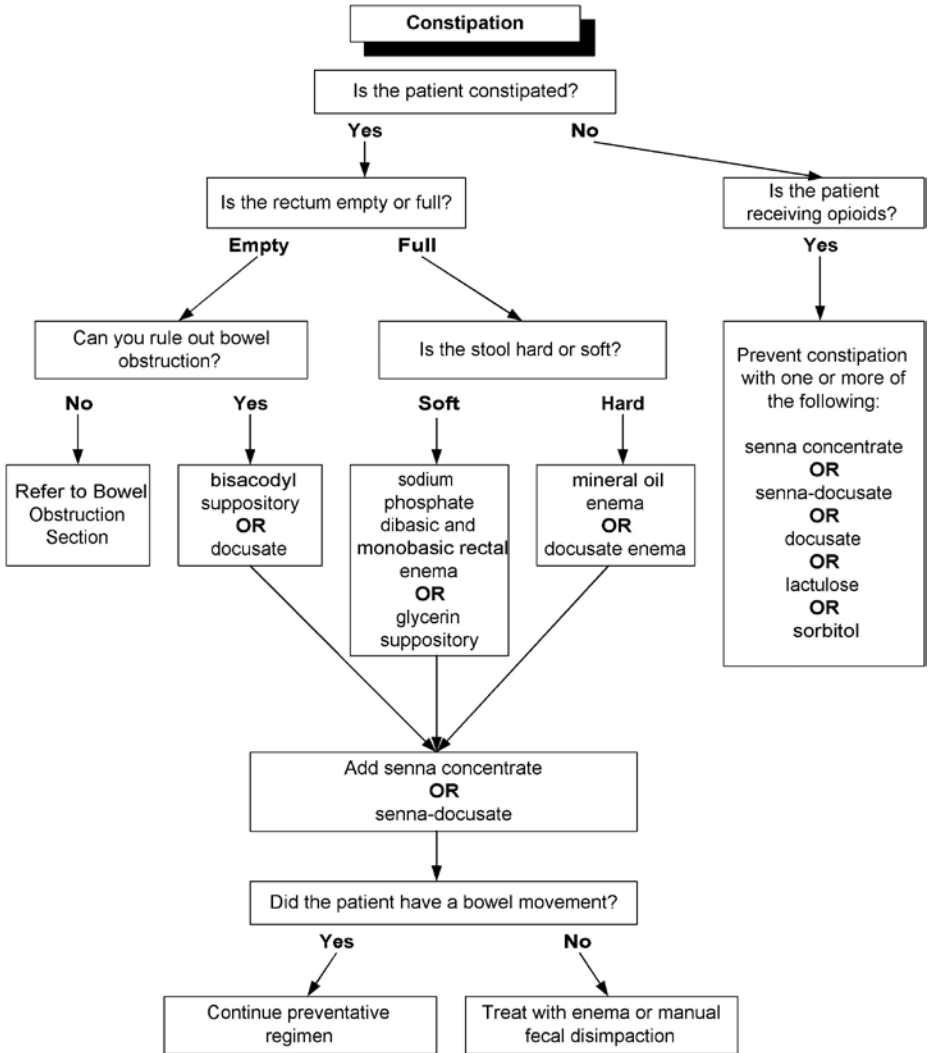
Medication	Average Cost of Therapy
Methylnaltrexone bromide vial (RELISTOR™)	\$81.59
Methylnaltrexone bromide kit (RELISTOR™)	\$520.18

NON-PHARMACOLOGIC THERAPY:

- Increase dietary fiber if feasible.
- Increase fluid intake if not contraindicated by renal or heart disease.
- Use natural laxatives (e.g., raisins, prunes).
- Frozen Vaseline® balls: for high impaction, consider rolling Vaseline® into pea-sized sugar-coated balls, freezing the balls, and administering them PO 1 to 3 times a day PRN. Note that this intervention is anecdotal.
- Manual fecal disimpaction is a painful and distressing procedure. The patient should be pre-medicated with analgesics prior to manual fecal disimpaction.

NOTES:

- All patients who are prescribed opioid therapy should have a bowel regimen in place.





1601 Cherry Street, Suite 1700 | Philadelphia, PA 19102
www.hospicepharmacia.com | 877.882.7820

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