

Despite the high incidence of constipation in people with cancer, there is little research on management strategies for opioid-induced constipation (OIC). This project used the Plan-Do-Study-Act model to examine implementation of the Oncology Nursing Society Guidelines™ to improve constipation management in patients with cancer. Nurse champions at four sites identified practice gaps, including providing education on OIC for patients who are new to opioids and increasing follow-up assessment. This project demonstrates that multisite, collaborative projects are feasible and may enhance patient quality of life and decrease anticipated complications.

AT A GLANCE

- Constipation occurs frequently in patients with cancer.
- OIC occurs in as many as 90% of patients receiving opioids and can affect quality of life, limit pain management, and be discomforting for patients.
- Collaborative quality improvement projects are an opportunity to move evidence-based guidelines to the point of care.

KEYWORDS

evidence-based practice;
opioid-induced constipation;
symptom management

DIGITAL OBJECT IDENTIFIER

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Translating Evidence to Practice

A multisite collaboration to implement guidelines and improve constipation management in patients with cancer

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About 60% of patients with cancer experience constipation, and risk is increased with opioid analgesic use. Opioid-induced bowel dysfunction may occur in people with cancer taking opioids, and opioid-induced constipation (OIC) is the most common symptom of opioid-induced bowel dysfunction (Kurz & Sessler, 2003; Neyens & Jackson, 2007). Constipation is arbitrarily defined as less than three bowel movements per week; a change from an individual's usual pattern; or the subjective report of difficult, infrequent, or incomplete passage of stool (McMillan, 2004; Reville et al., 2009). Physical and psychological distress related to OIC is significant. OIC can be clinically challenging to manage and may result in serious medical complications, negatively affect quality of life, and interfere with cancer pain management (Dhingra et al., 2012; Oosten et al., 2015; Rumman et al., 2016).

There is a need for continuing education and practice improvement focused on management for patients at risk for and experiencing OIC. Despite the prevalence of OIC, there is a paucity of research on management strategies. Clinical practice guidelines are an important tool to translate evidence into management

strategies at the point of care. The Oncology Nursing Society published a clinical practice guideline on constipation in patients with cancer (Rogers et al., 2020). The guideline includes a recommendation that patients starting opioids receive either a prophylactic bowel regimen with laxatives and lifestyle education or lifestyle education alone for the prevention of constipation. Incorporating guideline recommendations at the point of care is an important goal for nursing.

Practice changes to improve care for patients with constipation is best coordinated at the local level, and published examples of practice change can inform future practice. For example, an interprofessional task force at a cancer center conducted a quality improvement (QI) project to improve care for patients with OIC (Amankweh et al., 2015). Prior to implementing an evidence-based education tool, 47% of patients had unmanaged constipation, and none had received written education related to management of OIC. At six months postimplementation, uncontrolled constipation decreased to 21% and by 18 months decreased to 13%. Ninety-seven percent of patients at six months postimplementation and 100% of patients at 18 months postimplementation reported receiving information about OIC.