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Improving laxative prescription for trauma & orthopaedic admissions in wards” at Western Trust Hospitals, Northern Ireland, UK over Covid period

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PURPOSE OF STUDY

“Health”, defined as the complete physical, mental, spiritual and social well-being and not just the absence of disease.¹ Since 2010, holistic care has become the centre of the NHS practice ensure that we care for the “whole” patient and not just their presenting complaint. As a result, we must be conscientious of the positive and negative effects our medical/surgical management can have on the patient. Constipation in elderly IP common. 50% of pts >65 develop constipation in hospital. Reasons include reduced oral intake, dehydration, offending drugs (e.g. opiates), dementia, immobility etc. It is generally not well tolerated, distressing and increases morbidities and hospital stays.

Common risk factors of developing constipation:

Pre-existing disease (neurological, myopathy)

Polypharmacy

Reduced ADL/immobility

Poor nutritional intake

Regular Opiates

STATEMENTS OF METHODS

Aim

1) Increase the percentage of T&O ward admissions prescribed laxatives by 25% by December 1st 2021.

2) To evaluate effectiveness and promote education and awareness among healthcare staff on importance of correct laxative prescriptions for patients.

Methods

1) Collect data for sample size of 20-30 patients in all T&O wards every week over 1 month period from November-December, 2021 with weekly interventions.

PDSA cycles

Baseline data:

Gather data on the routine prescription of laxatives following admission of patients

PDSA 1: Mr McCusker to inform all SHOs to ensure all patients are prescribed appropriate laxatives on admission .

PDSA 2: Ensure all nursing staff encourage PO intake and inform Doctors of patients with LBO >3 days.

PDSA 3: Present up-to-date data on laxative prescribing to all trainees (F1/SHO/Registrar) .

Results

Summary of the results from this QI project found our TARGET AIM had been significantly exceeded by :

- 1) 88.8% total increase in LAXATIVE prescriptions on admission.
- 2) 225% cumulative increase in pts receiving their LAXATIVES when prescribed
- 3) 62.5% reduction in patients with LBO >3.

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Comparison from Baseline Data and PDSA 3 showed a 35% increase in laxatives prescribed on admission, 45% increase of laxatives given when prescribed. In addition, only 25% patients received suppositories by PDSA 3 of which 60% had been on regular laxatives on admission as compared to baseline data where 20% pts had suppositories given after admission of which, 25% never had laxatives prescribed during admission. The mean score out of 5, also increased from 2.50 to 3.60 (from Baseline data to PDSA 3). Standard deviation of data cycles also improved from 1.43 to 1.27 (From Baseline data to PDSA cycle 3) as well.

Comparison outcomes between each cycles using (Wilcoxon signed-rank test) showed significant improvement in:

(i) Baseline vs PDSA 1: $P = 0.046$ (significant improvement)

(ii) Baseline vs PDSA 3: $p = 0.015$ (significant improvement).

Trend of improvement of cycles using (Spearman correlation test) showed significant improvement $p = 0.018$. Laxative prescription during admission improved $LBO < 3$ days and assessment scores significantly as well $p < 0.05$. Lastly, "Laxative given when prescribed" and "Suppositories prescribed after admission" also improved assessment scores significantly $p < 0.05$

LEARNING POINTS:

- 1) Regular laxatives prescription are far superior than PRN.
- 2) Recommended regimes to use are eg: Senna+ Laxido or Senna + Lactulose.

3) Suppositories should be used as LAST LINE only, and preferably under STAT section over PRN.

4) From PDSA 3, 20% patients refused prescribed laxatives. We noted some pts dislike the taste of Laxido and will refuse. Always adjust laxatives to meet patient's needs.

Biography

Dr Hushil Sandhu (Lead Author) is currently a foundation trainee doctor working in [Altnagelvin Hospital, Western Trust, Northern Ireland](#). He attained his MBBS degree from the University of Glasgow. He is also currently completing, Masters of Surgical Sciences (MSc) at the University of Edinburgh. The abstract will also be submitted for publication in Surgical Journal over next few months.

Dr Samuel Afari and Dr Lewis Bonsell are both Senior foundation training doctors working at the Western Trust, Northern Ireland. Mr Darren McCusker is a Senior Orthopaedic Registrar (ST8+) previously working at Western Trust as well with multiple publications. Mr Angel Ruiz is an Orthopaedic Consultant who is working at Altnagelvin Hospital and other areas. He has practiced in this field for over 20 years and has more than 30 publications in major journals; among some in Journal of Perioperative Practice and Trauma & Orthopaedic Issues. Dr. Chai Hong Yeong is an Associate Professor of School of Medicine and Medical Sciences at Taylors University Campus, Malaysia and Chair to the Professional Relation Committee (AFOMP). She is very experienced statistician and assisted in data analysis for this QI project.

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