

## COLLECTIVE PRESCRIPTION

Initiating or adjusting a pharmacological treatment for fecal elimination in a person receiving palliative care or a person with a geriatric profile

No. 628016

Institution:

Collective prescription number:

Validity period:

### CLINICAL SITUATION OR TARGET POPULATION

Person 18 years of age or older who is receiving palliative care

**OR**

Person 18 years of age or older with a geriatric profile, defined as a person with a functional decline associated with a loss of autonomy or a major cognitive disorder

**AND**

Who is experiencing a decrease in their usual frequency of defecation and has had at least one of the following symptoms for the past 48 hours or longer:

- ▶ Difficult-to-pass stools
- ▶ Small, hard or massive, bulky stools
- ▶ Pain or discomfort on defecation
- ▶ A sensation of incomplete defecation
- ▶ Straining at defecation or an unproductive urge to defecate
- ▶ No bowel movements

### AUTHORIZED HEALTH PROFESSIONALS OR OTHER AUTHORIZED PERSONS CONCERNED BY THIS PRESCRIPTION<sup>1</sup>

**!** *Health-care facilities that wish to draft collective prescriptions for initiating or adjusting a pharmacological treatment for fecal elimination in a person receiving palliative care or presenting a geriatric profile using this template **must specify in this section the health professional or group of health professionals** who can execute the prescription. The instruction in italics (!) must be deleted from the version that will be made available.*

### CONTRAINDICATIONS TO USING THIS PRESCRIPTION

The same contraindications as those listed for the application of Québec's national medical protocol, namely:

- ▶ A known or suspected intestinal obstruction: vomiting with colic, fecaloid vomitus or severe abdominal pain
- ▶ A known intestinal perforation
- ▶ Acute abdominal pain
- ▶ An ostomy
- ▶ Inflammatory bowel disease (Crohn's disease, ulcerative colitis or diverticulitis)
- ▶ Gastrointestinal bleeding
- ▶ Rectal, intestinal, abdominal, urinary, gynecological or pelvic surgery in the past 6 weeks
- ▶ Pregnancy or breastfeeding
- ▶ Diarrhea, gastroenteritis or a *C. difficile* infection in the past 5 days
- ▶ A contraindication to the use of all the recommended drugs

<sup>1</sup> The authorized health professional or other authorized person must be sure to have the necessary qualifications to execute this prescription (e.g., training).

## QUÉBEC'S NATIONAL MEDICAL PROTOCOL

Refer to Québec's national medical protocol No. 628016, written by the Institut national d'excellence en santé et en services sociaux, on its website when executing this prescription.

## LIMITS OR SITUATIONS WHERE A CONSULTATION WITH AN AUTHORIZED PRESCRIBER IS MANDATORY

- ▶ The use of the collective prescription twice in one month
- ▶ An allergic reaction to the treatment
- ▶ The emergence of a contraindication to applying the protocol
- ▶ Failure of oral and rectal treatments
- ▶ Persistent abdominal pain despite an unstrained bowel movement
- ▶ Suspected spinal cord compression (not documented): paresthesia, hypoesthesia, new or increased lumbar pain, or new bladder-sphincter dysfunction
- ▶ After using once the collective prescription for patients who have not been prescribed a laxative and who are taking opioids or oral iron or calcium supplements

## DOCUMENTING

Complete the community pharmacist liaison form. If need be, consult the template available in the section entitled "Medical protocols and related prescriptions" on INESSS's website.

## IDENTIFICATION OF RESPONDING AUTHORIZED PRESCRIBER

- !** *Health-care facilities that wish to draft collective prescriptions on initiating or adjusting pharmacological treatment for fecal elimination in a person receiving palliative care or presenting a geriatric profile using this template **must specify in this section the mechanism of identification of the responding authorized prescriber** who will have to be indicated on the liaison form upon individualisation of this collective prescription. The instruction in italics (!) must be deleted from the version that will be made available.*

## IMPLEMENTATION PROCESS

1. **DEVELOPMENT OF CURRENT VERSION** (identification of the authorized prescriber or prescribers concerned or the persons responsible, if applicable)
2. **VALIDATION OF CURRENT VERSION** (identification of the authorized prescriber or prescribers concerned or the persons responsible, if applicable)
3. **APPROVAL OF CURRENT VERSION BY THE REPRESENTATIVE OF THE INSTITUTION'S CPDP**

Last name:

First name:

Signature:

Date:

**4. APPROVAL OF CURRENT VERSION BY THE SIGNING AUTHORIZED PRESCRIBERS (NON-  
INSTITUTIONAL)**

Last name and first name	License number	Signature	Telephone	Fax

**5. REVIEW**

Effective date:

Date of last review (if applicable):

Scheduled date of next review:

Signature of responding authorized prescriber (if applicable):

Signature:

Date: