

# Investigation the Effect of Caspian Nursing Process in New-Onset Constipation after Stroke

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Article Info	ABSTRACT
<b>Article type:</b> Original article	<b>Background and Aim:</b> Structural planning is essential for the prevention, diagnosis and management of constipation in stroke patients. But attention to constipation as a complication is still less common in critically ill patients. Therefore, the present study aimed to determine the effect of a care plan on the frequency of constipation following stroke in hospitalized patients in Alzahra hospital of Isfahan.
<b>Article History:</b> Received: 20 January 2020 Revised: 04 March 2020 Accepted: 14 May 2020	<b>Materials and Methods:</b> This clinical trial study was performed on 132 patients (two groups of 66) hospitalized for stroke during three years (pre-intervention, during discharge, one month after discharge) during the years 2018-2019 in Alzahra Hospital, Isfahan. Patients was randomly assigned to 8 block. Type of stroke and age was matched. Data collection tools included demographic-clinical information questionnaire and Rome IV, Bristol Scale and Norgine risk assessment tools.
<b>Keywords:</b> Constipation Iran Nursing care Stroke	<b>Results:</b> Of the 116 clients studied, 76 (67.9%) elderly, 76 (63.8%) male, 74 (98.2%) married, and 109 (59.8%) were diploma respectively. The incidence of new-onset constipation following stroke in the control group decreased from 66 (100%) at admission to 39 (67.2%) at discharge. Also in the experimental group, from 66 cases (100%) to 18 cases (34%), this difference was significant ( $P = 0.001$ ) but it was not significant in follow up ( $P = 0.16$ ). The mean number of symptoms according to Rome IV criterion after intervention was $2.89 \pm 2.10$ in the control group and $1.58 \pm 1.65$ in the experimental group. This difference was significant ( $p < 0.0001$ ).
	<b>Conclusion:</b> The findings of the present study indicate a significant impact of the care plan on admission to discharge period, but for follow-up intervention requires more client or companion collaboration. Therefore, the present care plan is continuously recommended in the hospital and at home by both the nurse and the client or companion.