bisacodyl (bis-a-koe-dill)  
Bisac-Evac, Bisacolax, Biscolax, Carter's Little Pills, Codulax, Correctol, Dacodyl, Dendale-Dulcolax, Ex-Lax Ultra, Femilax, Fleet Laxative, Soflax-Ex

**Classification**  
Therapeutic: laxatives  
Pharmacologic: stimulant laxatives

**Pregnancy Category:** C

**Indications**  
Treatment of constipation. Evacuation of the bowel before radiologic studies or surgery. Part of a bowel regimen in spinal cord injury patients.

**Action**  
Stimulates peristalsis. Alters fluid and electrolyte transport, producing fluid accumulation in the colon.

**Therapeutic Effects:** Evacuation of the colon.

**Pharmacokinetics**  
**Absorption:** Variable absorption follows oral administration; rectal absorption is minimal; action is local in the colon.  
**Distribution:** Small amounts of metabolites excreted in breast milk.  
**Metabolism and Excretion:** Small amounts absorbed are metabolized by the liver.  
**Half-life:** Unknown.

**TIME/ACTION PROFILE (evacuation of bowel)**  
<table>
<thead>
<tr>
<th>ROUTE</th>
<th>ONSET</th>
<th>PEAK</th>
<th>DURATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral</td>
<td>6–12 h</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rect</td>
<td>15–60 min</td>
<td></td>
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</tbody>
</table>

**Contraindications/Precautions**  
Contraindicated in: Hypersensitivity, abdominal pain, obstruction, nausea or vomiting, (especially with loss or other signs of an acute abdomen).  
Use Cautiously in: Severe cardiovascular disease; Anal or rectal fissures; Excess or prolonged use (may result in dependence).

**Adverse Reactions/Side Effects**  
**GI:** abdominal cramps, nausea, diarrhea, rectal burning.  
**F and E:** hypokalemia (with chronic use).  
**MS:** muscle weakness (with chronic use).

**Interactions**  
**Drug-Drug:** Antacids, histamine H₂ receptor antagonists, and gastric acid-pump inhibitors may remove enteric coating of tablets resulting in gastric irritation/dyspepsia. May lower absorption of other orally administered drugs because of ↑ motility and ↓ transit time.

**Drug-Food:** Milk may remove enteric coating of tablets, resulting in gastric irritation/dyspepsia.

**Route/Dosage**  
**PO (Adults and Children ≥12 yr):** 5–15 mg/day (up to 30 mg/day) as a single dose.  
**PO (Children 3–11 yr):** 5–10 mg/day (0.3 mg/kg) as a single dose.  
**Rect (Adults and Children ≥12 yr):** 10 mg/day single dose.  
**Rect (Children 2–11 yr):** 5–10 mg/day single dose.  
**Rect (Children <2 yr):** 5 mg/day single dose.

**NURSING IMPLICATIONS**  
**Assessment**  
Assess patient for abdominal distention, presence of bowel sounds, and usual pattern of bowel function.

**Potential Nursing Diagnoses**  
Constipation (Indications)

**Implementation**  
Do not confuse Dulcolax (bisacodyl) with Dulcolax (docusate sodium).

**NURSING CONSIDERATIONS**  
**General Information:**  
- Use with caution in patients with cardiovascular disease (may result in dependence).  
- Do not crush or chew enteric-coated tablets. Take with a full glass of water or juice.

**Adverse Reactions/Side Effects**  
**GI:** abdominal cramps, nausea, diarrhea, rectal burning.  
**F and E:** hypokalemia (with chronic use).  
**MS:** muscle weakness (with chronic use).
Rect: Suppository or enema can be given at the time a bowel movement is desired. Lubricate suppositories with water or water-soluble lubricant before insertion. Encourage patient to retain the suppository or enema 15–30 min before expelling.

Patient/Family Teaching

- Advise patients, other than those with spinal cord injuries, that laxatives should be used only for short-term therapy. Prolonged therapy may cause electrolyte imbalance and dependence.
- Advise patient to increase fluid intake to at least 1500–2000 mL/day during therapy to prevent dehydration.
- Encourage patients to use other forms of bowel regulation (increasing bulk in the diet, increasing fluid intake, or increasing mobility). Normal bowel habits may vary from 3 times/day to 3 times/wk.
- Instruct patients with cardiac disease to avoid straining during bowel movements (Valsalva maneuver).
- Advise patient that bisacodyl should not be used when constipation is accompanied by abdominal pain, fever, nausea, or vomiting.

Evaluation/Desired Outcomes

- Soft, formed bowel movement when used for constipation.
- Evacuation of colon before surgery or radiologic studies, or for patients with spinal cord injuries.

Why was this drug prescribed for your patient?