**DOCUSATE**

(dok-yoo-sate)

docusate calcium

Kao-Tin, Kaopectate Stool Softener

**docusate sodium**

Colace, Correctol, Diocto, Docu-Soft, Docusoft S, DOK, Dosolax, Dulcolax Stool Softener, Enemeez, Fleet Pedialax, Fleet Soft Lax, Phillips Laxatone, Silace, Soflax

**Classification**

Therapeutic: laxatives

Pharmacologic: stool softeners

**Pregnancy Category:** C

**Indications**

**PO:** Prevention of constipation (in patients who should avoid straining, such as after MI or rectal surgery).

**Rect:** Used as enema to soften fecal impaction.

**Action**

Promotes incorporation of water into stool, resulting in softer fecal mass. May also promote electrolyte and water secretion into the colon. **Therapeutic Effects:** Softening and passage of stool.

**Pharmacokinetics**

**Absorption:** Small amounts may be absorbed from the small intestine after oral administration. Absorption from the rectum is not known.

**Distribution:** Unknown.

**Metabolism and Excretion:** Amounts absorbed after oral administration are eliminated in bile.

**Half-life:** Unknown.

**TIME/ACTION PROFILE (softening of stool)**

<table>
<thead>
<tr>
<th>ROUTE</th>
<th>ONSET</th>
<th>PEAK</th>
<th>DURATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral</td>
<td>12–72 hr</td>
<td>unknown</td>
<td>unknown</td>
</tr>
<tr>
<td>Rectal</td>
<td>2–15 min</td>
<td>unknown</td>
<td>unknown</td>
</tr>
</tbody>
</table>

**Contraindications/Precautions**

Contraindicated in: Hypersensitivity; Abdominal pain, nausea, or vomiting, especially when associated with fever or other signs of an acute abdomen.

**Use Cautiously in:** Excessive or prolonged use may lead to dependence; Should not be used if prompt results are desired; **GIL**; **Lactation:** Has been used safely.

**Adverse Reactions/Side Effects**

**EENT:** Throat irritation.

**GI:** Mild cramps, diarrhea.

**Derm:** Rashes.

**Interactions**

**Drug-Drug:** None significant.

**Route/Dosage**

**Docusate Calcium**

**PO (Adults):** 240 mg once daily

**Docusate Sodium**

**PO (Adults and Children >12 yr):** 50–200 mg in 1–4 divided doses.

**PO (Children 6–12 yr):** 10–50 mg/kg in 1–4 divided doses.

**PO (Children 3–6 yr):** 5–25 mg/kg in 1–4 divided doses.

**PO (Children <3 yr):** 1–5 mg/kg in 1–4 divided doses.

**Rect (Adults):** 50–100 mg; or 1 unit containing 283 mg docusate sodium, soft soap, and glycerin.

**NURSING IMPLICATIONS**

**Assessment**

- Assess for abdominal distention, presence of bowel sounds, and usual pattern of bowel function.

**Potential Nursing Diagnoses**

Constipation (Indications)

**Implementation**

- Do not confuse Colace with Corex. Do not confuse Dulcolax (docusate sodium) with Dulcolax (bisacodyl). Do not confuse Kaopectate Steel Softener (docusate calcium) with Kaopectate (bismuth subsalicylate).
● This medication does not stimulate intestinal peristalsis; stimulant laxatives may be required for constipation.

● PO: Administer with a full glass of water or juice. May be administered on an empty stomach for more rapid results.

● Oral solution may be diluted in milk, infant formula, or fruit juice to decrease bitter taste.

● Do not administer within 2 hr of other laxatives, especially mineral oil. May cause increased absorption.

● Rect: Administer as a retention or flushing enema.

Patient/Family Teaching

● Advise patients that laxatives should be used only for short-term therapy. Long-term therapy may cause electrolyte imbalance and dependence.

● Encourage patients to use other forms of bowel regulation, such as increasing bulk in the diet, increasing fluid intake (6–8 full glasses/day), and increasing mobility. Normal bowel habits are variable and may vary from 1 time/day to 3 times/week.

● Instruct patients with cardiac disease to avoid straining during bowel movements (Valsalva maneuver).

● Advise patient not to use laxatives when abdominal pain, nausea, vomiting, or fever is present.

● Advise patient not to take docusate within 2 hr of other laxatives.

Evaluation/Desired Outcomes

● A soft, formed bowel movement, usually within 24–48 hr. Therapy may take 3–5 days for results. Rectal dose forms produce results within 2–15 min.

Why was this drug prescribed for your patient?