docusate sodium/senna
(dok-yoo-sate soe-dre-un sen-na)
Per-Colace, Senna Plus, Senna-S

**Classification**
Therapeutic: laxatives
Pharmacologic: stimulant laxatives, stool softeners

**Pregnancy Category:** C

**Indications**
PO: Treatment of constipation associated with dry, hard stools and decreased intestinal motility. Prevention of opioid-induced constipation.

**Action**
Senna's metabolite acts as a local irritant on the colon stimulating peristalsis. Docusate promotes incorporation of water into stool, resulting in softer fecal mass. Therapeutic Effects: Softening and passage of stool.

**Pharmacokinetics**
Absorption: Docusate: small amounts may be absorbed from the small intestine after oral administration.
Distribution: Unknown.
Metabolism and Excretion: Senna: metabolized in the liver and eliminated in bile and urine. Docusate: 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>PO</td>
<td>6–12 hr</td>
<td></td>
<td>unknown</td>
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**Contraindications/Precautions**
Contraindicated in: Hypersensitivity; Abdominal pain, nausea, or vomiting, especially when associated with fever or other signs of an acute abdomen; Concurrent use of mineral oil.

Use Cautiously in: Excessive or prolonged use may lead to dependence, fluid and electrolyte imbalance, and vitamin and mineral deficiencies.

**Adverse Reactions/Side Effects**

**Interactions**
Drug-Drug: None significant.

**Route/Dosage**
PO (Adults and Children ≥12 yr): 2 tablets once daily at bedtime; maximum: 4 tablets twice daily.
PO (Children 6–12 yr): 1 tablet once daily at bedtime; maximum: 2 tablets twice daily.
PO (Children 2–6 yr): 1/2 tablet once daily at bedtime; maximum: 1 tablet twice daily.

**NURSING IMPLICATIONS**

**Assessment**
- Assess for abdominal distention, presence of bowel sounds, and normal pattern of bowel function.
- Assess color, consistency, and amount of stool produced.

**Potential Nursing Diagnoses**
Constipation (Indications)

**Implementation**
- This medication does stimulate intestinal peristalsis.
- PO: Administer with a full glass of water or juice preferably in the evening.
- Do not administer within 2 hr of other laxatives, especially mineral oil. May cause increased absorption.

**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 mo-
Normal bowel habits are variable and may vary from 3 times/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.

Evaluation/Desired Outcomes
- A soft, formed bowel movement, usually within 6–24 hr.

Why was this drug prescribed for your patient?