mineral oil

Fleet Mineral Oil, Kondromul, Kondromul Plain, Lansol, Wilzol

Therapeutic: laxatives
Pharmacologic: lubricant laxatives

Indications
Used in single or repeated doses in the management of constipation.

Action
 coats surface of stool and intestine with lubricant film to allow passage of stool through intestine. Improves water retention of stool. Therapeutic Effects: Softening of feces and subsequent passage.

Pharmacokinetics
Absorption: Minimally absorbed following oral administration.
Distribution: Distributes locally into the intestinal mucosa.
Metabolism and Excretion: Action is primarily local; unabsorbed mineral oil is passed with fecal mass.
Half-life: Not applicable.

Contraindications/Precautions
Contraindicated in: Hypersensitivity; Children (oral); Children 2 yr (rect).
Use Cautiously in: Children or debilitated patients (increased risk of lipid pneumonia); Geri: Appears on Beers list due to increased risk of aspiration resulting in lipid pneumonia; OB: Chronic use during pregnancy decreases absorption of fat-soluble vitamins and may cause hypoprothrombinemia in newborns.

Adverse Reactions/Side Effects
Resp: Lipid pneumonia. GI: Diarrhea, anal irritation, rectal seepage of mineral oil.

Interactions
Drug-Drug: Decreases absorption of fat-soluble vitamins (A, D, E, and K). Concurrent use with stool softeners may increase absorption of mineral oil and produce more diarrhea.

Route/Dosage
PO (Adults and Children ≥12 yr): 5–45 mL; Kondromul—30–75 mL.
PO (Children 6–12 yr): 5–15; Kondromul—10–25 mL.
Rect (Adults and Children ≥2 yr): 10–15 mL as a single dose.
Rect (Children 2–11 yr): 5–10 mL as a single dose.

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

Potential Nursing Diagnoses
Constipation (Diarrhea)
Deficient knowledge, related to medication regimen (Patient/Family Teaching)

Implementation
This medication does not stimulate intestinal peristalsis.
● Administer carefully to bedridden patients or children to prevent lipid pneumonia from aspiration of mineral oil. Do not administer to patients in a reclining position.
● PO: Usually administered at bedtime. Do not administer within 2 hr of meals, may interfere with absorption of nutrients and vitamins.
● Do not administer within 2 hr of stool softeners; may cause increased absorption of mineral oil.
● Rect: Do not lubricate suppositories containing mineral oil; this may interfere with the action of the suppository. Moisten indwelling catheter by placing under tap for 30 sec or in a cup of water for at least 10 sec prior to insertion.
Patient/Family Teaching

- Advise patients that laxatives should be used only for short-term therapy. Long-term therapy may interfere with absorption of nutrients and vitamins A, D, E, and K.
- Advise patients not to take this medication within 2 hr of food or other medications.
- Encourage patients to use other forms of bowel regulation, such as increasing bulk in the diet, increasing fluid intake, and increasing mobility. 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 patients that large doses of mineral oil may cause leakage of mineral oil from the rectum. Protection of clothing may be necessary. This may be prevented by reducing or dividing the dose or by administering in emulsified form.
- Advise patients not to use laxatives when abdominal pain, nausea, vomiting, or fever is present.

Evaluation/Desired Outcomes

- Soft, formed bowel movement, usually within 6–8 hr of an oral dose.
- Results are usually obtained from rectal doses in 2–15 min.

Why was this drug prescribed for your patient?