phosphate/biphosphate (foss-fate/bye-foss (ate))

**Classification**
Therapeutic: Laxatives (saline)

**Pregnancy Category**: C

**Indications**
Induction treatment of chronic constipation. Fleet Enema, OsmoPrep, Visicol

**Action**
Orally active to the level of the GI tract. Produces laxative effect by causing watery retention and stimulation of peristalsis. Stimulation of mucus and mucus fluid and electrolyte absorption from the small intestine. Therapeutic Efficacy: Relief of constipation, emptying of the bowel.

**Pharmacokinetics**
Absorption: 1–20% of rectally administered sodium and phosphate may be absorbed; some absorption occurs after oral administration.

**Distribution**: Unknown.

**Metabolism and Excretion**: Excreted by the kidneys.

**Half-life**: Unknown.

**TIME/ACTION PROFILE (laxative effect)**

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<th>ROUTE</th>
<th>ONSET</th>
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<th>DURATION</th>
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<td>PO</td>
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<td>Rect</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; Severe renal or cardiovascular disease; Intestinal obstruction; OB: Not recommended for use in term, Visicol and OsmoPrep—III, jaundice, unstable angina, acute colitis, toxic megacolon, pregnancy, or hypophosphatemia; Pedi: Children <2 yr.

**Use Cautiously in**: Excessive or chronic use (may lead to dependence); Renal or cardiovascular disease; dehydration or concurrent use of diuretics or other drugs that alter electrolytes (correct abnormalities prior to administration); Surgery, bowel obstruction, active colitis, or concurrent use of diuretics, ACE inhibitors, AFBs, or NSAIDs (risk of acute phosphate nephropathy); OB: May cause sodium retention and edema; Geri: May be more sensitive to effects; Fleet—may cause sodium retention within 3 mo of MI or cardiac surgery; in patients with acute exacerbations of inflammatory bowel disease.

**Adverse Reactions/Side Effects**
CNS: Visicol—dizziness, headache.
CV: Arrhythmias.
GI: Cramping, nausea, cecal and sigmoid aphtous ulcerations, ischemic colitis, abdominal bloating, abdominal pain, vomiting.
F and E: Hyperphosphatemia, hypocalcemia, hypokalemia, sodium retention.
GU: Renal dysfunction.

**Drug Interactions**
Visicol and OsmoPrep—Concurrently administered oral medications may be absorbed due to rapid peristalsis and diarrhea.

**Route/Dosage**
Each Fleet Enema contains 4.4 g sodium/118 mL.

**PO (Adults)**: Visicol—evening before colonoscopy: 3 tablets every 15 min (with at least 8 oz of water), last dose will be 2 tablets (total of 20 tablets); on morning of colonoscopy starting 3–5 hr before procedure, 3 tablets every 15 min (with at least 8 oz of water); last dose will be 2 tablets (total of 20 tablets); should not be repeated in less than 7 days; OsmoPrep—evening before colonoscopy: 4 tablets every 15 min (with at least 8 oz of water); for a total of 12 tablets; should not be repeated in less than 7 days.

**Rect (Adults and Children >12 yr)**: 118 mL Fleet Enema.

**Rect (Children <12 yr)**: 1/2 of the adult dose.

**NURSING IMPLICATIONS**
Assessment
- Assess patient for fever, abdominal distention, presence of bowel sounds, and normal pattern of bowel function.
- Assess color, consistency, and amount of stool produced.
- May rarely cause anaphylaxis. Monitor patients with underlying cardiovascular disease, renal disease, bowel perforation, immune or overdose.

**Patient/Family Teaching**
- Instruct patient to take this medication at bedtime.
- Instruct patient to observe bowel function and stool consistency for 24 hr after each administration.
- Instruct patient to report unusual bleeding.

**Pharmacological Class**
Laxative

**Class/Function**
Therapeutic: Laxatives (saline)
● Lab Test Considerations: May cause ↓ serum sodium and phosphorus levels, ↓ serum calcium and potassium levels, and anions. Electrolyte changes are transient, self-limiting, do not require treatment and are not usually associated with adverse clinical events.

Potential Nursing Diagnoses
Constipation (Indications)

Implementation
● Do not administer at bedtime or late in the day.
● PO: Administration on an empty stomach for more rapid results. May dose to at least 1/2 glass cold water. May be followed by carbonated beverage or fruit juice to improve flavor.
● See Box and Dose section for dosing of Visicol and OsmoPrep. Undigested Visicol tablets may appear in the stool or be visualized during colonoscopy.
● OsmoPrep: Do not drink any red— or purple-colored liquids.
● Rect: Position patient on left side with knee slightly flexed. Insert prelubricated tip about 2 inches into rectum, aiming toward the umbilicus. Gently expel bottle until empty. Discontinue if resistance is met, because perforation may occur if contents are forced into rectum.

Patient/Family Teaching
● Advise patient that laxatives should be used only for short-term therapy. Long-term therapy may cause electrolyte imbalance and dependence.
● Advise patient on sodium restriction that this product has a high sodium content.
● Advise patient not to take oral form of the medication within 2 hr of other medications.
● Encourage patient to use other forms of bowel regulation, such as increasing bulk in the diet, fluid intake, and mobility. Normal bowel habits may vary from 3 times/day to 3 times/week.
● Advise patient to notify health care professional if unrelieved constipation, rectal bleeding, or symptoms of electrolyte imbalance (muscle cramps or pain, weakness, dizziness, and so forth) occur.

Evaluation/Desired Outcomes
● Soft, formed bowel movement.
● Evacuation of the bowel.

Why was this drug prescribed for your patient?