Sennosides (sen-noh-sides)

Black-Draught, Ex-Lax, Ex-Lax Chocolate, Fleet's Castoria, Maximum Relief Ex-Lax, Sena-Gen, Senna, Sundial, SundialXTRA

**Classification**

Therapeutic: Laxatives  
Pharmacologic: Stimulant laxatives

**Pregnancy Category C**

**Indications**

Treatment of constipation, particularly when associated with slow transit time, constricting drugs, irritable or spastic bowel syndrome, and neurologic constipation.

**Action**

Active components of senna (sennosides) alter water and electrolyte transport in the large intestine, resulting in accumulation of water and increased peristalsis.

**Therapeutic Effects:** Laxative action.

**Pharmacokinetics**

**Absorption:** Minimally absorbed following oral administration.  
**Distribution:** Unknown.  
**Metabolism and Elimination:** Unknown.  
**Half-life:** Unknown.

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

<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>unknown</td>
<td>3–4 days</td>
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</tbody>
</table>

**Contraindications/Precautions**

- **Contraindicated in:** Hypersensitivity. Abdominal pain of unknown cause, especially if associated with fever. Rectal fissures, ulcerated hemorrhoids. Known alcohol intolerance (some liquid products).

**Use Cautiously in:** Chronic use (may lead to laxative dependence); Possible intestinal obstruction; OB, Lactation: Safety not established.

**Patient/Family Teaching**

- Advise patient to use the product only for short-term therapy. Long-term therapy may cause electrolyte imbalance and dependence.

**Adverse Reactions/Side Effects**

**GI:** Cramping, diarrhea, nausea.  
**GU:** Pink-red or brown-black discoloration of urine.  
**F and E:** Electrolyte abnormalities (chronic use or dependence).  
**Misc:** Laxative dependence.

**Interactions**

**Drug-Drug:** May alter absorption of other orally administered drugs because of changes in transit time.

**Route/Dosage**

Larger doses have been used to treat/prevent opioid-induced constipation. Consult labeling of individual OTC products for more specific dosing information.

- **PO (Adults and Children >12 yr):** 12–50 mg 1–2 times daily.
- **PO (Children 6–12 yr):** 6–25 mg 1–2 times daily.
- **PO (Children 2–6 yr):** 3–12.5 mg 1–2 times daily.

**NURSING IMPLICATIONS**

**Assessment**

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

**Potential Nursing Diagnoses**

Constipation (Indications)  
Diarrhea (Side Effects)

**Implementation**

- **PO:** Take with 8 fl oz glass of water. Administer at bedtime for evacuation 6–12 hr later. Administer on an empty stomach for more rapid results.
- **Oral liquid solution well before administering.**
- **Granules should be dissolved or mixed in water or other liquid before administration.**

**Patient/Family Teaching**

- Advise patient that oral water should be used only for short-term therapy. Long-term therapy may cause electrolyte imbalance and dependence.

- Encourage patient to use other forms of bowel regulation, such as increasing bulk in the diet, increasing fluid intake, and increasing mobility. Normal bowel habits are individualized and may vary from 3 times/day to 3 times/wk.
Inform patient that this medication may cause a change in urine color to pink, red, violet, yellow, or brown.

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.

**Why was this drug prescribed for your patient?**