Critical Care Nutrition Consultancy
CriticalPoint

Management of diarrhoea in stoma/fistula/short bowel syndrome

Treatment	Rationale
H2 blocker or PPI	Control gastric hypersecretion Reduce output volume
Loperamide and/or codeine	Slow intestinal transit **Loperamide protocol** is 2mg 4-6 hrly, but the dose may be progressively doubled until output is controlled up to a maximum dose of 16mg 6-8 hourly.
Somatostatin/Octreotide	Reduces GIT and pancreatic secretions and slows GI transit.
Restrict hypo- and hypertonic fluids	Fluid tonicity directly impacts output Only allow isotonic fluids orally
Appropriate oral intake	Volume and type of oral intake directly affects ostomy output esp jejunostomy
Oral Rehydration	WHO cholera solution. Recipe = 3.5g NaCl + 2.5g Na bicarb (or 2.9g Na citrate) + 20g glucose + 1 l H20. Contains 90mmol Na per litre. WHO rehydration solution is also a possibility, but is usually too low in sodium.
Replace sodium loss	Jejunal losses of Na are 90mmol/l of fluid lost IV fluids must contain adequate sodium to keep up with losses.

IV fluid therapy

- DO NOT ENTERALLY/ORALLY FEED PATIENTS WHO DON'T HAVE IMMEDIATE IV ACCESS
- ALL patients acutely require IV fluids and electrolytes
- Replace Na & K as chloride salts, as well as Mg, via the IV route. Oral/enteral electrolytes are potent laxatives and will increase stoma/fistula output.
- IV fluid volume = output volume + maintain urine output of 2l/day
- Taper as oral intake increases and output decreases.
- Frequent monitoring of biochemistry

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