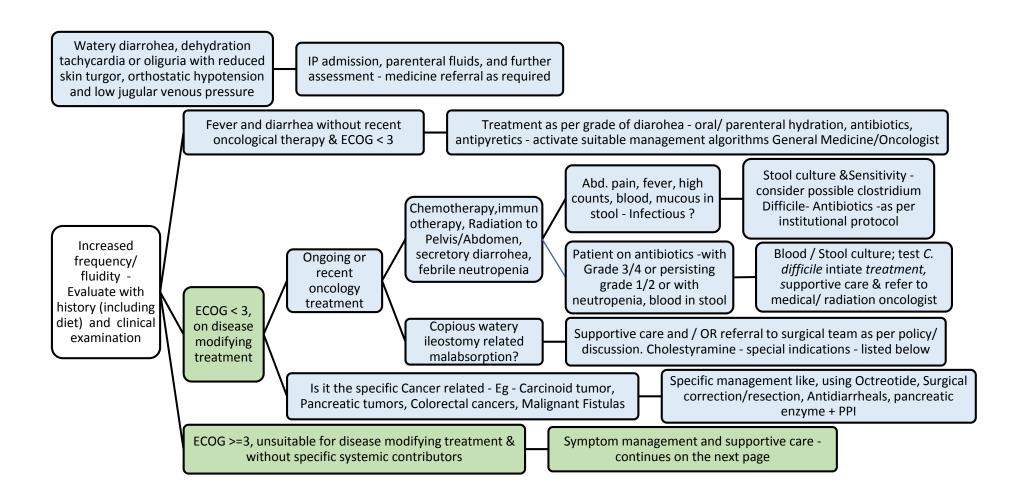
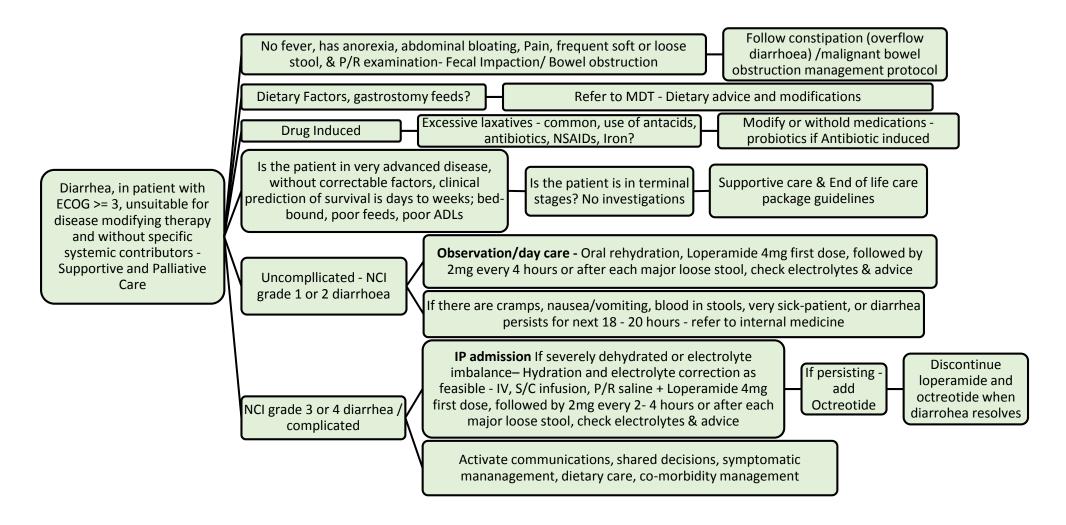


NCG Palliative Care Guidelines - Diarrhoea

Approach to Managing Diarrhoea in a cancer patient 12



NCG Palliative Care Guidelines - Diarrhoea



NATIONAL CANCER GRID

NCG Palliative Care Guidelines - Diarrhoea

Medications

- Oral Rehydration WHO ready formulae, balancing water, diluted fruit juices, tender coconut water, home-made broths or soups in patients with mild illness. Sugar and salt contents 65–70 mEq/L sodium and 75–90 mmol/L glucose
- Parenteral fluids
 - o I.V. Normal saline, Ringer Lactate
 - OR S/C hydration with NS as supportive care not > 1000 ml/day if the patient in terminal stages
- Loperamide (Systemic bioavailability is 0.3 percent)
 - o Not to be used as 1st line treatment in acute infective gastro-enteritis and in neutropenic enterocolitis
 - O Uncomplicated diarrhea 4mg followed by 2 mg every 2-4 hours until symptom control. Max dose 16 mg / 24 hours
 - Complicated diarrhea high-dose loperamide (4 mg initially, followed by 2 mg every two hours).
- Codeine This is NDPS controlled drug in India– requires RMI status to stock and dispense
 - o 30mg 2-3 times/24 hours In selected patients only (as an alternative to or rarely in combination with Loperamide)
- Morphine 2.5 5 mg BD to TDS monitor for effect and side-effects.
- Probiotics -Lactobacillus GG at least 5 billion/d weak recommendation in persistent diarrheas. Avoid if immune-compromised.
- Antibiotics when fever, hypotension, peritoneal signs, neutropenia, or bloody diarrhea. Used as intravenous antibiotics in these settings.
 - o As per the antibiotic protocol of the institution

Special situations – as indicated I the algorithm

- Octreotide-useful in carcinoid syndrome, VIP and gastrin-secreting tumors, HIV related diarrheas, chemotherapeutic complications, short bowel syndrome and those with high effluent volume from a stoma and post Coeliac plexus loose motion
 - o 100 or 150 mcg subcutaneously three times daily (or 50 to 150 mcg/hour intravenously).
 - May be escalated to 500 mcg subcutaneously/intravenously three times a day if lower doses are not effective. Or, 25–50 mg/h by continual IV infusion
 - o Discontinue when diarrhea responds to prevent development of ileus
 - o Loperamide may be continued for the 1st 48 hours of octreotide therapy
- Diphenoxylate-Atropine(Lomotil) Management of diarrhea caused by chemotherapy e.g. Irinotecan
- Metronidazole Management of diarrhea due to anaerobes and those induced by antibiotics.
- If Steatorrhea Pancreatic Enzyme (+ Proton Pump Inhibitor)



NCG Palliative Care Guidelines - Diarrhoea

- Ileal resection of > 100 cms Cholestyramine Extended release—for bile salt malabsorption (along with low fat diet)
- Chemotherapy-induced diarrhoea³ If refractory to loperamide use Octreotide (or Lomotil diphenoxylate-atropine): or Budesonide (topically active synthetic steroid proven efficacy in patients suffering from diarrhea caused by inflammatory bowel disease and collagenous colitis.

Supportive care

Education/communication:

- The likely cause of diarrhea
- Support prognostic insight
- General hygiene, Perineal care.
- Rehydration
- Usage of laxatives, stool softeners
- End of Life care communications if patient determined to be in the terminal stages.

MDT referrals:

Nursing Care

- If history suggests constipation/faecal impaction with overflow P/R examination & proceed to manage
- Withhold stool softeners, laxatives, and monitor Dietician
- Drink clear fluids and eat simple carbohydrates
- water, salt, and sugar; diluted fruit juices, tender coconut water,
- home-made broths or soups for sugar, water & electrolyte replacement
- BRAT diet bananas, rice, applesauce, and toast
- Home- made preparations of khus khus
- Avoid salads, fresh fruits and vegetables & green tea
- Low fat diet pancreatic insufficiency
- Avoid lactose-rich foods such as milk except fresh curd, yoghurt and firm cheese
- Avoid coffee and alcohol it stimulates GI tract motility.is also dehydrating
- Gentle reintroduction of proteins and then fats
- Special diet, non-spicy bland food, in small amounts,
- adjust the diet if the patient is on gastrostomy feeds

³ https://www.uptodate.com/contents/image?imageKey=ONC%2F64251&topicKey=ONC%2F98342&source=see_link