# Diarrhea Assessment and Treatment Tool

**MR# __________________**

**Admission Date __________________**

**Assessment Date __________________**

## Patient History

Date diarrhea began __________________

Cancer Diagnosis ______________ Current Tx: Chemo __________ Abd XRT ____________ Abd Surg ___________

Diet History (check all that apply)

- Spicy foods
- High fiber foods
- Fried foods
- Fruit juices
- Hot liquids
- Caffeine products
- Dairy products
- Alcohol use: drinks/day

Fluid Intake (IV and/or po) for last 24 hours: 2000 mL (2 quarts) / day = Eight 8 oz glasses (240mL per glass) of fluid / day

- < 2000 mL/day (2 quarts)
- 2000 mL/day (2 quarts)
- > 2000 mL/day (2 quarts)

Output _______________________

Volume of diarrhea per day

- < 500 mL
- 500-1000 mL
- 1001-1500 mL
- > 1500 mL

Stool Consistency

- Large
- Small
- Formed
- Semi-formed
- Liquid
- Watery
- Foul-smelling / floating
- Mucus
- Pus
- Bloody

Laboratory Test Results

- Stool for C. difficile toxin
- Stool for ova / parasites
- X-ray / CT scans
- Endoscopy
- Fecal Fat
- 24-hour urine for 5-HIAA

Previous Antidiarrheals Used (Place dates patient started on medication in blank and dose to the side)

- Loperamide (Imodium®)
- Diphenoxylate with atropine (Lomotil®)
- Deodorized tincture of opium (DTO®)
- Codeine
- Octreotide acetate (Sandostatin®)
- Metronidazole (Flagyl®)
- Vancomycin (Vancocin®)
- Antiinflammatory agents (dexamethasone, sulfasalazine)
- Medicinal fiber therapy (psyllium, methylcellulose)
- Herbal agents / alternative medications
- Lactobacillus
- Other

## Diarrhea Classifications (check all that apply)

Motility Dysfunction

- Colorectal resection
- Gastrectomy
- Ileocecal valve resection
- Ileostomy
- Short bowel syndrome
- Irritable bowel syndrome, functional bowel syndrome, spastic colong
- Anxiety
- Medications affecting peristalsis (check circle)
  - Narcotic withdrawal
  - Metoclopramide (Reglan®)
  - Erythromycin
  - Magnesium-containing drugs (MOM®, Mylanta®)
  - Stool softeners
  - Laxative use / overuse

Malabsorption

- Lactose intolerance
- Pancreatic insufficiency
- Celiac Sprue

Osmotic

- Enteral nutrition
  - Date started __________________
  - Type of tube feed and rate of enteral nutrition __________________
  - Type of tube: ___JT ___PEG ___DHT
  - Type of delivery: ___gravity bolus ___intermittent via pump
- Any oral liquid preparation containing sorbitol - cross reference with Micromedex (ie liquid KCl, liquid metoprolol)
- Sugar-free products
Secretory and Exudative

- Neuroendocrine tumors (VIPomas)
- Secretory adenoma
- Intestinal inflammation / Infection – C. difficile
- Chemotherapy
- Neutropenic enterocolitis / typhlitis
  
  Oral: ___________________________________________ ____________________________
  IV: ______________________________________________ _________________________

Inflammatory bowel syndrome (Crohn’s, ulcerative colitis)
Radiation colitis

### Treatment Guidelines Based on Type of Diarrhea

#### Motility Dysfunction

**Recommended starting doses**

<table>
<thead>
<tr>
<th>Intestinal transit inhibitors</th>
<th>1-2 tabs po TID-QID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diphenoxylate/atropine (Lomotil®)</td>
<td>4 mg x 1 then 2 mg after every BM (max 16 mg/d) OR 2-4 mg po QID</td>
</tr>
<tr>
<td>Loperamide (Imodium®)</td>
<td>0.3-1 mL po QID (max 6 mL/d)</td>
</tr>
<tr>
<td>Deodorized tincture of opium (DTO®)</td>
<td>15-30 mg po QID (max 120 mg/d)</td>
</tr>
</tbody>
</table>

**Intraluminal agent**

- Psyllium, methylcellulose
  - Start with 1 tsp in 2 oz water after breakfast with **NO** fluid for 1 hr after. Increase per Bowel Mgmt for Frequent Stooling protocol
  - 4 gm po BID (max 24 gm/d)

- Codeine

#### Malabsorption

**Enzyme Replacement**

- Pancreatic enzymes (Creon®, Viokase®) 1-3 caps with meals and snacks increase prn
- Lactaid® (for lactose intolerance) 2-4 caps po TID-QID (with dairy products)

**Diet Modification**

- Gluten-free diet (in diagnosed celiac disease) Avoidance of wheat / gluten products in diet

#### Osmotic

- Remove offending agent

- **___** changed tube feeding formula from__________________________to__________________________

- **___** changed rate of formula administration from__________________________to__________________________

#### Secretory and Exudative

**Antisecretory agents**

- Diphenoxylate/atropine (Lomotil®) 1-2 tabs po TID-QID
- Loperamide (Imodium®) 4 mg x 1 then 2 mg after every BM (max 16 mg/d) OR 2-4 mg po QID
- Octreotide (Sandostatin®) 50-100 mcg SQ Q8h (increase dose every 48h)

**Antiinflammatory agents**

- Sulfasalazine 500 mg po TID-QID
- Dexamethasone 4 mg IV BID-TID
- Enteric coated aspirin 325 mg po daily
- Ibuprofen 200-400 mg po QID

**Intraluminal agents**

- Bismuth (PeptoBismol®) Start with 1 tsp in 2 oz water after breakfast with **NO** fluid for 1 hr after. Increase per Bowel Mgmt for Frequent Stooling protocol
- Activated charcoal 525 mg (2 tabs) po Q1h prn (max 8 doses/d)
- Sucralfate (Carafate®) 520-975 mg po after meals (max 4.16 g/day) 1 gm po QID

**Antimicrobials**

- Metronidazole (Flagyl®) 250-500mg po TID-QID x 10-14d
- Vancomycin (Vancocin®) 250-500mg po QID x 10-14d

**Probiotic**

- Lactobacillus acidophilus (Lactinex®) 1 packet added to food or po fluids TID-QID

© 2010 University of Texas MD Anderson Cancer Center