ICU GUIDELINE: INVESTIGATION OF DIARRHEA

GOAL
Identify/resolve DIARRHEA in a timely manner in order to:
● Prevent skin breakdown
● Prevent fluid and electrolyte imbalance
● Optimize patient safety
● Optimize patient comfort

DEFINITIONS
DIARRHEA: >3 moderate to large sized loose/liquid stool (or 300 mL) within a 12 hr time frame.
QUALITY BOWEL MOVEMENT: A moderate to large, semi-formed/formed BM.
CONSTIPATION: Absence of a quality BM over a continuous 48 - 72 hr time frame and/or the passage of hard stool and/or the presence of hard stool in the rectum.

START

DIARRHEA?

Yes

Hx of one or more of the following?
● Chronic DIARRHEA (e.g. Irritable Bowel Syndrome) OR
● Recent surgical procedure (e.g. terminal ileal resection) OR
● Medical condition (e.g. C. difficile; IBD) OR
● Medication (e.g. lactulose; Kayexalate®) associated with DIARRHEA?

Yes

Intervention as medically indicated.

No

Rule out

No intervention.

ACTION

CONSTITUTION


CATHARTICS

Discontinue all cathartic agents including ICU Bowel Protocol®. Change all oral liquid meds to tabs or IV alternative; provide electrolyte replacement IV*: DO NOT INSERT A FLEXI-SEAL®

C. difficile

Send stool for C. difficile* and initiate therapy as per MD. MAY REQUIRE A FLEXI-SEAL®

COMMENT

Refer to "Constipation Relief Regimen"*. (See ICU Guideline: Bowel Protocol for further detail)

Cathartics include magnesium citrate, PEG, docusate, cascara, lactulose, Milk of Magnesia®, Kayexalate®, oral sodium phosphate, senna, other (e.g. enemas, glycerin suppositories).

DIARRHEA resolved?

Yes

No

If DIARRHEA persists >24 hrs despite investigation/action go to ICU Guideline: Management of Diarrhea.

Developed by: J Greenwood and members of the ICU Bowel Care Working Group. Approved by Dr V. Dhingra (20/5/2011). Update 21/9/2011