Enteral Nutrition (EN): Management of Diarrhea Guideline

START

Stool output >3-5 liquid BM or >750 mL over 24 hr?

No

No Intervention.

Yes

Distended, tympanic, or painful abdomen?

No

Medical/surgical hx consistent with diarrhea? (see purple box)

No

Risk of stool impaction? (see blue box)

No

Receiving cathartic agents? (see orange box)

No

Rectal check; manual disimpaction if positive. Obtain abdominal x-ray to rule out more proximal impaction as indicated.

Yes

Change all oral liquid medications to tablet or parenteral alternative; change oral electrolyte solutions to parenteral route; discontinue all known cathartics (see orange box) if possible.

Yes

Initiate antidiarrheal agent. Reassess need/dose q 24 hr.

No

Diarrhea resolved?

No

No

Yes

Yes

Yes

MD to review pt.

Discontinue EN.

IBD, terminal ileal resection, chemotherapy, short bowel, chronic pancreatitis, new ileostomy.

Chronic constipation, absent BM x 5 day, elderly, regular narcotic use, limited fluid intake.

Citromag®, docusate, Milk of Magnesia®, cascara, enema, hypertonic or sorbitol-containing liquid medications, oral electrolyte solutions, lactulose, Kayexalate®, prokinetic agents, etc.

No Intervention.

Rule out C. difficile infection, bowel obstruction, bowel ischemia, etc. If investigations negative, consider a fiber-containing enteral formula.

Adapted from original work done by J. Greenwood, RD (Vancouver General Hospital) in collaboration with the Canadian CPG Panel (23/6/03)