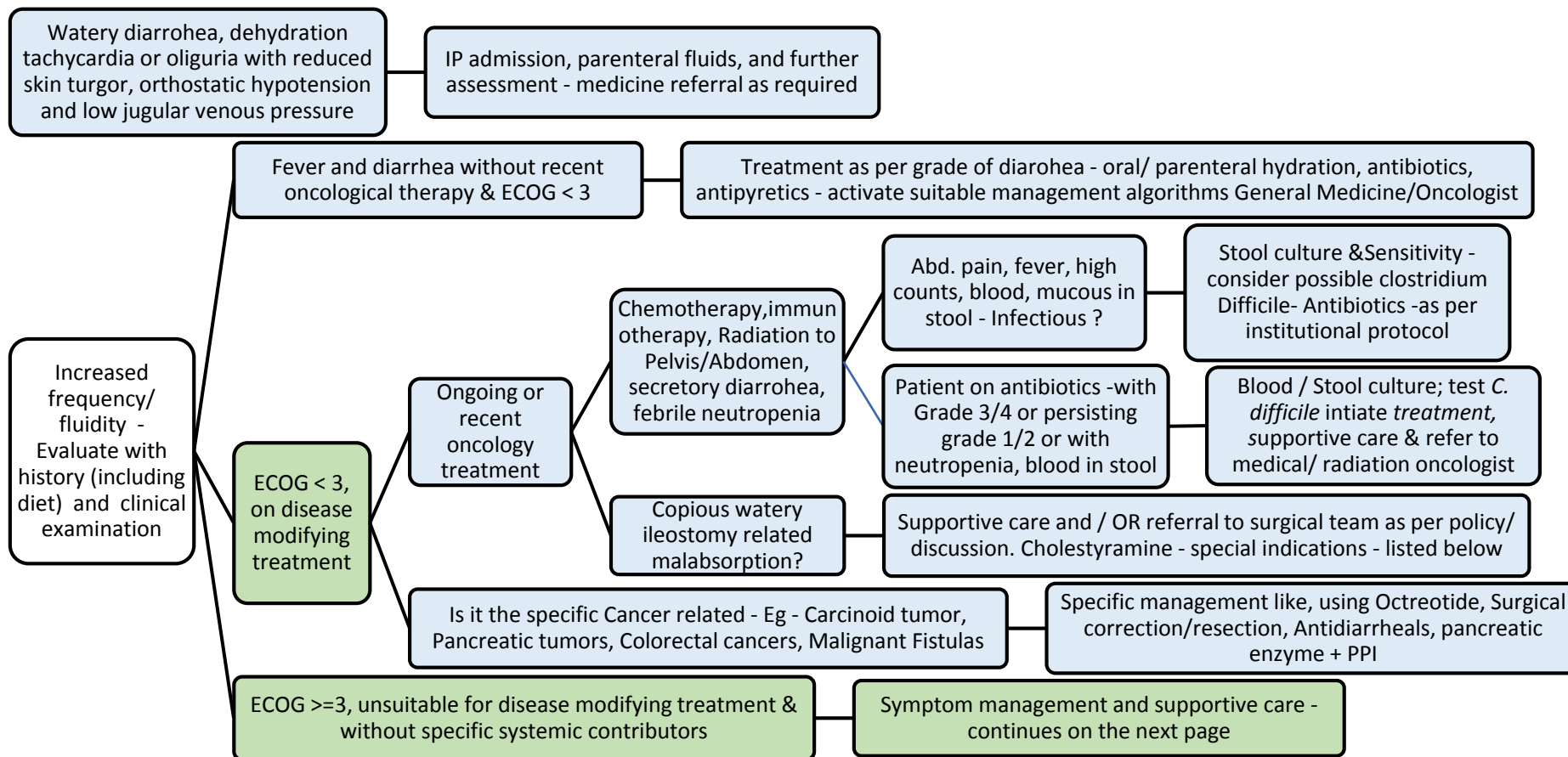
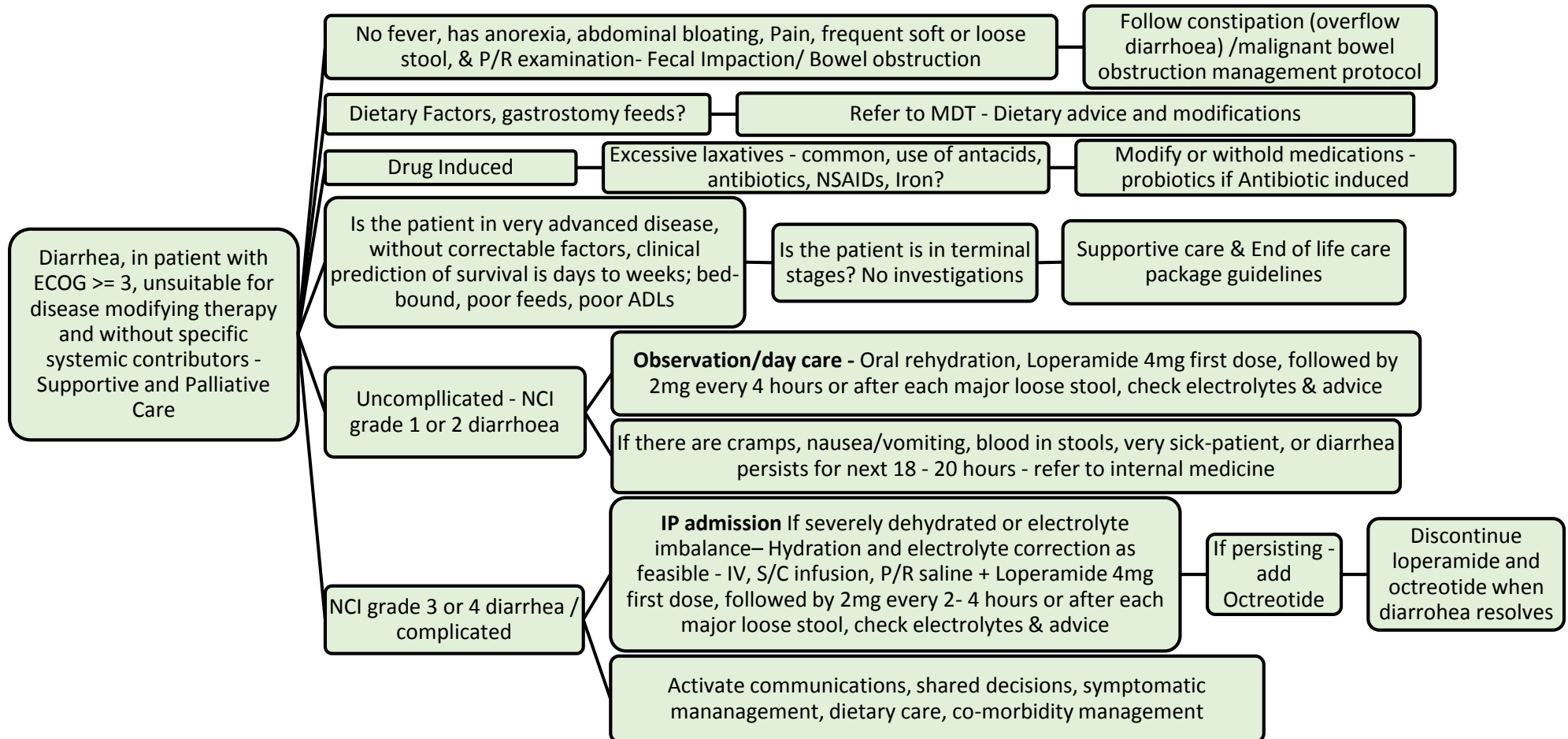


**Approach to Managing Diarrhoea in a cancer patient <sup>1 2</sup>**



**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
  - 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)
  - Not to be used as 1<sup>st</sup> line treatment in acute infective gastro-enteritis and in neutropenic enterocolitis
  - 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
  - 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.
  - 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
  - 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
  - Discontinue when diarrhea responds - to prevent development of ileus
  - Loperamide may be continued for the 1<sup>st</sup> 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 diarrhoea<sup>3</sup> – 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

<p>Education/communication:</p> <ul style="list-style-type: none"> <li>• The likely cause of diarrhea</li> <li>• Support prognostic insight</li> <li>• General hygiene, Perineal care.</li> <li>• Rehydration</li> <li>• Usage of laxatives, stool softeners</li> <li>• End of Life care communications if patient determined to be in the terminal stages.</li> </ul>	<p>MDT referrals:</p> <p>Nursing Care</p> <ul style="list-style-type: none"> <li>• If history suggests constipation/faecal impaction with overflow - P/R examination &amp; proceed to manage</li> <li>• Withhold stool softeners, laxatives, and monitor</li> </ul> <p>Dietician</p> <ul style="list-style-type: none"> <li>• Drink clear fluids and eat simple carbohydrates</li> <li>• water, salt, and sugar; diluted fruit juices, tender coconut water,</li> <li>• home-made broths or soups for sugar, water &amp; electrolyte replacement</li> <li>• BRAT diet - bananas, rice, applesauce, and toast</li> <li>• Home- made preparations of khus khus</li> <li>• Avoid salads, fresh fruits and vegetables &amp; green tea</li> <li>• Low fat diet – pancreatic insufficiency</li> <li>• Avoid lactose-rich foods such as milk – except fresh curd, yoghurt and firm cheese</li> <li>• Avoid coffee and alcohol – it stimulates GI tract motility.is also dehydrating</li> <li>• Gentle reintroduction of proteins and then fats</li> <li>• Special diet, non-spicy bland food, in small amounts,</li> <li>• adjust the diet if the patient is on gastrostomy feeds</li> </ul>
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<sup>3</sup> [https://www.uptodate.com/contents/image?imageKey=ONC%2F64251&topicKey=ONC%2F98342&source=see\\_link](https://www.uptodate.com/contents/image?imageKey=ONC%2F64251&topicKey=ONC%2F98342&source=see_link)