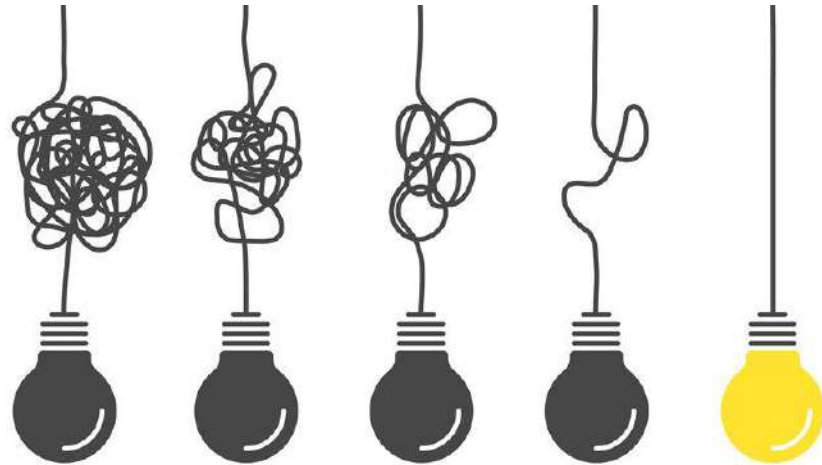
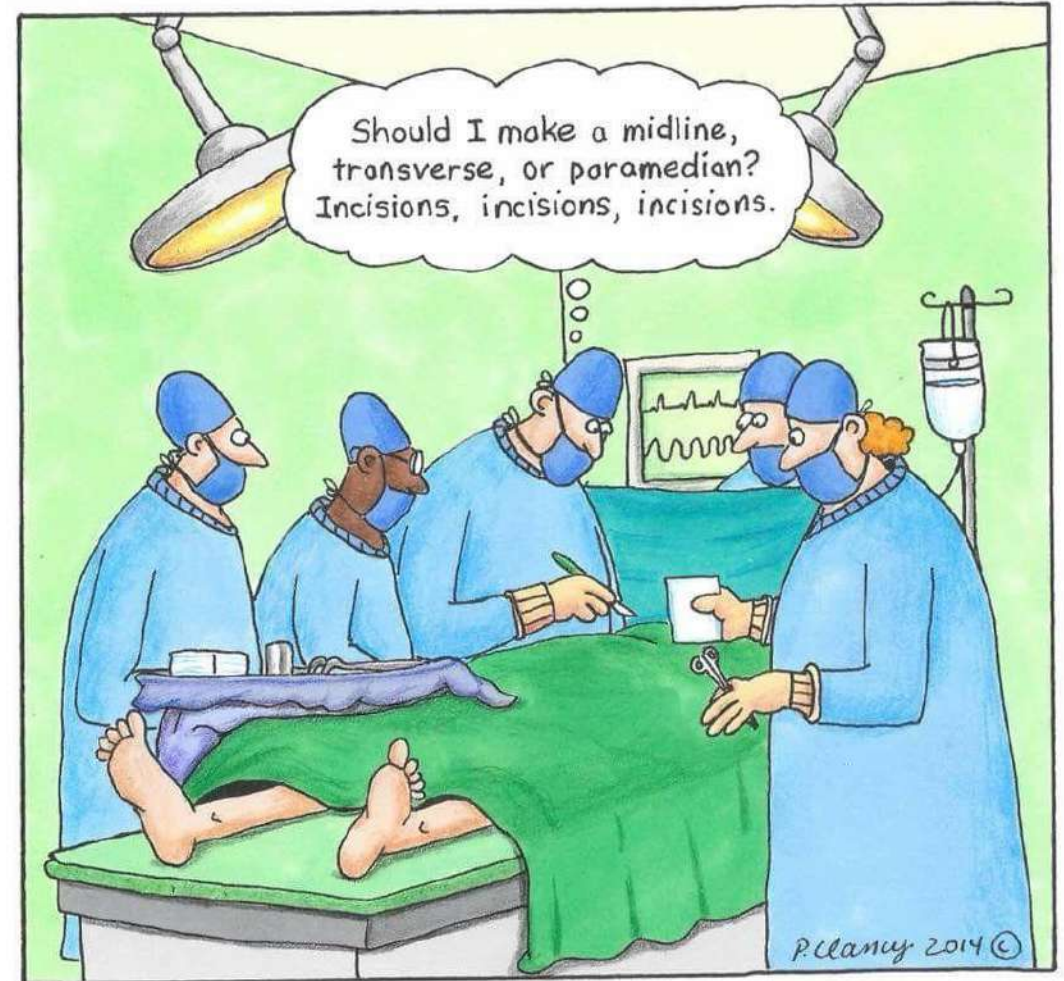


Inpatient Ileostomy Management



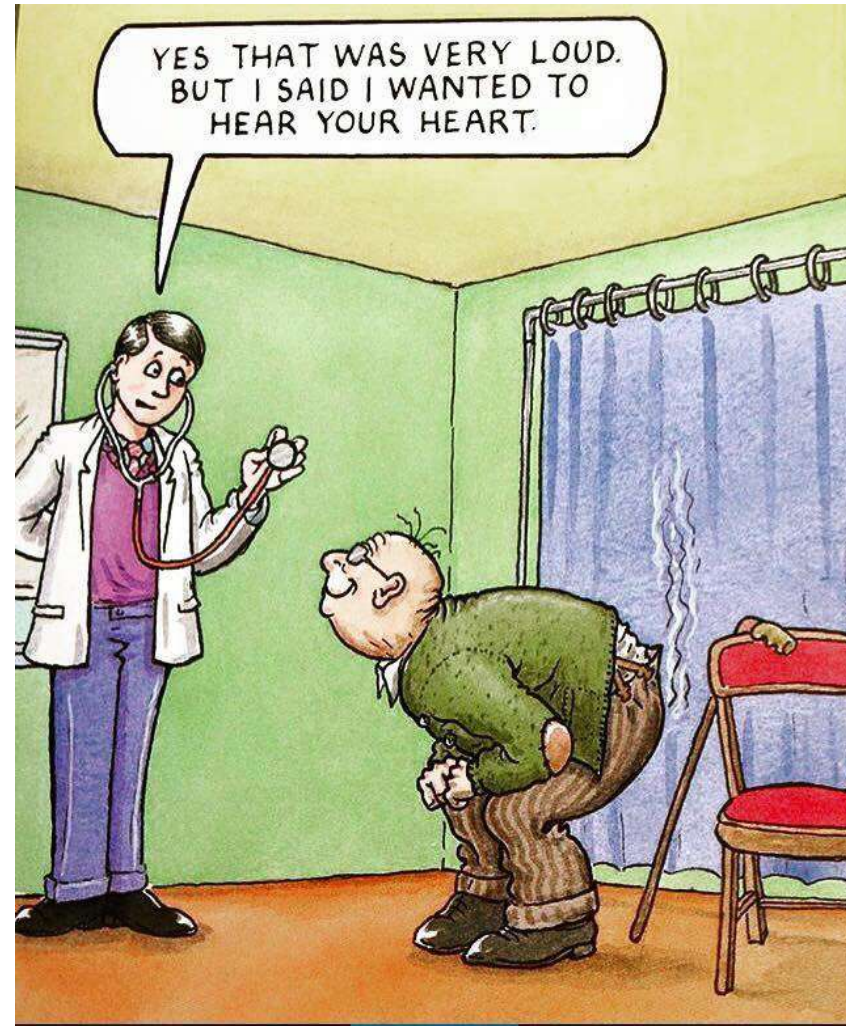
Extensive knowledge needed...

- Ward Nurses
- Ostomy Nurses
- Rotating doctors
- Dietitians
- Pharmacists



Complicated by;

- High turnover of staff
- New staff
 - NETP
 - H/S rotations
 - Reg rotations
- Workload



Ostomy



Aim;

- Quick Reference/Guide
- Safer
- Efficient (↓delays in discharge)
- Avoid conflicting information
- Em**POWER** RN's on ward

Who;

- Ostomy CNS'
- Ward ACNM & CNC
- Dietitians
- Pharmacist



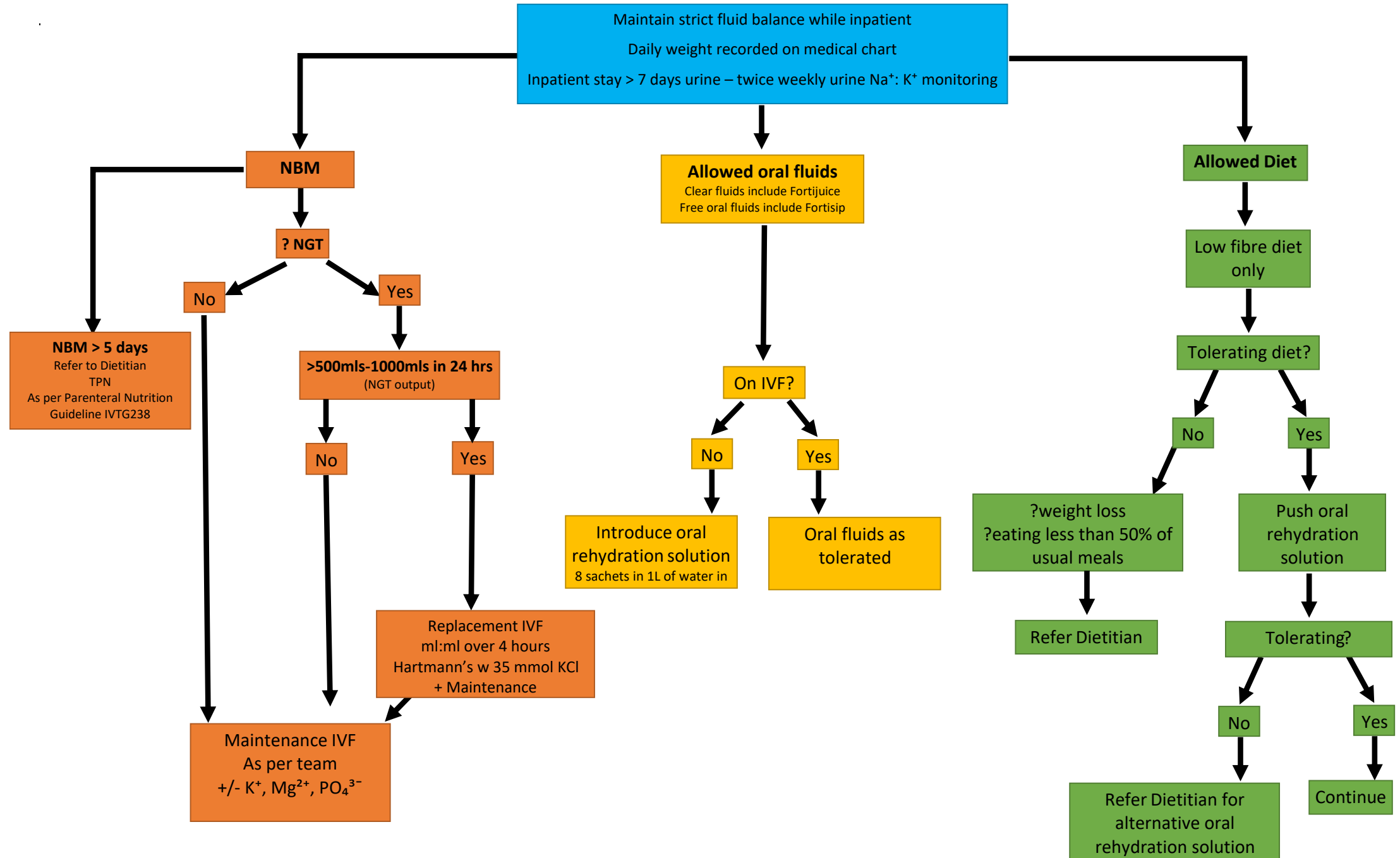
Objective;

- Easy to use and 'fit' for all
 - Algorithm
- What for?
 - Diet and fluids
 - Output management



Consultants gave the 'ok' once developed

Ileostomy Diet & Fluids Algorithm



Generic Guidelines

Ileostomy Diet & Fluids Algorithm

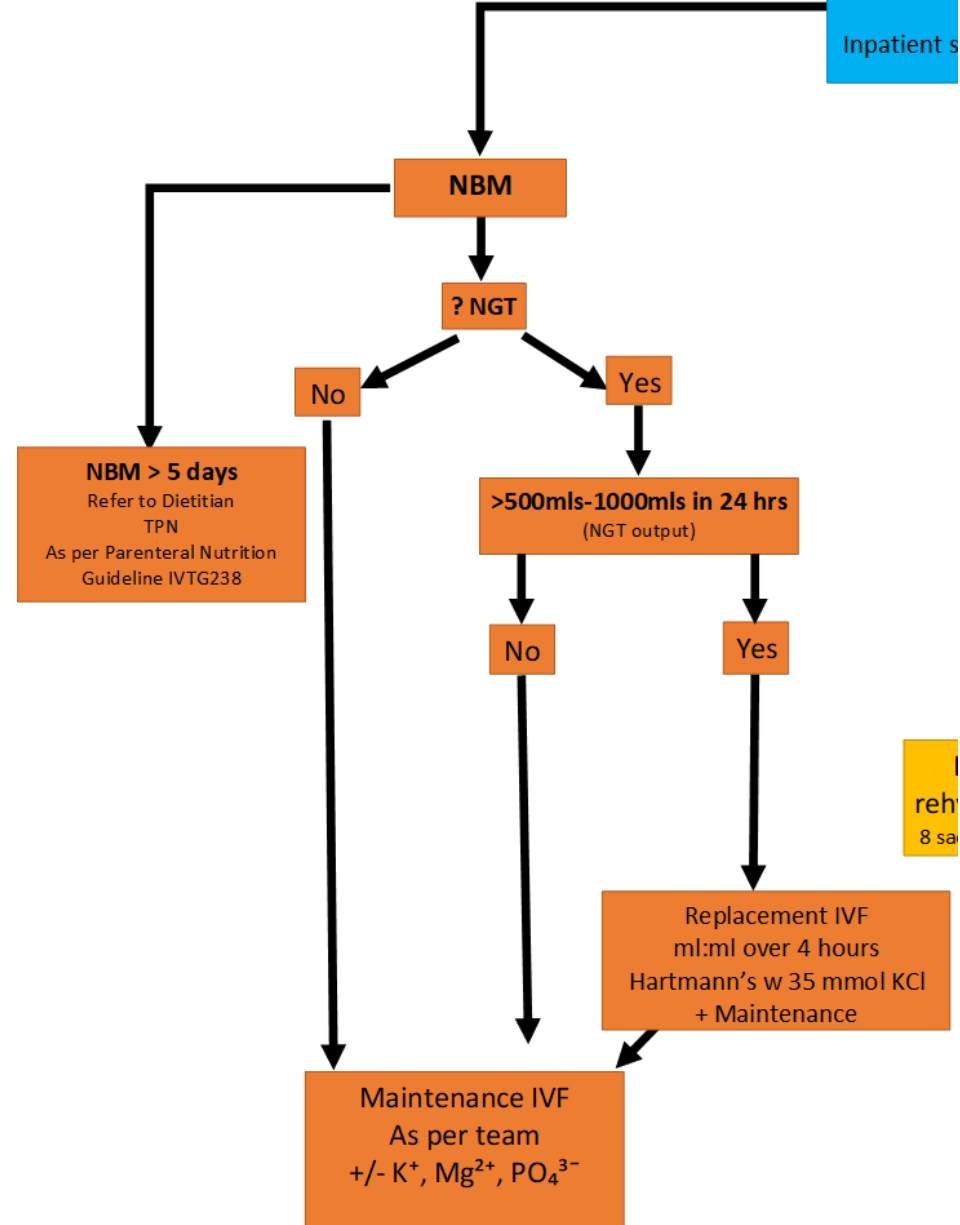
Maintain strict fluid balance while inpatient

Daily weight recorded on medical chart

Inpatient stay > 7 days urine – twice weekly urine Na⁺: K⁺ monitoring

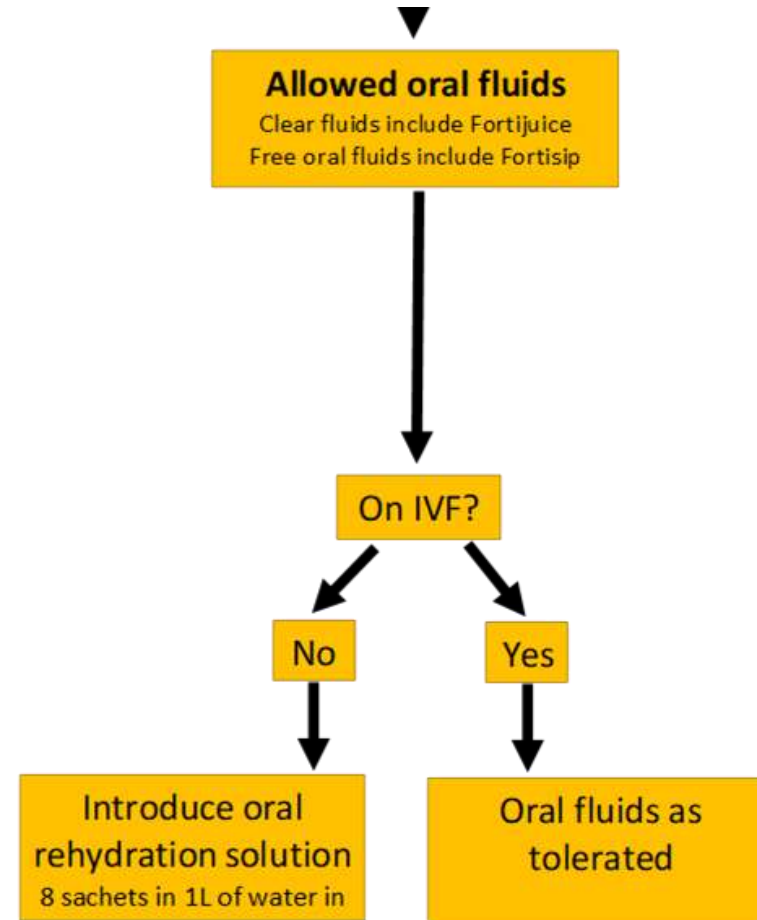
Inpatient s

Nil by Mouth

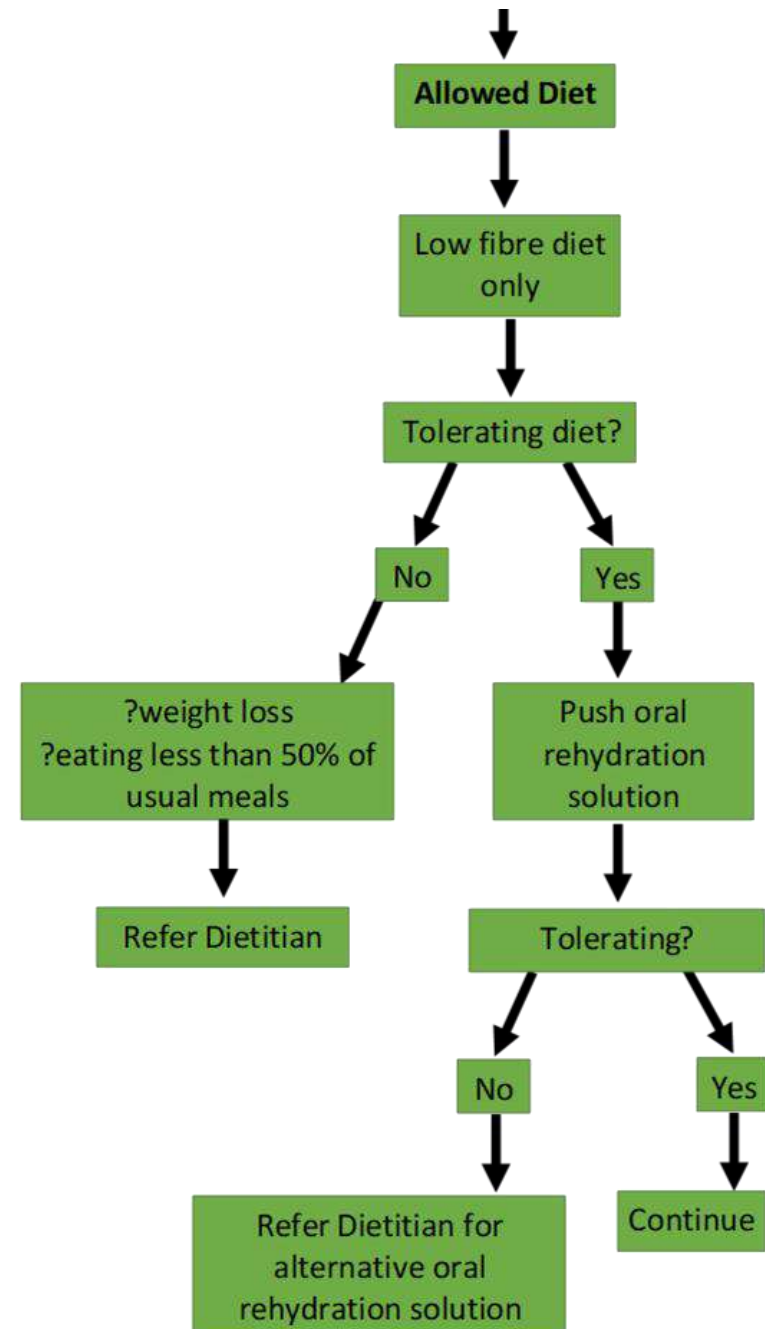


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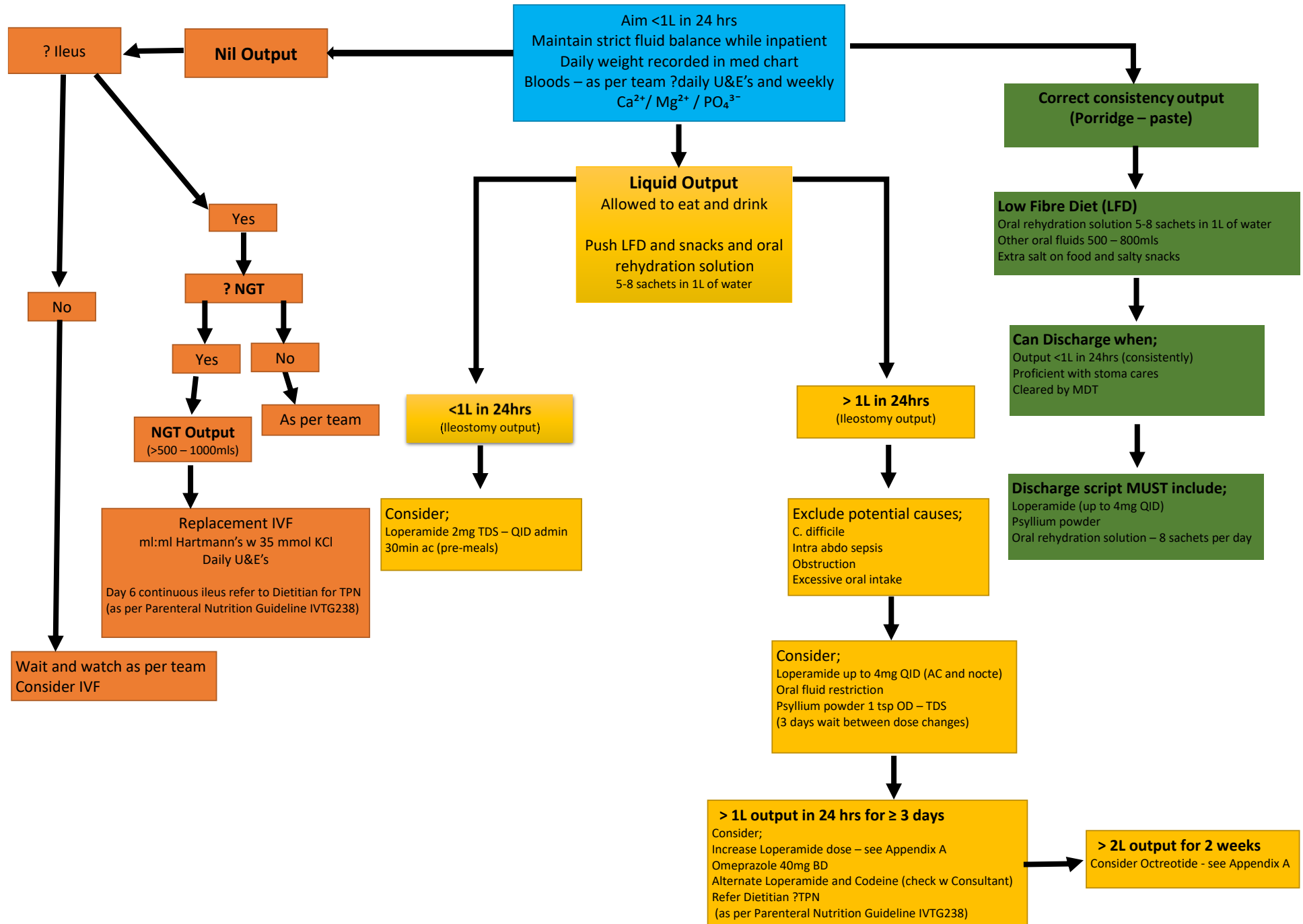
Oral Fluids



Allowed Diet



Ileostomy Output Management

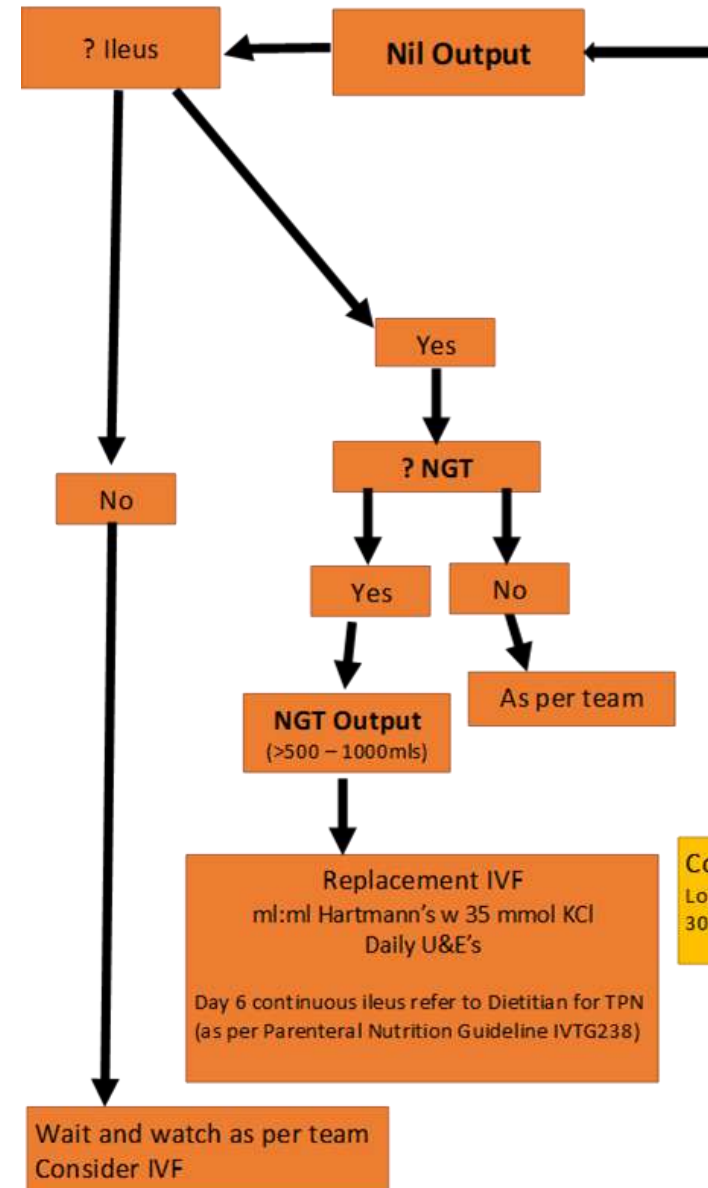


Generic Guidelines

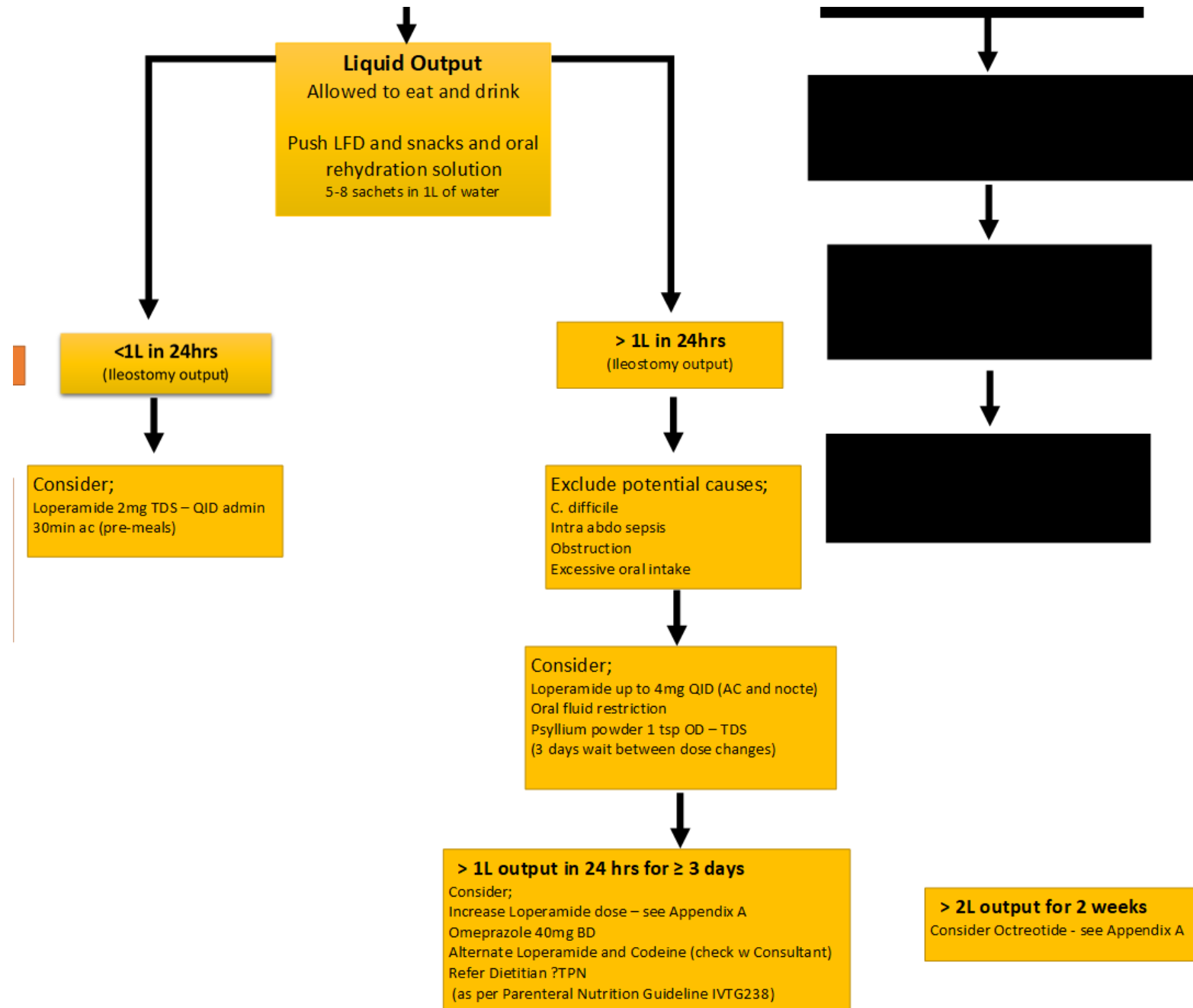
Ileostomy Output Management

Aim <1L in 24 hrs
Maintain strict fluid balance while inpatient
Daily weight recorded in med chart
Bloods – as per team ?daily U&E's and weekly
 Ca^{2+} / Mg^{2+} / PO_4^{3-}

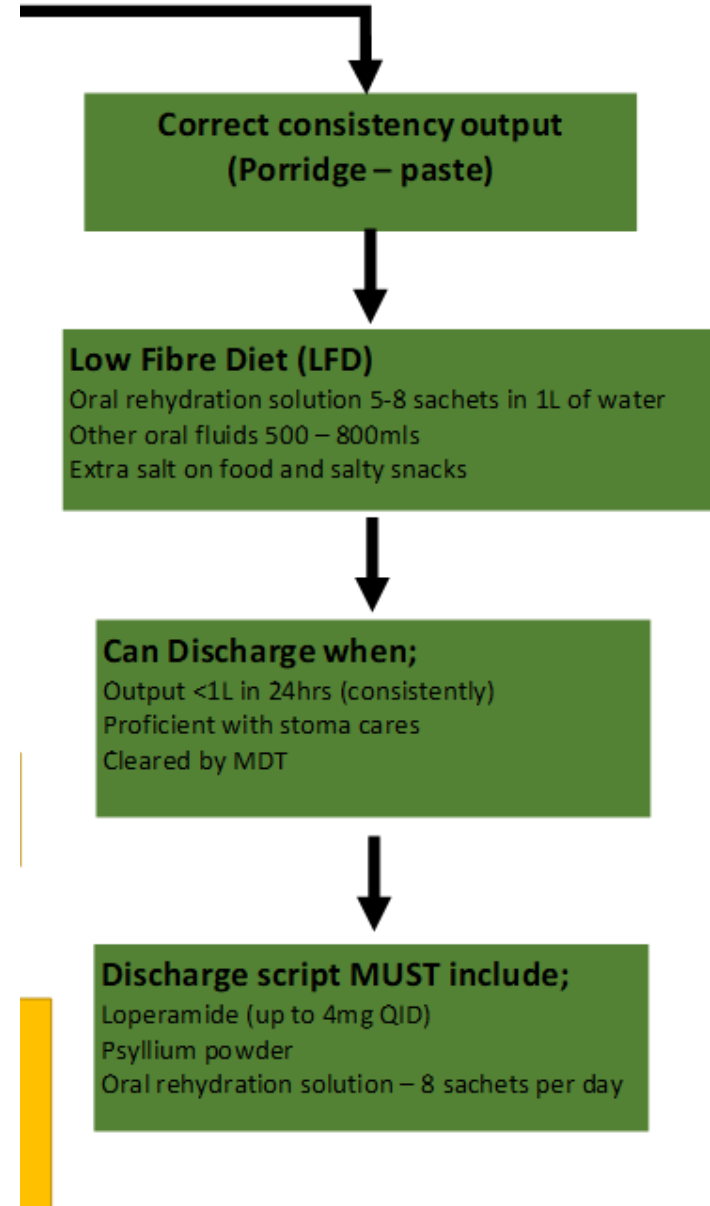
Nil Output



Liquid Output



Correct Consistency



Appendix A

Medications to Decrease Ileostomy Output

Stage One: Commence anti-diarrhoea medication	Rationale
<p>Commence Loperamide 4mg QID to decrease ileostomy output</p> <p>Should be administered 30-60 minutes prior to meals and at bedtime</p> <p>Tablets can be crushed or capsules opened and mixed with jam or yoghurt</p> <p>Please note: may not be effective in patients with short bowel syndrome</p>	<p>Loperamide reduces intestinal motility and therefore decreases ileostomy output by 20-30%</p> <p>Loperamide should be first choice of anti-diarrhoeal medication</p> <p>Codiene phosphate is sedating, addictive and can cause fat malabsorption</p>
<p>Review all medications and stop any medications that can increase ileostomy output (i.e. prokinetics)</p>	
Stage Two: Optimise treatment – anti-secretory and anti-diarrhoeal medication	Rationale
<p>Increase Loperamide to 8mg QID</p>	<p>Loperamide doses over licensed recommendations can be needed in patients with intestinal failure due to reduction in absorption from a decrease in surface area and altered enterohepatic circulation.</p> <p>Loperamide plasma levels may be need to higher to manage a high output ileostomy in comparison to management of acute diarrhoea</p>
<p>Review proton-pump inhibitors Omeprazole 40mg OD – BD if output remains >2000ml/d (when other measures above in place)</p>	<p>Omeprazole has been shown to decrease jejunostomy output – reducing gastric secretion and decreasing osmotic pressure on the intestine</p> <p>Omeprazole is absorbed in the duodenum and upper small bowel, therefore, can be administered orally if >50cm of jejunum remains</p>
<p>Add codeine phosphate 15mg-60mg QID, 30-60 minutes before meals</p>	<p>Combined with Loperamide, codeine phosphate reduces ileostomy output.</p>

<p>Add codeine phosphate 15mg-60mg QID, 30-60 minutes before meals</p>	<p>Combined with Loperamide, codeine phosphate reduces ileostomy output.</p> <p>Use cautiously in patients with renal impairment. Contraindicated in patients with GFR < 15</p>
Stage Three: Increase medication and assess efficacy of other options	Rationale
<p>Increase Loperamide dose by 2-4mg</p> <p>Efficacy should be assessed for 2-3 days before next increase in dosage</p> <p>Maximum dose 24mg QID – only to be used when the efficacy of lower doses has been properly considered</p> <p>Significant additional benefit is unlikely when dose greater than 8mg QID</p>	<p>Loperamide doses over licensed recommendations are often needed in patients with intestinal failure</p>
<p>Subcutaneous Octreotide (50-200mcg TDS) can be introduced if ileostomy output remains >1800ml/d after two weeks</p> <p>Use for 3-5 days – stop if no improvement</p>	<p>Octreotide reduces salivary, gastric and pancreatic-biliary secretions and slows bowel transit time</p> <p>Longer acting analogues may also be useful</p> <p>May not be more effective than high dose Loperamide and a proton-pump inhibitor so these options should be considered first</p>

Note: Adapted from *Medication to Reduce High Output Stoma Volume*, Guideline for the management of Adult Patients with a High Output Stoma, University Hospitals of Leicester, 2021.

Questions?

