

ASCN High Output Stoma Management – Community Setting

Patient has a stoma output of >1500mls/24hours (Travis et al 2008).

Patient is experiencing increased frequency in emptying appliance
Stoma output is a watery consistency.

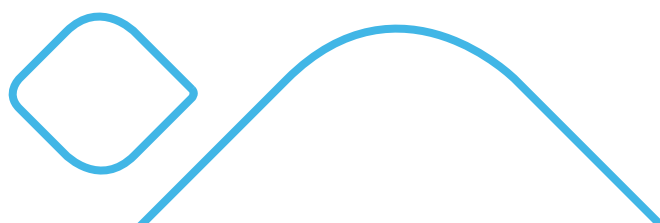
High output stoma should be recognised and appropriate action is taken within 24 hours

Action within 12 hours:

- Check blood biochemistry (Na/K/Mg/Creatinine)
- Perform a Urine Sodium test
- Monitor oral input/fluid output
- Stop NSAIDs
- Stop laxatives
- Start loperamide 4mg 4 x daily - 45 mins before meals and at night (Baker et al 2009)
- Omeprazole 40mg twice daily
- Hypotonic oral restriction (500-1000mls/24hrhrs. (Nightingale 2006)
- Low fibre meals
 - Send stool specimen for M,C&S (Only test for C Difficile toxin if increased output cannot be attributed to any other cause, or suspected)
 - Inform GP
 - Ensure the patient is wearing an appropriate appliance to reduce the risk of leakage
 - Apply a high output stoma bag (available from your local stoma care department) for continuous drainage and check peristomal skin for signs of breakdown.

Action within 24 hours:

- Daily reassessment of stoma output



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- Recheck blood biochemistry
 - Review medication
 - The dose of Loperamide can be increased on medical advice until output is 1200mls/24hrs (Nightingale 2001) Loperamide in tablet form is preferable
 - Consider use of codeine phosphate 30mg tds/120-480mg day (Forbes, 2007)
 - Consider review by medical staff for octreotide
 - Review stool specimen result
 - Introduction of isotonic fluids with dietetic guidance

Isotonic (Hypertonic) Recipe

800mls tap water, squash (not sugar free), 1 level teaspoon salt

OR Lucozade Sport with 1 teaspoon salt

OR Double Strength Dioralyte – 2 sachets in 200-300mls water

- Explain rationale of isotonic fluid to patient to encourage compliance as fluid can be unpalatable
- Check adhesion of stoma appliance
- Refer to gastroenterology team if cause of HOS is not apparent.

Outcome

The patient states they feel comfortable and well hydrated

The stoma output is contained effectively and skin integrity is maintained

The cause of the high output stoma is established

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If you would like this leaflet in email form, large print, braille or another language, please contact the Patient Support and Complaints team on 01225 825656.

Date of publication: March 2024 | Ref: RUH STO/005
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