Chelsea and Westminster Hospital NHS
NHS Foundation Trust
West Middlesex University Hospital

High Output Stoma / Short Bowel Protocol

Stoma output above 1500ml/24 hours or when output is consistently wet and showing biochemical evidence of dehydration.

Immediate Actions

Stage One: Establishing stability.

(When patient unable to tolerate diet and stoma output is above **1.5 litres**/24 hours)

- Restrict oral fluids to 500mls per 24 hours.
- Achieve and maintain reliable venous access.
- Administer sodium chloride 0.9% I.V. until the concentration of sodium in the urine is greater than 20mmol/litre.
- Keep Accurate input and output records, closely monitor urine and stoma output.
- Ensure Urine output is above 0.5ml/kg/hr and if systolic blood pressure falls by 40mmhg from baseline or below 90mmhg assess need for bolus.
- Monitor Stoma appliance.
- Send stool culture X3 from 3 different samples
- If inflammatory markers are raised or signs of systemic inflammatory response syndrome (SIRs), consider intra-abdominal sepsis as a cause.

Maintain Equilibrium

Fluid Calculated from previous day's losses.
Sodium 100mmol for every litre of previous days intestinal losses, plus 80mmol
Potassium 60-80 mmol daily
Magnesium 8-14 mmol daily
Calories, protein, vitamins, trace elements - if enteral absorption inadequate.

- Daily Bloods
- Daily weight – 1KG = 1L
- Consider Gastric anti-secretory drugs – PPI. Lansoprazole 30mg BD (maximum effective dose.) If after 72 hours change to Omeprazole 40mg

Transfer to oral intake.

Stage Two When patient able to tolerate diet and stoma output above 1.5L/24 hours

- Continue I.V maintenance therapy
- Begin Low fibre diet
- Start Loperamide 4mg QDS to be taken 30 minutes before meals
- Commence on 1 litre of oral rehydration sol - St Marks. (See separate sheet for formula). Discourage drinking 30 minutes before, during and after meal times. (Sauces, gravy, custard and sips of rehydration solution, may be taken with meals.
- Restrict the intake of non-electrolyte drinks to 500ml daily
- Encourage sodium rich snacks and sip feed drinks – within fluid restriction
- Consider the need for enteral tube feeding
- Consider oral magnesium oxide capsules 12-16 mmol daily
- If intestinal losses remain high, begin Octreotide
- Gradually withdraw I.V therapy

Tracey Virgin-Elliston
Lead Nurse Specialist - Stoma Care

Jason Smith
Consultant Colorectal Surgeon

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