Clinician Follow Up Reference for Supportive Care

Physical Concerns – "YES" to *Diarrhea*

Start With
Asking the patient the below questions

Did your diarrhea start with a new medication or treatment? If YES

Options/Recourse

MA or higher level screener:

communicate yes, that diarrhea started with a new medication or treatment to Physician/APN and referral or notes for Next Step.

APN or higher screener:

Assess for Possible Etiologies

- Recent anti biotic use
- Chemotherapy regimen side effects
- Medications that frequently induce diarrhea

If NO

Options/Recourse

MA or higher level screener:

communicate this answer of no to recent onset of diarrhea to Physician/APN and referral or notes for Next Step.

APN or higher screener:

- Look for signs of infectious diarrhea
- Evaluate whether diarrhea arose from an aggressive bowel regimen
- Evaluate whether diarrhea is a symptom of an evolving bowel obstruction
- Dietary changes
- Is there a history of inflammatory bowel disease or irritable bowel disease
- Malabsorption
- Screen for C. diff if indicated

Next Step

Refer to Physician/APN or Nurse

- If no contraindications, consider immediate antidiarrheal therapy indicated by grade.
- If chemotherapy induced, consider decreasing or delaying the next dose of chemotherapy based on severity of the diarrhea

Timing

Routine within 1 week

- or -If unable to keep hydrated Urgent - See Physician/APN or Nurse

before leaving or send to EMERGENCY ROOM

Refer to Physician/APN or Nurse

- If fecal impaction is suspected, confirm with rectal exam, or x-ray
- If fecal impaction:
 - Premedicate patient with opiods or anxiolytics
 - > Treat with digital disimpaction
 - > Enemas until clear
- Consider antidiarrheal therapy if no contraindications (Usuallyloperamid)
- Consider Gl referral
- Consider Colonoscopyinsome patients

Share Patient Links and Handouts as appropriate

See Reference links below for additional information

Routine within 1 week

- or -If unable to keep

hydrated: Urgent – See Physician/ APN or Nurse

> before leaving or send to

EMERGENCY ROOM

Notes

Stages I-IV: Make sure to take a careful history regarding stool frequency and assess for dehydration. Review chemotherapy regimen side effects and other medication side effects. Could diarrhea be infectious? If possibility of infection, avoid antidiarrheal therapy. Assess for hydration status. Especially for frail patients, patient may have diarrhea due to fecal impaction causing stool overflow.

Geriatric: Diarrhea in this population can cause dehydration quickly. Antibiotics can cause diarrhea sooner than in younger patients. Make sure to educate the patient on the danger of dehydration and when to call if diarrhea is not controlled.

Patient Links and Handouts:

- > American Cancer Society. Diarrhea
- > Cancer.Net. Diarrhea
- > NIH. Diarrhea
- > ASCO answers. Diarrhea

CSOC Patient Handout can be accessed at: http://cancer-help.me/diarrhea

References:

Senior Adult Oncology

Hurria A, Browner IS, Cohen HJ, Denlinger CS. deShazo M, Extermann M, Ganti AK, Holland JC, Holmes HM, Karlekar MB *et al.* senior adult oncology. J Natl Compr Cancer Netw. 2012;10:162–209.

