VANDERBILT 🚺 UNIVERSITY

MEDICAL CENTER

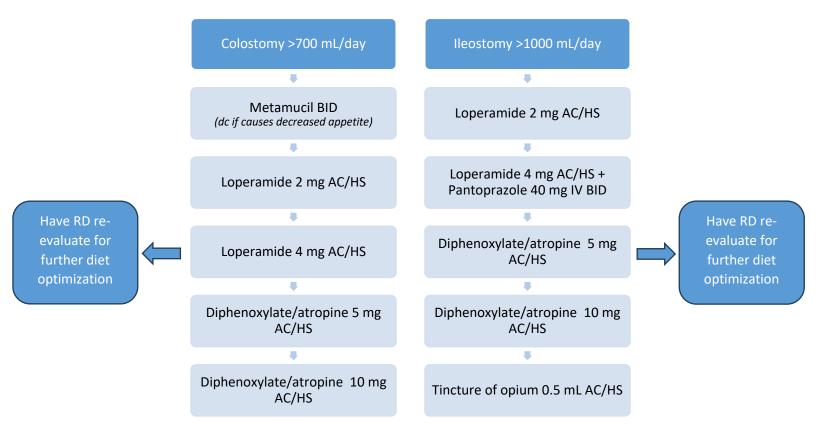
Emergency General Surgery

Practice Management Guidelines: High Ostomy Output

- I. Background: High ostomy output (> 1 liter per day) can lead to malnutrition, dehydration, and prolonged length of hospital stay. A standard approach can decrease morbidity and shorten length of stay.
- II. Guideline:

A. Patient receiving an oral diet or bolus tube feeding via enteral access

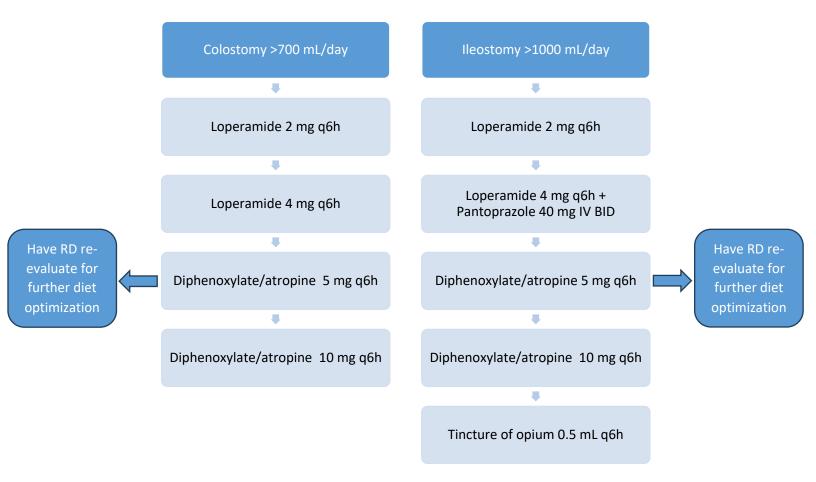
- 1. Applies regardless of length of small bowel remaining
- 2. Confirm all oral bowel regimen is discontinued
- Ensure patient is not receiving high sugar containing drinks, sugar alcohol drinks
 Sport Electrolyte Drinks, Sweet Tea, Cola Drinks
- 4. Ensure strict intake and output is being recorded (including all PO/enteral intake)
- 5. Change to carbohydrate restricted diet
- 6. Change liquid medications to tablets/capsules (if able)
- 7. Order replacement fluids
 - 1:1 replacement IVF q4h prn for UOP <0.5 mL/kg/hr or signs/symptoms of dehydration
- 8. Assess need for PN in patients who have high output for >1 week and with documented protein calorie malnutrition by Registered Dietitian



If output remains above goal for >48h, move to the next step.

B. Patient Receiving Continuous Tube Feeds via Enteral Access

- 1. Applies regardless of length of bowel remaining
- 2. Confirm all bowel regimen is discontinued
- 3. Ensure patient is on a standard polymeric tube feed (e.g. Replete, Isosource, Nutren)
 - Consider transition to bolus feeds if able
- 4. Change liquid medications to tablets/capsules if able
- 5. Order replacement fluids if necessary
 - 1:1 replacement IVF q4h prn for UOP <0.5 mL/kg/hr or signs/symptoms of dehydration
- 6. Assess need for PN in patients who have high outputs for >1 week and with documented protein calorie malnutrition by Registered Dietitian



If output remains above goal for >48h, move to the next step.

If output remains elevated after 48 hours on maximum therapy, discuss further steps of escalation with attending.

III. References

Parrish CR, Copland A. Enteral nutrition in the adults short bowel patient. *Pract Gastroenterol*. 2021. 36-51.

Kumpf VJ. Pharmacologic management of diarrhea in patients with short bowel syndrome. *J Paren Enter Nutr.* 2014;38(Suppl 1): 38S-44S.

Bridges M, Nasser R, Parrish CR. High output ileostomies: The stakes are higher than the output. *Pract Gastroenterol*. 2019: 20-33.

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