

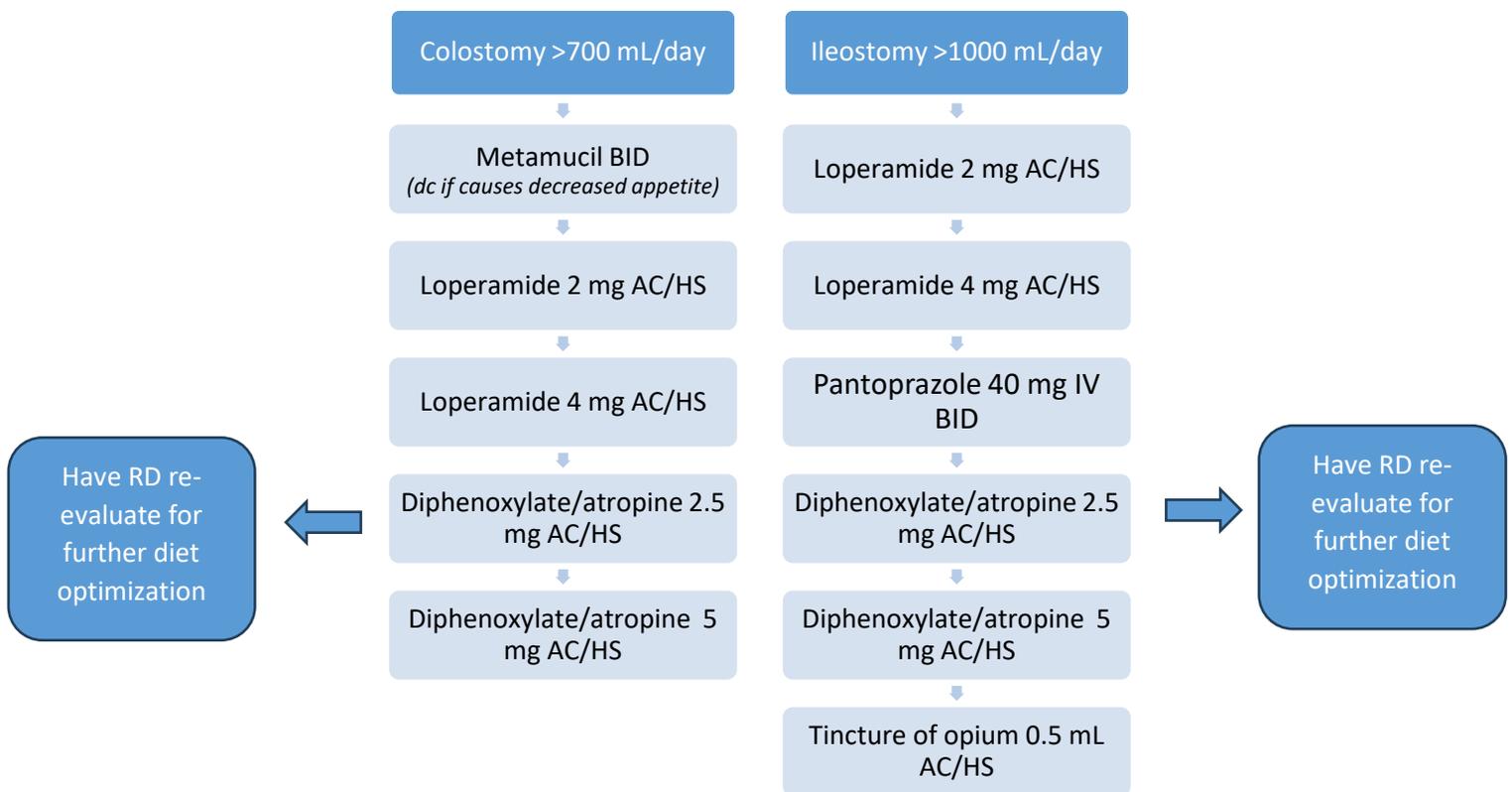
Emergency General Surgery Practice Management Guidelines: High Ostomy Output

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

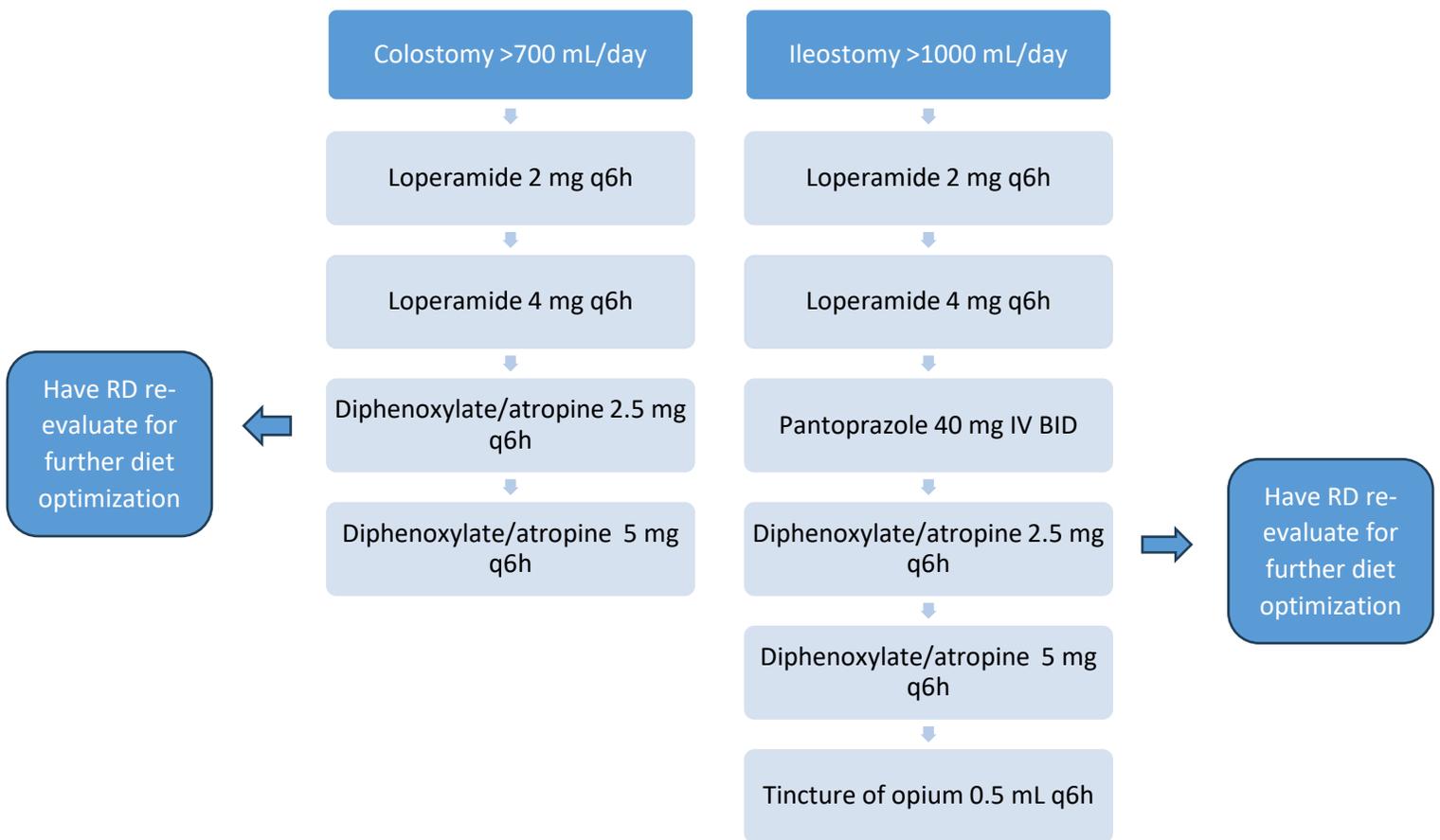
1. Applies regardless of length of small bowel remaining
2. Confirm all oral bowel regimen is discontinued
3. Ensure patient is not receiving high sugar containing drinks, sugar alcohol drinks
 - Sport Electrolyte Drinks, Sweet Tea, Cola Drinks
4. Ensure strict intake and output is being recorded (including 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 >5 days 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 decreasing EN to trickle rate (15-20mL/hr) until ostomy output and fluid/electrolyte derangements are corrected
 - Contact RD for possible alternative formulation
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 >5 days 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.

****Cholestyramine** 4g q12h may be beneficial in patients with terminal ileal resections of <100cm or those with a diseased ileum, and a colon segment in continuity.

- not appropriate in patients with end jejunostomy or ileostomy. It will aggravate fat malabsorption and bind important minerals, as well as antimotility medications.

III. References

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