

Management of High Ostomy Output

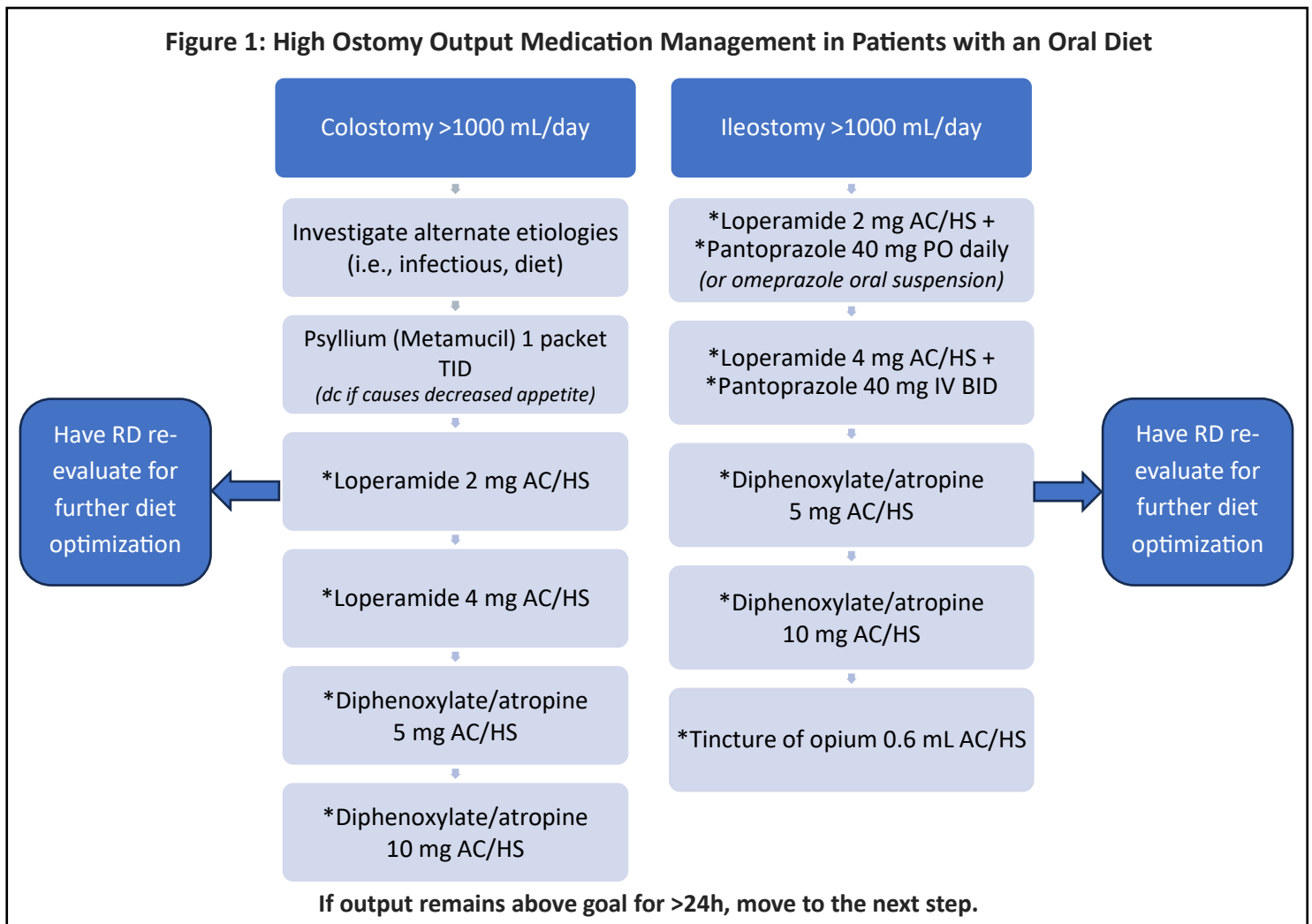
I. Patients receiving an oral diet

- Confirm all oral bowel regimen is discontinued
- Ensure patient is not receiving high sugar containing drinks or sugar alcohol drinks
 - Recommend electrolyte solution without sugar / artificial sweeteners (VUH Formulary Option: Drip Drop) for hydration
 - Avoid hypotonic fluid intake (keep to <50% daily intake)
- Ensure strict intake and output is being recorded (including the volume of all liquid PO/enteral intake and % meal consumption)
- Change to bariatric diet
- Change liquid medications to tablets/capsules (if able)
- Order isotonic replacement fluids
 - 0.5:1 replacement IVF q4h prn if no evidence of dehydration
 - Increase to 1:1 replacement if demonstrating s/sx of dehydration

Consider PN for the following patients:

- High output relative to PO/enteral intake for >5 days **OR**
- 1-2 days of high output relative to PO/enteral intake in patients at high nutrition risk or with evidence of malnutrition

Figure 1: High Ostomy Output Medication Management in Patients with an Oral Diet



*Use regardless of small bowel length

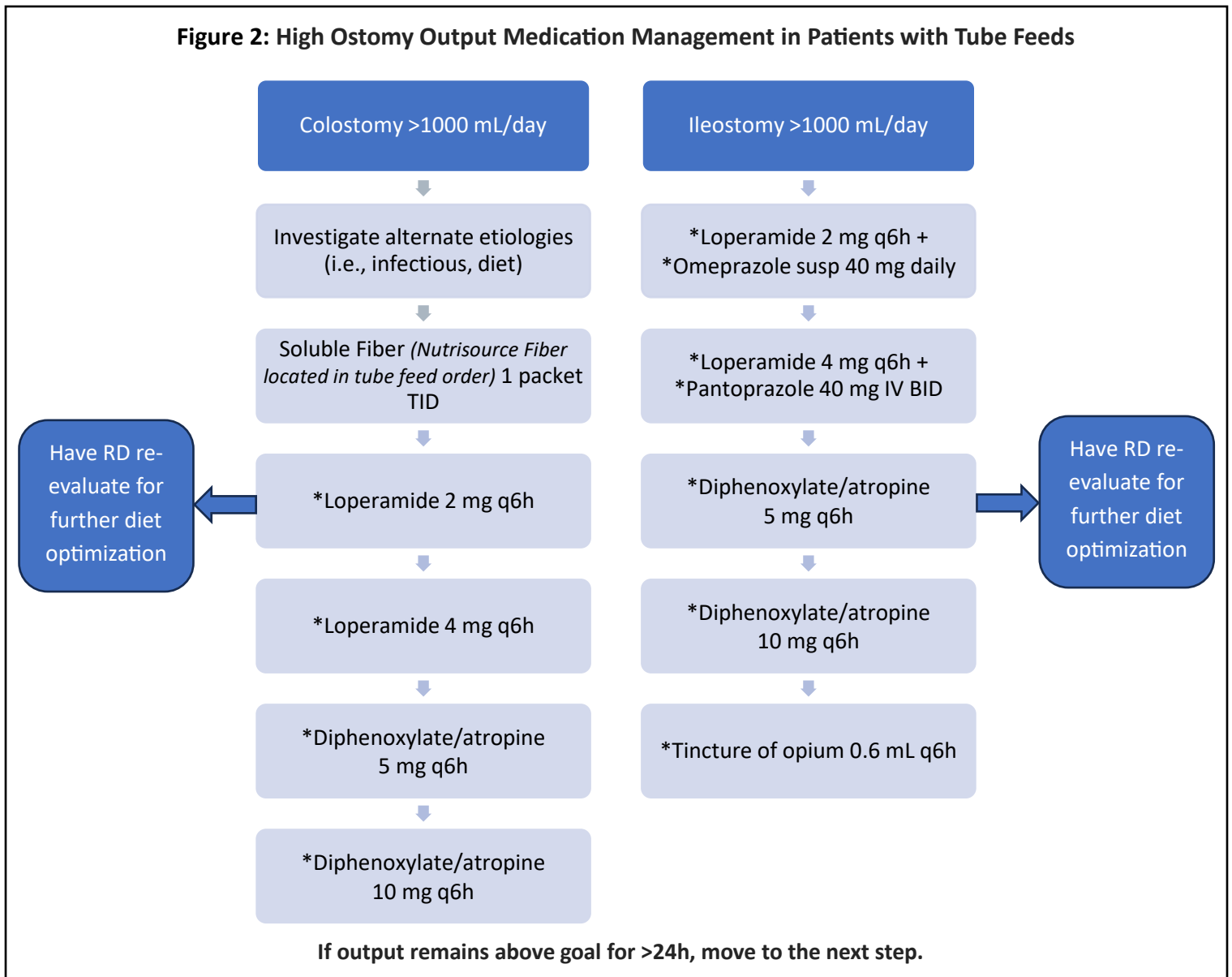
II. Patient receiving enteral nutrition via enteral access (DHT/Gastrostomy/Jejunostomy):

- Confirm all oral bowel regimen is discontinued
- Ensure patient is on a standard polymeric tube feed (consult RD)
 - Consider transition to bolus tube feedings (if able)
- Change liquid medications to tablets/capsules (if able)
- Order isotonic replacement fluids
 - 0.5:1 replacement IVF q4h prn if no evidence of dehydration
 - Increase to 1:1 replacement if demonstrating s/sx of dehydration

Consider PN for the following patients:

- High output relative to PO/enteral intake for >5 days **OR**
- 1-2 days of high output relative to PO/enteral intake in patients at high nutrition risk or with evidence of malnutrition

Figure 2: High Ostomy Output Medication Management in Patients with Tube Feeds



*Use regardless of small bowel length

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