

COMMON BOWEL PROBLEMS IN ICU

Common Bowel Complaints

1. Vomiting/ Gastric stasis (large gastric aspirates)
 - Stop feeding, IV maintenance fluid
 - Rule out mechanical obstruction
 - Try to correct causes for paralytic ileus e.g. decrease sedation as appropriate
 - Add prokinetic agent – only metoclopramide available in our unit
 - Discuss with ICU senior for endoscopic insertion of fine bore tube into duodenum/jejunum for feeding (need to consult the endoscopist for placement) – objective is to bypass the pylorus

2. Diarrhoea
 - Common ICU causes include
 - Infection – clostridium difficile
 - Drugs - antibiotics
 - Feeds - lactose intolerance
 - Surgical problems – pelvic abscess
 - Overflow diarrhoea etc
 - Per rectal exam to rule out faecal impaction with overflow diarrhea
 - Send stool for Clostridium difficile toxin
 - If stool for Clostridium difficile toxin is positive, avoid antidiarrhoeal agent, treat with oral metronidazole, consider sigmoidoscopy
 - If stool for Clostridium difficile is negative, consider antidiarrhoeal agent (loperamide 4mg po initially followed by 2mg tds further for each unformed stool) and changing the feeds
 - Consult dietician if necessary. Otherwise can try initially with rice water feeds, followed by half strength Jevity and rice water; build up to full-strength feeds with time

3. Failure to open bowels
 - Lack of enteral nutrition can lead to failure to open bowels
 - Ensure adequate hydration
 - Rule out mechanical obstruction
 - Confirm presence of stool per rectum
 - Try to correct causes for paralytic ileus e.g. decrease sedation as appropriate
 - Anti-constipation therapy – lactulose orally, dulcolax suppositories, fleet enema