
Diarrhea

DEFINITION/PATHOPHYSIOLOGY

Diarrhea means an increased frequency or decreased consistency of bowel movements. However, the medical definition is more exact than this. In many developed countries, the average number of bowel movements is two or three per day. True diarrhea is distinguished from diseases that cause it.

Diarrhea is also classified by physicians into acute, which lasts one or two weeks, and chronic, which continues for longer than 2 or 3 weeks. Viral and bacterial infections are the most common causes of acute diarrhea. Do not overlook that this could be a reaction to medications.

SIGNS & SYMPTOMS

- Dehydration: Lethargy, depressed consciousness, sunken anterior fontanel in infant, dry mucous membranes, sunken eyes, lack of tears, poor skin turgor, delayed capillary refill.
- Failure to thrive and malnutrition: Reduced muscle/fat mass or peripheral edema
- Abdominal pain/cramping
- Perianal erythema

ASSESSMENT:

History-

Ask if the patient is presenting with a new onset of diarrhea. Patients should also be asked about incontinence and urgency and nurses should be aware that patients may believe they have diarrhea when they actually have a disorder of continence. They may be reluctant to talk about incontinence so it is important to ask about it during the assessment.

Physical-Mental

- Stool characteristics (eg, consistency, color, volume, frequency)
- Presence of associated enteric symptoms (eg, nausea/vomiting, fever, abdominal pain)
- Use of child daycare (common pathogens: rotavirus, astrovirus, calicivirus; Campylobacter, Shigella, Giardia, and Cryptosporidium species)
- Food ingestion history (eg, raw/contaminated foods, food poisoning)

- Restaurant workers have not been carefully washing hands frequently -or- screened for enteric illnesses
- Water exposure (eg, swimming pools, marine environment)
- Camping history (possible exposure to contaminated water sources)
- Travel history (common pathogens affect specific regions; also consider rotavirus and Shigella, Salmonella, and Campylobacter regardless of specific travel history, as these organisms are prevalent worldwide)
- Animal exposure (eg, young dogs/cats: Campylobacter; turtles: Salmonella)
- Predisposing conditions (eg, hospitalization, antibiotic use, immunocompromised state)

NURSING INTERVENTIONS

- Assess for abdominal discomfort, pain, cramping, frequency, urgency, loose or liquid stools, and hyperactive bowel sensations.
- Weigh patient daily and note decreased weight.
- Avoid using medications that slow peristalsis. If an infectious process is occurring, such as Clostridium difficile infection or food poisoning, medication to slow down peristalsis should generally not be given.
- Record number and consistency of stools per day; if desired, use a fecal incontinence collector for accurate measurement of output.
- Provide the following dietary alterations:
 - Bulk fiber (e.g., cereal, grains, Metamucil)
 - “Natural” bulking agents (e.g., rice, apples, matzos, cheese)
 - Avoidance of stimulants (e.g., caffeine, carbonated beverages)
- Encourage fluids 1.5 to 2 L/24 hr. Give 200 mL for each loose stool in adults unless contraindicated; consider nutritional support.
- Assess for dehydration by observing skin turgor and inspecting for longitudinal furrows of the tongue. Watch for excessive thirst, fever, dizziness, lightheadedness, palpitations, excessive cramping, bloody stools, hypotension, and symptoms of shock.
- Monitor and record intake and output; note oliguria and dark, concentrated urine. Measure specific gravity of urine if possible. Dark, concentrated urine, along with a high specific gravity of urine, is an indication of deficient fluid volume.
- Maintain perirectal skin integrity. Cleanse with a mild cleansing agent (perineal skin cleanser). Apply protective ointment prn.
- Seek medical attention if diarrhea is severe or persists for more than 24 hours, or if client has symptoms of dehydration or electrolyte disturbances such as lassitude, weakness, or prostration. Elderly clients can dehydrate rapidly. The greatest concern for elderly clients with severe diarrhea is hypokalemia. Hypokalemia is treatable but when missed can be fatal.
- Provide emotional support for clients who are having trouble controlling unpredictable episodes of diarrhea. Diarrhea can be a great source of embarrassment to the elderly and can lead to social isolation and a feeling of powerlessness.

PATIENT TEACHING

- Encourage avoidance of coffee, spices, milk products, and foods that irritate or stimulate the gastrointestinal tract.
- Teach appropriate method of taking ordered antidiarrheal medications; explain side effects.
- Explain how to prevent the spread of infectious diarrhea (e.g., careful hand washing, appropriate handling and storage of food).
- Help client to determine stressors and set up an appropriate stress reduction Care plans.
- Teach signs and symptoms of dehydration and electrolyte imbalance.

CULTURAL CONSIDERATIONS

- Assess for the influence of cultural beliefs, norms and values.
- Offer foods that are familiar to the client, and do not offend their beliefs.

COORDINATING CARE WITH NURSING ASSISTANT

- Weigh patient daily and note decreased weight.
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