

Nursing Process

Assessment

Assess for acute or chronic diarrhea.

- Try to determine the duration of diarrhea; number of stools per day; amount, consistency, color, odor, and presence of abnormal components (eg, undigested food, blood, pus, mucus) in each stool; precipitating factors; accompanying signs and symptoms (ie, nausea, vomiting, fever, abdominal pain or cramping); and measures used to relieve diarrhea. When possible, look at stool specimens for possible clues to causation. Blood may indicate inflammation, infection, or neoplastic disease; pus or mucus may indicate inflammation or infection. Infections caused by *Shigella* organisms produce blood-tinged mucus. Infections caused by *Salmonella* or *E. coli* usually produce green, liquid or semiliquid stools. Inflammatory bowel disorders often produce nonbloody mucus.
- Try to determine the cause of the diarrhea. This includes questioning about causes such as chronic inflammatory diseases of the bowel, food intake, possible exposure to contaminated food, living or traveling in areas of poor sanitation, and use of laxatives or other drugs that may cause diarrhea. When available, check laboratory reports on stool specimens (eg, culture reports).
- With severe or prolonged diarrhea, especially in young children and older adults, assess for dehydration, hypokalemia, and other fluid and electrolyte disorders.

Nursing Diagnoses

- Diarrhea related to GI infection or inflammatory disorders, other disease processes, dietary irritants, or overuse of laxatives
- Anxiety related to availability of bathroom facilities
- Deficient Fluid Volume related to excessive losses in liquid stools
- Pain (abdominal cramping) related to intestinal hypermotility and spasm
- Deficient Knowledge: Factors that cause or aggravate diarrhea and appropriate use of antidiarrheal drugs

Planning/Goals

The client will:

- Take antidiarrheal drugs appropriately
- Obtain relief from acute diarrhea (reduced number of liquid stools, reduced abdominal discomfort)
- Maintain fluid and electrolyte balance
- Maintain adequate nutritional intake
- Avoid adverse effects of antidiarrheal medications
- Reestablish normal bowel patterns after an episode of acute diarrhea
- Have fewer liquid stools with chronic diarrhea

Interventions

Use measures to prevent diarrhea:

- Prepare and store food properly and avoid improperly stored foods and those prepared under unsanitary conditions. Dairy products, cream pies, and other foods may cause diarrhea (“food poisoning”) if not refrigerated.
- Wash hands before handling any foods, after handling raw poultry or meat, and always before eating.
- Chew food well.
- Do not overuse laxatives (ie, amount per dose or frequency of use). Many over-the-counter products contain senna or other strong stimulant laxatives.

Regardless of whether antidiarrheal drugs are used, supportive therapy is required for the treatment of diarrhea. Elements of supportive care include the following:

- Replacement of fluids and electrolytes (2 to 3 quarts daily). Fluids such as weak tea, water, bouillon, clear soup, non-carbonated, caffeine-free beverages, and gelatin are usually tolerated and helpful. If the client cannot tolerate adequate amounts of oral liquids or if diarrhea is severe or prolonged, intravenous fluids may be needed (ie, solutions containing dextrose, sodium chloride, and potassium chloride).
- Avoid foods and fluids that may further irritate GI mucosa (eg, highly spiced foods or “laxative” foods, such as raw fruits and vegetables).
- Increase frequency and length of rest periods, and decrease activity. Exercise and activity stimulate peristalsis.
- If perianal irritation occurs because of frequent liquid stools, cleanse the area with mild soap and water after each bowel movement, then apply an emollient, such as white petrolatum (Vaseline).

Evaluation

- Observe and interview for decreased number of liquid or loose stools.
- Observe for signs of adequate food and fluid intake (eg, good skin turgor and urine output, stable weight).
- Observe for appropriate use of antidiarrheal drugs.
- Observe and interview for return of prediarrheal patterns of bowel elimination.
- Interview regarding knowledge and use of measures to prevent or minimize diarrhea.

PRINCIPLES OF THERAPY

Nonpharmacologic Therapy

In most cases of acute, nonspecific diarrhea in adults, fluid losses are not severe and patients need only simple replacement of fluids and electrolytes lost in the stool. Acceptable replacement fluids during the first 24 hours include 2 to 3 liters of clear liquids (eg, flat ginger ale, decaffeinated cola drinks or tea, broth, gelatin). Also, the diet should consist of bland foods