Central East PPSMC Educational Newsletter

Symptom Management Series: Gastrointestinal

What is Nausea?

Is a subjective sensation often described as an unpleasant feeling of the need to vomit, frequently accompanied by automatic symptoms including pallor, cold, sweat, salivation, tachycardia, and diarrhea.

What is Vomiting?

Involves coordinated contractions of the diaphragm, chest wall and abdominal muscles causing distress and fatigue. Resulting in the expulsion of gastric contents.

Contributing Factors

Chemical (Chemoreceptor trigger zone)

- Medications (opioids, NSAIDS, chemotherapy)
- Toxic states

Visceral

- Inflammation
- Obstruction - constipation, tumor, outlet obstruction, ascites
- Gastric stasis - drugs, diabetic neuropathy,

- Hypercalcemia
- Uremia
- Radiation exposure

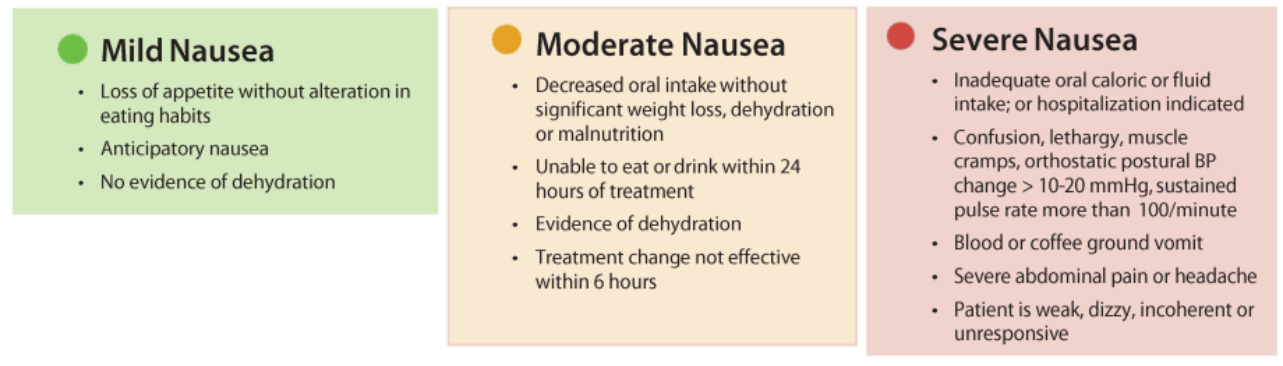
Central Nervous System (cortex)

- Pain
- Fear/anxiety
- Olfactory stimuli

- anticholinergics
- Gastric irritation

Vestibular Apparatus

- Motion sickness
- Migraine
- 8th cranial nerve damage
- Raised intercranial pressure
- Tumor
- Infection



Focused Health Assessment (click here)

Possible Causes of N/V

- Medications/Chemotherapy
- Gastric Stasis
- Constipation
- Squashed Stomach Syndrome
- Bowel Obstruction
- Coughing
- Metabolic Abnormalities
- Renal Failure
- Hepatic Failure
- Dehydration
- Anticipatory Nausea
- Psychological
- Intra Cranial Pressure
- Infection
- Migraines
- Inner Ear Infection
- Radiation
- Motion Sickness
- on and on and on...

Patient Family Education

Must align with their GOC

Reinforce importance of accurately

Non-Pharmacological Measures

Health Teaching:

- Oral care should include: rinse the mouth before and after eating with ½ tsp baking soda, ½ tsp salt in 2 cups of water.
- Eliminate strong smells and stomach unsettling sights.
- Limit spicy, fatty and excessively salty/sweet/strong odour foods.
- Eat small, frequent, bland meals and snacks throughout the day.
- Sip water and other calorie containing fluids (juice, flat pop, sports drinks, oral rehydration solutions, broth, ginger tea) and suck on ice chips, popsicles or frozen fruit.
- Consume food/liquids cold at room temperature to decrease odours.
- Sit upright or recline with head elevated for 30-60 minutes after meals.
- Consider acupuncture or acupressure, visualization, hypnosis, or distraction

Promote Oral Intake:

- If vomiting, limit all food and drink until vomiting stops; wait 30-60 minutes after vomiting then initiate sips of clear fluid.
- When clear fluids are tolerated, add dry starchy foods (crackers, dry toast, dry cereal, pretzels).
- When starch is tolerated, increase diet to include protein

recording and reporting the following information:

- Onset and number of emesis occurrences per 24 hours
- Fluid intake per 24 hours

Reinforce with patients when to seek immediate medical attention:

- Temperature greater than or equal to 38° C
- Blood (bright red or black) in emesis, coffee ground emesis
- Severe cramping, acute abdominal pain (+/- nausea & vomiting)
- Dizziness, weakness, confusion, excessive thirst, dark urine.
- Projectile vomiting
- Nausea and vomiting not improving with recommended strategies

rich foods (eggs, chicken and finally dairy products).

- Consider referral to a clinical dietitian

Review the Self-Management Plan:

- Review barriers to the management plan and strategize solutions.
- Provide instructions (verbal and written) on how to take antiemetics using teach back techniques.
- Provide instructions on when to contact their provider if symptoms are not improving or worsening.
- For anticipatory nausea and vomiting, consider behavioral approaches such as muscle relaxation training, systematic desensitization and hypnosis and/or consider a referral to a psychosocial provider.

In the presence of Constipation:

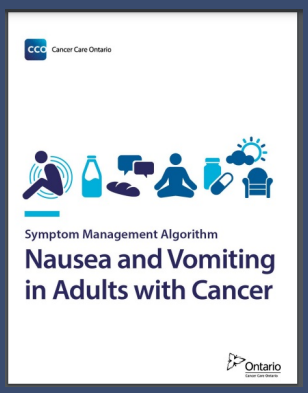
- Treat constipation
- if signs of obstruction, contact MRP and refer to management of severe symptoms and bowel obstruction

Pharmacological Measures

click here for more information

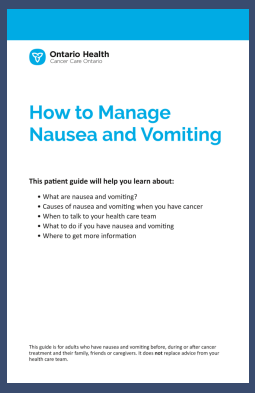
- Choose the appropriate anti-emetic based on the site through which the nausea/vomiting are most likely being mediated
- Choose the appropriate route
- Stop as many other drugs as possible
- Consider prophylactic anti-emetics when indicated
- Repeat the anti-emetic if the person vomits within 30 minutes of administration

Resources and References



Cancer Care Ontario - Nausea and Vomiting Algorithm
- click picture to access

Fraser Health - Nausea and Vomiting Guidelines - click picture to access



Cancer Care Ontario - Patient Guide to Managing Nausea and Vomiting - click picture to access

Bowel Symptoms

What is Constipation?

Constipation is a symptom of unsatisfactory defecation characterized by infrequent stools, difficult passage of stool, or both. Difficult passage can mean straining at stool, incomplete evacuation of the rectum, passing hard or lumpy stools, prolonged time to pass stool, or the need for manual maneuvers to pass stool.

Constipation increases as normal overall function decreases and burden of diseases increases.

What is Diarrhea?

An abnormal increase in stool frequency, volume, and liquidity that is different from the usual patterns of bowel elimination.

It is most often defined as 2 or more loose stools in 4 hours. Severe diarrhea is defined as 7–8 loose stools in 24 hours.

It can cause dehydration, which can lead to fatigue and electrolyte imbalances. Diarrhea needs to be managed quickly and effectively for comfort, health and to prevent damage to the skin.

Risk Factors for Constipation

- Older Age
- Reduced intake
- Immobility
- Advanced disease
- Use of anticholinergic and/or opioid medications

Risks and Causes of Diarrhea

- Overuse of laxatives
- Diagnosis / Medical condition
- Use of certain medications (antibiotics, etc.)
- Cancer treatments (chemo, radiation to abd./pelvis, immunotherapy)
- Infections
- Stress/Anxiety
- Foods
- leakage from fecal impaction

OPQRSTUV for Constipation

Bristol Stool Chart

Causative Factors for Constipation

Drugs

- Opioids
- Drugs with anticholinergic actions
  - Antispasmodics, antidepressants, phenothiazines,

Lifestyle

- Nutritional
  - Low fibre diet, decreased food intake, decreased fluid intake
- Physical impediments

Environment

- Lack of privacy - visual, auditory, olfactory
- Using of bedpan
- Limited resources
- Caregiver apathy
- Physical layout of the home

antihistamines
- Iron
- Calcium salts
- Chronic laxative use

- Decreased mobility, generalized weakness
- Ignoring defecation urge

Disease Effects

- Mechanical
  - Bowel obstruction, pelvic mass/tumor
- Endocrine and metabolic
  - Hypercalcemia, hypokalemia, dehydration
- Neuro-muscular
  - SCC, sacral nerve infiltration, myopathy, autonomic dysfunction (eg. associated with DM)
- Depression, sedation, pain, dyspnea

Treatment Related

- Chemotherapy

Demographics

- Advanced age

Concurrent Disease

- IBS
- Painful anorectal conditions
- Hypothyroidism

Treating Constipation Video - Canadian Virtual Hospice

Focused Health Assessment: Constipation

Focused Health Assessment: Diarrhea

Managing Constipation

Non-Pharmacological Measures

Considerations for all Patients:

- Identifying the underlying cause is essential in determining the intervention required
- When considering management, always balance burden against benefit
- It is not necessary to have a bowel movement everyday. Consider the patient's personal normal, but encourage having BMs at least every 3 days.

PPS Stable, Transitional and End of Life (30-100%)	PPS Stable and Transitional (40-100%)	PPS End of Life (10-30%)

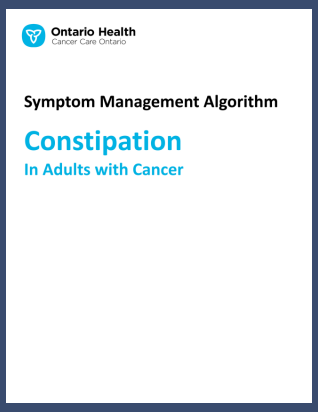
Fluid, Fibre, Mobility*
• Encourage hydration, fibre intake and mobility, as tolerated
• Minimize caffeine and alcohol intake
• Encourage natural laxatives**, as tolerated
Physical Activity
• Encourage patients to perform physical activity, as tolerated
• Consult with a physiotherapist or occupational therapist for advice regarding mobility, positioning or other modalities
Personal Considerations
• Provide privacy during toileting
	Diet
	The following dietary recommendations are not applicable if bowel obstruction is suspected:
	• Counsel patients on adequate fibre intake for prevention and management
	• Counsel patients on adequate fluid intake for management, as part of wider multicomponent program
	• Consult with dietitian for specific nutritional advice regarding fibre intake and fibre supplements, including psyllium fibre
	  ○ psyllium fibre supplementation is not indicated for persons who are bed-bound or for the older adult population in long-term care settings
	Personal Considerations
	• Walking to the toilet, if possible, is recommended
	• If walking is difficult, use a bedside commode
	• Assuming the squat position on the toilet can facilitate the defecation process
	  ○ Sitting with feet on a stool may help with defecation
		• Raising the head of the bed may facilitate the defecation process
		• Simulate the squat position by placing the patient in the left- lateral decubitus position, bending the knees and moving the legs toward the abdomen
		
		PPS End of Life (10-20%)
		• Consider the burdens and benefits of regular bowel care, using good clinical judgment when making recommendations

Pharmacological Measures

Click here for more information

- Consider etiology of constipation, patient's preferences, patient's recent bowel function, and response to previous treatments to inform use of pharmacological interventions
- Ask about usage of non-traditional or alternative therapies
- Start with oral medications to reduce need for rectal interventions
- Titrate oral laxatives according to patient's reaction, or in response to other medication changes (i.e. increase in opioids)
- First, second, and third line treatments can be combined

Resources and References



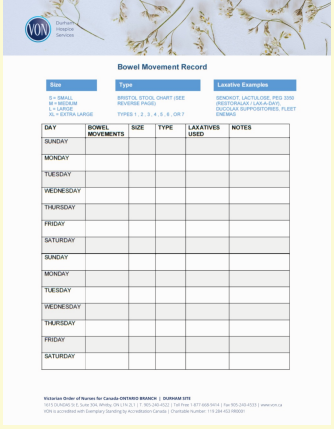
Cancer Care Ontario - Constipation Algorithm- click picture to access

Fraser Health - Constipation Guidelines - click picture to access

Patient Resources

Cancer Care Ontario - Patient Guide to Managing Constipation - click picture to access

Cancer Care Ontario - Patient Guide to Managing Constipation during Cancer Treatment - click picture to access



VON Symptom Management Information & Bowel Log - click picture to access

Managing Diarrhea

Non-Pharmacological Measures

click here for more information

Diet:

- Eat small frequent meals
- Limit certain foods (caffeine, fried/greasy, lactose, sorbitol, insoluble fibre)
- Increase soluble fibre

Fluid Intake:

- Increase fluid intake (consider oral rehydration solutions)
- Parenteral hydration may be required for severe diarrhea and dehydration

Quality of Life:

- Pay attention to emotional impact of diarrhea
- Discuss practical strategies for managing incontinence (planning outings, carry change of clothes, know restroom locations, use absorbent undergarments)

Skin Protection:

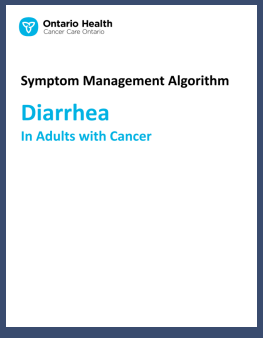
- Good skin hygiene and pericare
- Apply skin barrier product as needed

Pharmacological Measures

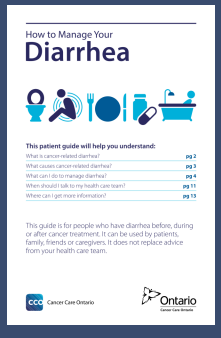
Click here for more information

- Consider etiology of diarrhea and patient's preferences to inform use of pharmacological interventions
- Ask about usage of non-traditional or alternative therapies
- A single liquid or loose stool usually does not require intervention
- A single drug should be used. If maximum dose of that medication is not effective, consider adding a second medication
- Assess and treat skin inflammation and breakdown related to incontinence and diarrhea
- Begin by holding laxatives if patient experiencing diarrhea or increased frequency of stools

Resources and References



Cancer Care Ontario - Constipation Algorithm-



Cancer Care Ontario - Patient Guide to Managing

click picture to access

Diarrhea - click picture to access

Central East Palliative Pain and Symptom Management Consultants

For consultation support or education requests:

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Scarborough

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June Educational Opportunities:

Artificial Hydration and Nutrition at End of LIfe

Lunch and Learn
- Wednesday, June 8
- 12-1pm

Lunch & Learn Registration

Coffee and Palliative Care
- Thursday, June 9
- 3-4pm

Coffee & Care Registration

Durham Region PPSMC Educational Hub

PDF Version of Newsletter

Please help VON Durham Hospice Services support our Palliative Community.

We offer:
- Hospice Volunteer supports
- Patient & Caregiver support groups
- Hospice Nurse Navigation
- Supportive Care Counselling
- Grief & Bereavement support
- Community Education

Visit our Website | vondurham.org

VON Durham Referral Form

Hospice Peterborough offers:
- Hospice Volunteer supports
- Patient & Caregiver support groups
- Nurse Navigation
- Supportive Care Counselling
- Grief & Bereavement support
- Community Education

hospicepeterborough.org

Referral Form

- Hospice Residence

Thanks to Oak Ridges Hospice for their ongoing support and exemplary end-of-life care. If you are interested in a tour or making a referral, please visit their website for more information.

Visit their Website | Oak Ridges Hospice
