

## Symptom Management

# Diarrhea

Diarrhea can be difficult to cope with because it can lead to “bowel accidents”. This is messy and unpleasant for all. It is also embarrassing for the child. Because most children fear “accidents” it can become something that influences quality of life. It is important to try to manage this symptom if at all possible.

The risk of diarrhea increases when the child:

- \* has an infection;
- \* has had abdominal radiation;
- \* takes medications that make the bowel more active, eg: some chemotherapy, antibiotics, antacids;
- \* is stressed;
- \* eats some kinds of food or nutritional supplements or is using some types of tube feedings;
- \* has been constipated and the waste has formed a hard clump (fecal impaction). This creates a block in the bowel and some watery stool leaks around it all the time;
- \* has a worsening disease that affects how the bowel works.

## Watch for these signs of diarrhea

- \* loose, watery or bloody stools;
- \* urgent need to empty the bowel often;
- \* cramping pain in the abdomen;
- \* feeling bloated and gassy.

## Preventing diarrhea

- \* **Check with your doctor or nurse to see if any of your child’s medications or treatments may cause diarrhea**  
Sometimes small changes can prevent it from happening.
- \* **Consult with the nurse or dietitian about what foods to avoid if diarrhea is a risk because of your child’s condition or treatment**

Some tube feeding formulas may cause diarrhea. Your nurse or dietitian may suggest a change in the feeding plan.

Diarrhea is a physical symptom but it can have an impact on the way a child feels about himself. When we think about managing diarrhea we should think also about its emotional impact on the person.

Sometimes you can’t prevent diarrhea no matter what efforts you make.

# Managing diarrhea early and in the right way

## \* Address the cause of the diarrhea

- ♦ **Infection:** think about whether it will benefit the child to treat the infection
- ♦ **Medication:** consider reducing the dose or changing the drug. Check with your doctor or nurse about this.
- ♦ **Foods/nutritional supplements:** stop or dilute foods or nutritional supplements that cause diarrhea.
- ♦ **Laxatives:** speak with your doctor or nurse about stopping or reducing the dose. (If the diarrhea is caused by constipation, your doctor may want you to continue giving laxatives.)

## \* Replace lost fluids, salt and minerals without irritating the bowel further

- ♦ Don't give any formula, tube feedings, milk, or solid food for 24 hours unless your doctor advises otherwise.
- ♦ Offer (or if tube feeding, try giving) small amounts of any of the following clear fluids often:
  - If your child is under 2 years:  
Pedialyte®/Lytren®/Gastrolyte® (Buy these at the pharmacy.)
  - If your child is older than 2 years:  
same as above or Gatorade® or apple juice diluted as follows - 1 part juice to 3 parts water.
- ♦ After about 24 hours, if the diarrhea is less, offer small amounts of soft foods such as apple sauce, mashed banana, rice cereal, crackers, or Arrowroot® biscuits. Give a baby his regular formula, but start with it diluted to half the usual strength. Dilute with boiled water.
- ♦ Encourage as much drink as possible. If you are tube feeding your child, give half strength feeding at a slower rate.
- ♦ After another 24 hours, if the stools are more solid, start full strength formula or, for older children, slowly go back to a normal diet. Include a little milk and milk products. If you are tube feeding, go back to the regular formula.

It is not always possible to stop the diarrhea.

You can prevent dehydration and loss of salts and minerals by managing diarrhea in the right way.

### Tips:

- Avoid grape, prune, or full strength apple juice. These make the diarrhea worse.
- Avoid adding sugar or salt to the fluids you give your child.
- Avoid spices, fats, rich foods, caffeine, nicotine.
- Give small amounts at a time so as not to strain the bowel.

\* **Check with your doctor or nurse before giving medications to stop the diarrhea (antidiarrheal)**

Antidiarrheal medications, (e.g., Kaopectate®, Kaocon®, Lomotil®, Imodium®, Diban®, Donnagel®, Mitrolan®, Pomalin®), can cause problems in children under 3 years. Older children may be able to take them but always check with your doctor.

\* **Keep the skin clean**

Wash the area gently with mild soap and water after every stool.

\* **Check often for signs of infection - redness, swelling, pain. Ask a health professional for help if you notice sores or rashes around the anus**

Use a mild lotion/cream/petroleum jelly to protect the skin. (Refer to “Personal Hygiene” for more suggestions.)

\* **Provide comfort and dignity**

- ◆ give the child as much privacy as you can;
- ◆ control smells;
- ◆ use blue pads or diapers on the bed to avoid staining sheets/mattress;
- ◆ give medications, especially those for pain, as prescribed;
- ◆ use distraction/relaxation techniques if the child is upset.

\* **Keep track**

Take note of how often the bowel works and how much stool is made. Also note the colour and whether there is blood or mucus in it.

Parent voice:

*When one has been living with sickness for a long time it is easy to lose sight of the usual modesty one has about bodily functions, smells, nakedness, and such things. We made a point of keeping in mind that modesty, privacy and dignity go hand in hand. We did our best to help Jac keep his dignity through the diarrhea. He insisted on going to the bathroom and we helped him there even though the bedpan would have been easier. And in the end his dad was the one he wanted to clean him up and we made sure this happened. We even put a little radio in the toilet so the music would muffle the bathroom sounds.*

Older children may feel self disgust. Try to do clean ups in a sensitive, matter of fact way. A tiny drop of perfume on the wrist may be something a young girl will enjoy after a cleanup. A young boy may find a dab of Dad’s aftershave fun.

Remember that children learn very early that toileting is a private act. Respect this and be as discrete as you can about bedpans and toilets.

# Getting professional help when appropriate

## Call your doctor or nurse during the day if:

- \* your child's diarrhea is not getting any less after 24 hours on clear fluids;
- \* your child has a stomach ache for more than 2 hours;
- \* your child is very irritable and very drowsy;
- \* your child's lips, tongue or mouth lining is very dry;
- \* the diarrhea does not clear up in 5 days.

## If you have not already decided on a plan, call your doctor or nurse as soon as you can if your child has:

- \* bloody stools;
- \* vomiting or diarrhea and is not taking fluids;
- \* not urinated or had a wet diaper in 8 hours;
- \* become so drowsy that she does not respond to you.

When you call, give your child's name, age, and diagnosis.  
Be ready with this information:

1. When did the diarrhea start?
2. How many stools has she had since it started... Within the past 12 hours? How much stool?
3. What does the stool look like? e.g. dark, bloody, watery?
4. Is she having stomach cramps or pain?
5. Is she vomiting or having nausea?
6. Does he have a fever? Signs of infection?
7. How much has she had to eat/drink? Is she on tube feedings?
8. What medications is he taking?
9. Has she had chemotherapy or radiation therapy? When?

## End note:

We all need to remind ourselves that the goal is comfort and quality of life. There is more to life than symptom management. Don't allow preventing and managing diarrhea to become too much of a focus in your child's life. For example, it may be the favourite foods that cause the problem. Let him have whatever he enjoys. Don't push/withhold food. Diarrhea can be addressed using comfort measures.

## The plan to manage diarrhea is:

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This pamphlet is the result of a collaboration between

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and  
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