

Diarrhoea

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Causes

Physiological: Impacted faeces, bowel obstruction and infection

Drug causes include: Laxative imbalance, antibiotics, iron, NSAIDs

Opioids: May cause severe constipation with faecal impaction, resulting in leakage of fluid stool



Management

- The anti-diarrhoeal of choice is loperamide 2-4mg every 6hrs (twice daily dosing possible). Codeine is a cheaper, less potent anti-diarrhoeal with marked systemic side effects.
- Rehydrate if dehydrated.
- If due to short-term use of higher laxative doses to clear constipation, stop the laxative temporarily. Diarrhoea should settle within 24 - 48 hours. Recommence laxative at lower dose.
- If undergoing radiotherapy to abdomen or pelvis – or if taking certain chemotherapy drugs – it is common to find frequent, loose bowel movements.

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Patient advice

- Whilst experiencing diarrhoea, it is better to cut down on the amount of fibre consumed
- This can be done by eating fewer high fibre foods such as fruit, vegetables, wholemeal bread and wholegrain cereals.
- Choose plainer foods e.g. pasteurised yoghurt, milk puddings, skinless chicken and turkey, fish and well cooked eggs and low fibre foods such as white bread, cornflakes.
- Avoid fried food.
- Bananas and potatoes (boiled or mashed, without skin) are high in the minerals sodium and potassium, and will help to replace the minerals lost whilst experiencing diarrhoea
- Eat little and often.
- Encourage the patient to eat small snacks frequently rather than large meals.



Drink plenty of fluids. Try to have at least eight glasses or cups of fluid each day. Avoid drinks that are very hot or very cold – room temperature is better. Limit drinks that contain caffeine, such as coffee and many fizzy drinks.



Caffeine can irritate the bowel.

References

- www.cancernorth.nhs.uk