Management of treatment-induced diarrhoea



This document refers only to the management of treatment induced diarrhoea.

- * For the management of diarrhoea in patients related to:
- gastrointestinal graft versus host disease (GVHD) post Allogeneic Haemopoietic Stem Cell Transplant, refer to GVHD documents and refer to individual institutional policy.
- PD1 (eg. nivolumab and pembrolizumab), PDL-1 (eg. atezolizumab, avelumab and durvalumab) or CTLA4 (eg. ipilimumab) inhibitor related diarrhoea, refer to Management of immune related adverse events (irAEs) document.
- irinotecan based therapy see separate algorithm.

Initial presentation of diarrhoea*

Perform patient assessment, including onset and duration of diarrhoea.

Grade 1-2 diarrhoea

- · Provide dietary and fluid modification/advice.
- Administer loperamide 4 mg, followed by 2 mg every 4 hours (or after every unformed stool). Substitution of 4 mg every 4 hours during the night is appropriate (maximum dose is 16 mg per 24 hours).

Reassess after 12-24 hours

Diarrhoea resolving

- Stop loperamide once diarrhoea-free for 12 hours.
- Continue dietary modification/advice.
- Gradually restart normal diet.
- Maintain fluids.

Diarrhoea unresolved

- Increase loperamide to 2mg every 2 hours.
- Codeine may be added at specialist's discretion.
- Continue dietary modification/advice.
- Maintain fluids
- Consider starting oral antibiotics.

Reassess after 12-24 hours

Diarrhoea unresolved (persistent grade 1-2)

- Continue loperamide to 2 mg every 2 hours.
- Increase oral fluids and replace electrolytes.
- Consider oral antibiotics if not already commenced (not generally recommended for radiotherapy induced diarrhoea).

If unresolved after 12–24 hours, treat as per grade 3–4 diarrhoea

Grade 3-4 diarrhoea OR Grade 1-2

in the presence of one or more of the following: cramping, fever, sepsis, neutropenia, dehydration, nausea/vomiting, frank bleeding, decreased performance status.

Progression to grade 3-4

- · Admit to hospital.
- Discontinue chemotherapy/ radiotherapy until all symptoms resolve. Restart at reduced dose.
- · Physical assessment by doctor.
- Stool specimen for blood/infection profile/C.Diff toxins.
- · Bloods (FBC, EUC).
- Administer loperamide 4 mg, followed by 2 mg every 4 hours (or after every unformed stool). Substitution of 4 mg every 4 hours during the night is appropriate (maximum dose is 16 mg per 24 hours).
- Codeine may be added at specialist's discretion.
- · Increase oral fluids/electrolytes.
- IV fluids and antibiotics as appropriate.

Reassess after 12–24 hours

Diarrhoea resolving

- Continue dietary modification/advice.
- Maintain fluids, IV fluids and antibiotics, as appropriate.
- Stop loperamide once diarrhoea free for 12 hours.

Diarrhoea unresolved

- Octreotide 100 to 150 mcg SC three times daily (if dehydration severe, escalate dose in 50 mcg increments, up to 500 mcg three times daily).
- IV fluids and electrolyte replacement.

E: feedback@eviq.org.au W: eviq.org.au

