An investigation into patient's experience and medication management of their high output stoma.

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Background

A high output stoma is classed as an output of over 1200ml in 24h.

This increases risk of : dehydration and electrolyte depletion.

PATIENT CARE: Clinical guidelines have been proven to improve

quality of care received by patients - there is currently limited

4 ways to decrease stoma output:

- Anti-motility agents (Most common)
- Anti-secretory agents
- Corticosteroids
- Fibre supplementation. [2]



Results:

Overall most patients were satisfied on how to manage their stomas.

"How comfortable do you feel managing your high output stoma?"



- 23% of patients did not understand the roles of all their stoma medications
- 53% of patients took codeine (the next step on the guidelines)
- 3 patients were on fluid restrictions

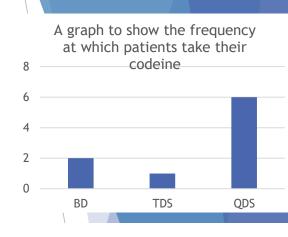
Conclusion

18%

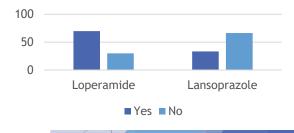
of the patients were fully complaint with the trust guidelines

The results show raising awareness with health care professionals of the guidelines is needed - an audit on this could be done.

Main limitation: small sample size.



A graph to show the number of patients taking the two first line drugs as stated on the guideline



guidance on stoma management [1,3]

NUTH's guidance:



Anti-motility agent
Anti-secretary agent

Methodology

17 structured interviews were carried out in the trust over 28 days. Thematic analysis of open ended questions were used Primary data was compared to existing guidelines.

References

- 1 NUTH, High output Stoma Management Flow Chart, Date accessed: 10/03/21.
- 2 Rowe K M, Schiller L R, Ileostomy diarrhea: Pathophysiology and management, *Baylor University Medical Centre Proceedings*, 2020, Vol 33, Issue 2, Pages: 218-226, Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7155987/ Date accessed: 10.3.21.
- 3 Woolf S H, Grol R, Hutchinson A, Eccles M, Grimshaw J, Potential benefits, limitations, and harms of clinical guidelines, *The British Medical Journal*, 2020, Volume:318, Pages: 527-530, Available from DOI: 10.1136/bmj.318.7182.527