Disclosures

Carma Erickson-Hurt has no real or perceived conflicts of interest that relate to this presentation.

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Objectives

1. Describe how symptom assessment and management enhance quality of life and relieve suffering.
2. Identify appropriate nursing interventions to manage gastrointestinal symptoms.
3. Recognize the pharmacological and non-pharmacological treatment modalities available to manage gastrointestinal symptoms.
### Gastrointestinal – Constipation

**Definition**

**Prevalence**

<table>
<thead>
<tr>
<th>Definition</th>
<th>Etiologies</th>
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<td>Medication side effects</td>
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<td>Metabolic</td>
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<td>Inactivity</td>
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<td>Neurological</td>
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<td>Structural</td>
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<td>Anorexia</td>
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<td>Motility disorders</td>
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<td>Pain</td>
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<td>Environmental/cultural</td>
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### Gastrointestinal – Constipation

**Assessment / History**

- Last bowel movement (BM)
- Characteristic of stool
- Normal pattern
- Assess pain
- History
- Current regimen
- Patient normal pattern

**Assessment / Exam**

- Abdominal exam
- Rectal exam
- Abdominal x-ray
- Food/fluid intake
- Medications
- Mobility
- Flatus/nausea/vomiting

### Gastrointestinal – Constipation

**Interventions**

- Prevention is goal
- Non-pharmacological
- Pharmacological
- Laxatives – bulk, lubricant, surfactant/detergent, osmotic, stimulants, suppositories
- Prophylaxis with opioids
- Titrate to goal
- Titrate with opioid titrations
- Opioid induced constipation
- Patient and family education
Gastrointestinal – Diarrhea

**Definition**

**Etiologies**
- Infection
- Laxatives
- GI problems
- Tumors
- Surgical procedures
- Radiation/chemotherapy
- Adverse drug effects
- Impaction

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Gastrointestinal – Diarrhea

**Assessment/History**
- Frequency
- Characteristic of stool
- Assess pain
- Current regimen
- Medication review
- Diet/intake
- Recent chemo or radiation
- Recent GI surgery

**Assessment/Exam**
- Abdominal exam
- Signs of dehydration
- Skin integrity
- Stool samples

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Gastrointestinal – Diarrhea

**Interventions**
- Treat reversible cause
- Non-pharmacological
- Pharmacological:
  - Loperamide
  - Diphenoxylate and atropine
  - Methycellulose
  - Scopolamine
  - Octreotide
  - Corticosteroids
- Patient and family education
Gastrointestinal – Bowel Incontinence

Definition

Etiologies
- Disorders affecting neurological, muscle control or absorption

Prevalence

Risk Factors
- Frailty
- Diseases
- Surgeries
- Pelvic radiotherapy

Assessment

- Identify reversible causes
- Medications
- Previous issues
- Medication review
- General physical exam
- Rectal exam
- Goals and concerns

Red Flag Symptoms
- Unexplained change
- Rectal bleeding
- Weight loss
- Nocturnal pain
- Fever
- Anemia

Interventions

- Treat reversible cause
- Non-pharmacological
- Lifestyle modifications
- Toileting
- Specialist strategies
- Skin care
- Pharmacological – Loperamide, codeine, bulk forming agents
- Patient and family education
## Gastrointestinal – Ascites

### Definition
- Ascites
- Malignant ascites

### Etiologies
- Portal hypertension
- Malignancy
- Decreased osmotic oncotic pressure
- Other causes

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## Gastrointestinal – Ascites

### Assessment
- Weight gain
- Increase in belt size
- Associated symptoms
- Physical exam
- Diagnostic tests
- Lab tests

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## Gastrointestinal – Ascites

### Interventions
- Nonpharmacological
- Diet/fluid restriction
- Paracentesis
- Paracentesis catheters
- Vascular shunt
- Pharmacological – diuretics
- Patient and family education
Sample Question
When teaching a family of a patient with ascites, which dietary changes should be encouraged?

A. Increased fiber in the diet
B. High protein diet
C. Low protein diet
D. Fluid and sodium restriction

Gastrointestinal – Hiccoughs (Hiccups)

<table>
<thead>
<tr>
<th>Definition</th>
<th>Etiologies</th>
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</thead>
<tbody>
<tr>
<td>• Benign</td>
<td>• Peripheral nervous system</td>
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<tr>
<td>• Persistent</td>
<td>• Central nervous system</td>
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<tr>
<td>• Intractable</td>
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<td>Prevalence</td>
<td>• Inflammatory disorders</td>
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<td>• Medications</td>
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<td>• Psychogenic</td>
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</tbody>
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Assessment / History
• Level of distress
• History and duration
• Effect on ADLs
• Potential triggers
• Review medications

Assessment / Physical exam
• General appearance
• Oral cavity
• Abdomen
Gastrointestinal – Hiccoughs

**Interventions**
- Treat underlying cause
- Nonpharmacological – respiratory maneuvers, vagal, or nasal/pharyngeal stimulation
- Gastric distention relief
- Psychiatric
- Acupuncture
- Peppermint water
- Pharmacological – muscle relaxants, antiepileptic, antipsychotics, calcium channel blockers
- Patient and family education

Gastrointestinal – Nausea & Vomiting

**Definition**
- Nausea
- Vomiting

**Prevalence**

Gastrointestinal – Nausea & Vomiting

**Etiologies**
- Gastrointestinal stimulating vagal and sympathetic pathways
- Metabolic stimulating the chemoreceptor trigger zone
- Central nervous system
- Psychological stimulating emetic receptors
- Drugs
### Gastrointestinal – Nausea & Vomiting

#### Assessment/History
- History
- Character of emesis
- Bowel history
- Pain assessment
- Medication history

#### Assessment/Exam
- Oral cavity
- Abdomen
- Rectum
- Neurological

#### Lab Tests
- Radiologic tests

### Gastrointestinal – Nausea & Vomiting

#### Nonpharmacological Interventions
- Treat underlying cause
- Meals at room temperature
- Avoid sweet, salty, fatty, and spicy foods
- Small meals, eat slow
- Good oral care
- Invasive therapies – nasogastric (NG) tube, draining gastrostomy tube, surgery
- Behavioral interventions
- Acupuncture, acupressure, music therapy

### Gastrointestinal – Nausea & Vomiting

#### Pharmacological Interventions
- Anticholinergics – hyoscine hydrobromide (scopolamine)
- Antihistamines – diphenhydramine, cyclizine
- Prokinetic agents – metoclopramide
- Corticosteroids – dexamethasone
- Dopamine agonists – haloperidol, prochlorperazine
- 5HT3 receptor agonists – ondansetron
- Benzodiazepines – lorazepam
- Cannabinoids – dronabinol
- Miscellaneous – octreotide acetate
- Patient and family education
### Gastrointestinal – Bowel Obstruction

**Definition**
- Bowel obstruction
- Malignant bowel obstruction
- Intractable

**Etiologies**
- Nonmalignant causes
- Malignant causes

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**Assessment/History**
- History of bowel activity
- Associated symptoms

**Assessment/Exam**
- Abdomen
- Rectum
- Temperature

**Radiologic Tests**

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**Interventions**
- Prevention
- Guided by goals of care
- Nonpharmacological – bowel rest, intravenous (IV) fluid, NG tube, venting percutaneous endoscopic gastrostomy (PEG), stenting, surgery
- Pharmacological:
  - Octreotide
  - Hyoscine hydrobromide (scopolamine)
  - Opioids, antiemetics and steroids
  - Antispasmodics
  - Stool softener
- Patient and family education
Sample Question

Mrs. Jones is 55 years old and has end stage ovarian cancer. On your home visit today, she reports a 3-day history of vomiting. She has an increased abdominal girth and abdominal pain. Which of the following is the most likely cause?

A. Gastroparesis  
B. Bowel obstruction  
C. Ileus  
D. Ascites