Diarrhea caused by chemotherapy or radiation in patients with cancer can cause dehydration, electrolyte imbalance, malnutrition, fluid depletion, and hospitalization. In severe cases, uncontrolled diarrhea can lead to therapy dose reductions or even death. Oncology professionals may simply assess for the absence or presence of diarrhea, rather than using a standard assessment tool; they also may lack awareness regarding availability of established assessment and treatment guidelines. However, use of treatment guidelines can lead to optimal prevention and management of treatment-induced diarrhea in patients with cancer. Oncology nurses play a key role in the identification and treatment of chemotherapy- and radiation therapy-induced diarrhea.

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Diarrhea is a debilitating condition that affects the quality of life and hampers the ability to complete therapy. In addition, abdominal radiating pain, nausea, vomiting, and associated symptoms such as fever and abdominal cramping can provide the oncology practitioner with additional information necessary for optimal treatment (O’Brien, Kaklamani, & Benson, 2005). Assessment of weight loss and reduced urine output provides important information regarding the severity of the effects of diarrhea (NCI, 2009).

Chemotherapy-induced diarrhea can be categorized as uncomplicated and complicated. Differentiating between the two categories assists in determining appropriate interventions. Uncomplicated diarrhea is defined as grade 1 or 2 toxicity without complicating signs or symptoms (Richardson & Dobish, 2007), which include moderate to severe cramping, nausea, vomiting, decreased performance status, fever, sepsis, neutropenia, bleeding, and dehydration (Cherny, 2008; Richardson & Dobish, 2007). All patients with severe (grade 3 or 4) diarrhea are considered complicated. Patients with mild to moderate diarrhea (grade 1 or 2) with one or more complicating factors also are considered complicated (Cherny, 2008; Richardson & Dobish, 2007).

Patient Assessment

The NCI CTCAE is widely accepted throughout the oncology community as the standard classification and severity grading scale for adverse events in cancer-related clinical trials and other oncology settings (NCI, 2009). The NCI CTCAE evaluate and grade diarrhea by number of stools per day, incontinence, and increase in ostomy output as compared to baseline (NCI, 2009) (see Table 1). Although the NCI CTCAE provide a standard objective foundation for evaluating treatment-induced diarrhea, additional evaluation is warranted. A detailed assessment must include hydration status and dietary intake (Benson et al., 2004). A patient self-care log or diary describing the number and consistency of stools, dietary changes, medications used to manage the diarrhea, and associated symptoms such as fever and abdominal cramping can provide the oncology practitioner with additional information necessary for optimal treatment (O’Brien, Kaklamani, & Benson, 2005). Assessment of weight loss and reduced urine output provides important information regarding the severity of the effects of diarrhea (NCI, 2009).

Dietary modifications commonly are implemented to stop or lessen the severity of cancer treatment-related diarrhea (Arbuckle, Huber, & Zacker, 2000). Each...