



Northern Health Palliative Care

Palliative Management of Bowel Obstruction

In patients with poor prognostic criteria, surgical intervention to attempt reversal of bowel obstruction is often not indicated. In cases of irreversible bowel obstruction, think of “**P.I.N.S**” to help guide medical management of the patient’s symptoms.

P Pain: Opioids are recommended for management of pain related to bowel obstruction.

I Inflammation: Corticosteroids are recommended to help reduce inflammation. Steroids may help to reopen the bowel lumen and ‘shrink’ the tumor through their anti-inflammatory effects. A trial of 5-6 days is recommended.

N Nausea: Anti-emetics are recommended for management of nausea in bowel obstructions. The first line drug recommended is Dimenhydrinate 50mg PO/SC Q8hrs. Haloperidol 1mg-2m SC BID-TID may also be considered.

S Secretions: The bowel produces litres of fluids and secretions daily. Octreotide can significantly reduce secretions that would otherwise build up in a bowel obstruction and lead to nausea, vomiting and bowel distention.

Some other things to consider:

- Give medications subcutaneously to ensure adequate absorption.
- Other interventions may include use of a nasogastric tube connected to suction – this may provide relief in the short term but over time can result in necrosis of the nasal alae and uvula.
- Consider a venting gastric or jejunal tube (PEG tube) if drugs alone fail to reduce nausea and vomiting. In complete obstruction, stop laxatives and prokinetic agents.
- Clients should remain NPO and receive frequent mouth care.