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Diploma in Pharmacy 2nd Year

Community Pharmacy & Management

Experiment

To provide counselling to simulated patients for GI disturbances (nausea, vomiting, dyspepsia, diarrhoea, and constipation).

Aim:

To provide counselling to simulated patients for GI disturbances (nausea, vomiting, dyspepsia, diarrhoea, and constipation).

Reference :

‘ Dr. Gupta G.D. , Dr. Sharma Shailesh, Dr. Gupta Richa, “Practical Manual of Community Pharmacy and Management” Published by Nirali Prakashan, Page no 59 – 62

Theory :

Patient Counselling Points for Nausea and Vomiting

The feeling of nausea is an uneasy feeling in the stomach that frequently precedes the desire to vomit but does not always result in vomiting. Vomiting is the emptying up of stomach contents up through the mouth, either voluntarily or involuntarily

When attempting to manage nausea:

- 1) Clear or ice-cold drinks should be consumed.
- 2) Light, bland foods (such as saltine crackers or plain bread) should be eaten.
- 3) Fried, greasy, or sweet foods should be avoided.
- 4) Eat slowly and eat smaller, more frequent meals.
- 5) Hot and cold foods should not be mixed.
- 6) Beverages should be consumed slowly.
- 7) Activity should be avoided after eating.

- 8) Brushing the teeth should be avoided after eating.
- 9) Foods from all the food groups should be selected to acquire the adequate nutrition.

Regardless of age or the cause, treatment for vomiting includes:

- 1) Larger amounts of clear liquids should be consumed gradually.
- 2) Solid food should be avoided until the vomiting stops.
- 3) The patient should take rest.
- 4) All oral medications which may aggravate stomach discomfort and worsen vomiting should be stopped.

Several prescription drugs, including drugs that can be used during pregnancy, can manage nausea and vomiting. These include promethazine (Phenergan), diphenhydramine (Benadryl), trimethobenzamide (Tigan), and ondansetron (Zofran).

Patient Counselling Points for Dyspepsia

The term "dyspepsia" often known as indigestion refers to pain and occasionally other symptoms that originate in the upper gut (the stomach, oesophagus or duodenum). The type of treatment depends on the cause.

1) Patient Education:

- i. Although there is no conclusive proof that certain lifestyle variables cause dyspepsia, some people should be benefitted from taking these precautions.
- ii. In cases where there are no symptoms of an organic condition, reassurance is a crucial component of initial therapy to alleviate anxiety.
- iii. The patient should be provided with the necessary educational resources to support the care they receive.

2) Lifestyle Modifications:

- i. He/she should be advised to avoid foods and beverages that are known to aggravate their dyspeptic symptoms, such as alcohol, coffee, chocolate, and fatty meals.

- a. The pharmacological effects of alcohol, coffee, and chocolate may lessen the tone of the Lower Esophageal Sphincter (LES)
- b. Eating fatty foods can cause GERD by delaying the time that the stomach empties.
- ii. He/she should be encouraged to quit smoking because the pharmacological effects of smoking could lessen the tone of the LES.
- iii. He/she should be encouraged to reduce weight because obesity may cause the LES to malfunction due to the mechanical pressure on the diaphragm.
- iv. He/she should be encouraged to eat main meal well before going to bed (preferably before 3 hours).
- v. He/she should be encouraged to raise the head during sleeping as lying flat may result in more bouts of reflux since gravity does not stop the reflux of acid.

3) Medical Management:

- i. He/she should be assessed for risk of GI complications if NSAIDs are being used concurrently and provided with alternative strategies if risk is high.
- ii. Patients with refractory functional dyspepsia are more likely to also have depression and other psychiatric disorders Psychological therapies such as cognitive behavioural therapy and psychotherapy, or antidepressants should be considered to lessen dyspeptic symptoms, especially in non ulcer dyspepsia.

Patient Counselling Points for Diarrhoea

Diarrhoea is a condition in which children pass loose and watery stools several times a day Acute diarrhoea resolves within 1 or 2 days without medical treatment, but chronic diarrhoea continues for 4 weeks.

- 1) **Fluid Replacement:** The body fluids lost in diarrhoeal episodes should be replaced with oral rehydration therapy. Oral rehydration means drinking solution of clean water, sugar and mineral salts to replace the fluid and electrolytes lost from the body during diarrhoea.

ORS prepared at home [by mixing 3 finger pinch salt (3gm) and 2 tablespoons sugar (1gm) in 1 litre water) should be given to the child after every loose stool.

The WHO recommended composition of standard ORS and new reduced osmolarity ORS is given in table 10:

Table 10: Standard ORS

Contents	Amount in gm/L	Ingredients	Osmolarity in mmol/L
Sodium chloride	3.5	Sodium	90
		Potassium	20
Sodium bicarbonate	2.5	Chloride	80
Potassium chloride	1.5	Glucose	111
Glucose	20	Citrate	10
Total Osmolarity = 311			

- 2) **Zinc Supplements:** These should be consumed as they result in a 30% reduction in stool volume and a 25% reduction in duration of a diarrhoea episode.
- 3) **Drink Plenty of Liquids:** Sufficient liquid such as water, broths and juices should be taken. Caffeine and alcohol should be avoided.
- 4) **Add Semisolid and Low-fiber Foods Gradually:** Semisolid and low-fiber foods should be added as the movements of bowel return to normal. Soda crackers, toast, eggs, rice or chicken should be tried
- 5) **Avoid Certain Foods:** Food such as airy products, fatty foods, high-fiber foods or highly seasoned foods should be avoided for a few days.
- 6) **Medical Management:** OTC anti-diarrheal medications, such as loperamide and bismuth subsalicylate should be taken because they may help in reducing the frequency of watery bowel motions and treat severe symptoms. These drugs can make some illnesses and parasitic and bacterial infections worse because they stop body from eliminating the source of the diarrhoea. Many of these medicines are not suggested for children. The doctor should be consulted before taking these medications or giving them to a child.

- 7) **Consider Taking Probiotics:** It is unknown if these microorganisms can shorten a diarrhoea episode, but they may assist restore a healthy balance to the intestinal system by increasing the amount of good bacteria. Probiotics are available in liquid or capsule form, and some foods, including some varieties of yoghurt. More research is needed to better understand the type bacterial strains or dosages are necessary

Patient Counselling Points for Constipation

When bowel motions become less frequent and faeces become harder to evacuate, this is known as constipation. Changes in food or lifestyle, as well as a lack of fibre, are the most common causes

1) Medical Management

- i. Supplement the diet with an over-the-counter fibre supplement (such as Metamucil, Citrucel, or Benefiber).
- ii. A very moderate over-the-counter stool softener or laxative (such as docusate or Milk of Magnesia) should be taken if necessary. Other methods include mineral oil enemas like, Fleet and stimulant laxatives like bisacodyl or senna
- iii. There are a few prescription medicines that can help with constipation. Lubiprostone, prucalopride, plecanatide, lactulose, and linaclotide are some of the examples of these compounds. According to the test reports, the doctor will choose the drug that might work best for the patient.

2) Increasing Fiber Intake: Fruits, vegetables, and whole grains should be taken because they are high in fibre and help to boost gut health. High-fructose fruits, for example, apples, pears and watermelon should be avoided that can induce gas

3) Getting More Exercise: Regular exercise should be done as it helps to keep gut moving. People with impairments and those who are bedridden (even temporarily while being admitted to the hospital) are more likely to develop constipation, as is well known

4) Drinking More Water: At least two litres (about 8-10 cups) of fluid should be consumed daily. Although most of the fluid is excreted in the

urine, some also passes through the intestines and softens the stools. Except alcoholic beverages, which may result in the body having insufficient fluids, most types of beverages should be consumed. As a start, a glass of water should be consumed 3-4 times every day in addition to the normal drink

5) **Heed the Urge to Have a Bowel Movement:** It is important to act as soon as the urge to urinate strikes. This raises the possibility that an individual will continue to notice that encouraging signal. Many other factors, like as being away from home or not wanting to use a public restroom, cause people to suppress their needs. However, if this urge is consistently resisted it will eventually disappear.

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Result :

Counselling to simulated patients for GI disturbances (nausea, vomiting, dyspepsia, diarrhoea, and constipation) was provided.

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