Introduction:
Diarrhea is an important problem in each critically ill patient(1). We aimed to investigate the frequency and management of diarrhea in our ICU.

Methods:
In this study 47 patients were retrospectively reviewed, in our ICU between 01.01.2017-03.01.2018. Patients were divided into two groups as diarrhea “positive” and “negative”. Patients with diarrhea had fluid or loose stools 3 or more times a day. Each diarrhea period of the patients with diarrhea was examined separately and compared with the group without diarrhea. Nutritional status, enteral product formulation, leukocyte, neutrophil, albumin values, gastric sparing, antibacterial and antifungal use, LOS in hospital and in ICU were compared. In diarrhea positive group, on the day of hospitalization, laxative and/or enema administration, toxin A in stool, nitrogen balance before and after diarrhea, enteral product change in diarrhea, probiotic, metronidazole or oral vancomycin use were examined.

Results:
The incidence of diarrhea was 68.3%. The most common diagnosis of ICU admission was respiratory failure (60-85%) in both groups. Diarrhea occurred in two days after laxative and/or enema treatment. Enteral nutrition was higher in both groups (≥90%). Nasogastric tube feeding was significantly higher in the diarrhea group (p=0.041). There was no difference between nutritional product formulation and diarrhea development (p>0.1). Antibacterial use was high in both groups (75%); however, Teicoplanin use was significantly higher in the group diarrhea negative group (p=0.028). The LOS in ICU, and hospital was higher in diarrhea group (p<0.001). No difference in mortality rates (p>0.5).

Conclusion:
Many factors may cause diarrhea in ICU, and diarrhea may adversely affect patient treatment and increase morbidity. We think that preventive methods are as important as the treatment of diarrhea.

References: