



Diarrhoea	When to Refer	Advice for Self Care	Treatment Options		
			Drug	Dose and Duration	Advice
<p>An increased frequency, fluidity or volume of the bowel with the passage of soft and watery stools as compared to the person's normal bowel movements.</p> <p><b>Causes:</b></p> <ul style="list-style-type: none"> <li>Bacterial infection (e.g., <i>Salmonella</i>, <i>Escherichia coli</i>, <i>Shigella</i>)</li> <li>Viral infection (e.g., rotaviruses)</li> <li>Travel</li> <li>Stress</li> <li>Excess alcohol consumption</li> <li>Changes to diet and lifestyle</li> <li>Medication – prescribed and OTC</li> <li>Medical conditions (e.g., Crohn's disease, irritable bowel)</li> </ul> <p><b>Symptoms:</b></p> <ul style="list-style-type: none"> <li>Rapid onset</li> <li>Watery stools passed very frequently</li> <li>Accompanying nausea and vomiting</li> <li>Abdominal cramps</li> <li>Weakness and fatigue</li> <li>Occasional fever</li> <li>Headaches</li> </ul>	<p><b>Diarrhoea lasting longer than:</b></p> <ul style="list-style-type: none"> <li>1 day in children under 1 year old</li> <li>2 days in those under 3 years old and the elderly</li> <li>3 days in older children and adults</li> <li>Severe vomiting and fever</li> <li>Signs of moderate dehydration</li> <li>Suspected food poisoning</li> <li>History of change in bowel habit</li> <li>Presence of blood or mucus in stools</li> <li>Severe abdominal pain</li> <li>Repeated attacks</li> <li>Bouts of diarrhoea alternating with constipation</li> <li>Following travel</li> <li>Food handler</li> </ul> <p><b>Failed OTC or prescribed medicine. Failed OTC treatment after:</b></p> <ul style="list-style-type: none"> <li>1 day in children under 1 year</li> <li>2 days in children under 3 years and the elderly</li> <li>3 days in older children and adults</li> <li>Suspected severe adverse drug reaction to prescribed medicine e.g. broad spectrum antibiotics</li> </ul>	<p>Diarrhoea is normally acute and self limiting normally disappearing after one to two days.</p> <p>Treatment is based around rehydrating the patient to replace lost fluids and electrolytes. It must be stressed to the parents of infants and to the elderly that they are more susceptible to dehydration and electrolyte depletion and rehydration is necessary. Severe dehydration will require admission to hospital and can be life threatening.</p> <p><b>Advise the patient to:</b></p> <ul style="list-style-type: none"> <li>Drink plenty of fluids such as water, soup, fruit juice</li> <li>Early feeding is now recommended, if tolerated, especially with food high in carbohydrates</li> <li>Avoid transmission by meticulous hand washing and reducing spread by avoiding attendance if possible at work, school or other public place e.g. hospitals</li> </ul>	<p><b>Children under 12 years and elderly:</b></p> <p>Oral Rehydration sachets</p> <p><b>Adults &amp; Children over 12 years:</b></p> <p>Loperamide and Oral Rehydration sachets can be prescribed in combination with each other or used alone</p> <p>Loperamide 2mg capsules</p> <p>Oral Rehydration sachets</p>	<p>Dissolve contents in 200ml of water</p> <p>Take two capsules immediately followed by one capsule after each loose stool.</p> <p>Maximum dose of 8 capsules in 24 hours.</p> <p>Dissolve contents in 200mls of water.</p>	<p>Mix the contents of the sachet with water only. Boiled and cooled water should be used for children under 12 months of age. Drink enough to replace the amount of fluid lost.</p> <p>Ensure adequate fluid intake and electrolyte intake where appropriate.</p> <p>Mix the contents of the sachet with water only.</p> <p>Drink enough to replace the amount of fluid lost.</p>



## Minor Ailments Scheme Algorithms & Information Sheets

### Diarrhoea

Diarrhoea is normally acute and self limiting, usually disappearing after one to two days.

Treatment is based around rehydrating the patient to replace lost fluids and electrolytes. It must be stressed to the parents of infants and to the elderly that they are more susceptible to dehydration and electrolyte depletion and rehydration is necessary. Severe dehydration will require admission to hospital and can be life threatening.

#### Advise the patient to:

- Drink plenty of fluids such as water, soup, fruit juice
- Early feeding is now recommended, if tolerated especially with food high in carbohydrates
- Infant feeding should continue as recommended in accompanying guidance document
- Avoid transmission by meticulous hand washing and reducing spread by avoiding attendance if possible at work, school or other public place e.g. hospitals

