

DEFINITION

- **Diarrhea** is an increase in loose or watery stools (bowel movements). Typically occurring three or more times a day.
- Diarrhea may be mild (passing a few loose or mushy stools) or severe (passing many watery stools).

Diarrhea **SEVERITY** is defined as:

- **None:** No diarrhea.
- **Mild:** Few loose or mushy stools; increase of 1 to 3 stools over normal daily number of stools; mild increase in ostomy output (e.g., 900 ml or more a day; "more than usual", or watery).
- **Moderate:** Increase of 4 to 6 stools daily over normal; moderate increase in ostomy output (e.g., 1,200 ml or more a day; or 50% more)
- **Severe:** Increase of 7 or more stools daily over normal; incontinence; marked increase in ostomy output (e.g., 1,500 ml or more a day; or twice as much as usual).

INITIAL ASSESSMENT QUESTIONS

1. **DIARRHEA SEVERITY:** "How bad is the diarrhea?" "How many more stools have you had in the past 24 hours than normal?"
 - **NONE:** No diarrhea.
 - **MILD:** Few loose or mushy stools; increase of 1 to 3 stools over normal daily number of stools; mild increase in ostomy output (e.g., 900 ml or more a day; 'more than usual', or watery).
 - **MODERATE:** Increase of 4 to 6 stools daily over normal; moderate increase in ostomy output (e.g., 1,200 ml or more a day; or 50% more)
 - **SEVERE:** Increase of 7 or more stools daily over normal; incontinence; marked increase in ostomy output (e.g., 1,500 ml or more a day; or twice as much as usual).
2. **ONSET:** "When did the diarrhea begin?"
3. **STOOL DESCRIPTION:** "How loose or watery is the diarrhea?" "What is the stool color?" "Is there any blood or mucous in the stool?"
4. **VOMITING:** "Are you also vomiting?" If Yes, ask: "How many times in the past 24 hours?"
5. **ABDOMEN PAIN:** "Are you having any abdomen pain?" If Yes, ask: "What does it feel like?" (e.g., crampy, dull, intermittent, constant)
6. **ABDOMEN PAIN SEVERITY:** If present, ask: "How bad is the pain?" (e.g., Scale 1-10; mild, moderate, or severe)
 - **MILD (1-3):** Doesn't interfere with normal activities, abdomen soft and not tender to touch.
 - **MODERATE (4-7):** Interferes with normal activities or awakens from sleep, abdomen tender to touch.
 - **SEVERE (8-10):** Excruciating pain, doubled over, unable to do any normal activities.
7. **ORAL INTAKE:** If vomiting, "Have you been able to drink liquids?" "How much liquids have you had in the past 24 hours?"
8. **HYDRATION:** "Any signs of dehydration?" (e.g., dry mouth [not just dry lips], too weak to stand, dizziness, new weight loss) "When did you last urinate?"
9. **EXPOSURE:** "Have you traveled to a foreign country recently?" "Have you been exposed to anyone with diarrhea?" "Could you have eaten any food that was spoiled?"
10. **ANTIBIOTIC USE:** "Are you taking antibiotics now or have you taken antibiotics in the past 2 months?"
11. **OTHER SYMPTOMS:** "Do you have any other symptoms?" (e.g., fever, blood in stool)

12. PREGNANCY: "Is there any chance you are pregnant?" "When was your last menstrual period?"

TRIAGE ASSESSMENT QUESTIONS (TAQs)

Call EMS 911 Now

Shock suspected (e.g., cold/pale/clammy skin, too weak to stand, low BP, rapid pulse)

R/O: shock. FIRST AID: Lie down with the feet elevated.

CA: 40, 1045, 1

Difficult to awaken or acting confused (e.g., disoriented, slurred speech)

R/O: shock. FIRST AID: Lie down with the feet elevated.

CA: 40, 1045, 1

Sounds like a life-threatening emergency to the triager

CA: 40, 1

See More Appropriate Guideline

Vomiting also present and worse than the diarrhea

Go to Guideline: Vomiting (Adult)

[1] Blood in stool AND [2] without diarrhea

Go to Guideline: Rectal Bleeding (Adult)

Diarrhea in a cancer patient who is currently (or recently) receiving chemotherapy or radiation therapy, or cancer patient who has metastatic or end-stage cancer and is receiving palliative care

Go to Guideline: Cancer - Diarrhea (Adult)

Diarrhea begins while taking an antibiotic by mouth (oral antibiotic)

Go to Guideline: Diarrhea on Antibiotics (Adult)

Go to ED Now

[1] SEVERE abdominal pain (e.g., excruciating) AND [2] present > 1 hour

R/O: appendicitis or other acute abdomen

CA: 41, 80, 81, 1

[1] SEVERE abdominal pain AND [2] age > 60 years

Reason: Higher risk of serious cause of abdominal pain (e.g., mesenteric ischemia).

CA: 41, 80, 81, 1

[1] Blood in the stool AND [2] moderate or large amount of blood

R/O: severe Shigella, Salmonella, Campylobacter or E. coli 0157

CA: 41, 80, 81, 1

Black or tarry bowel movements (Exceptions: Newly black-grey BMs from taking Pepto-Bismol/Kaopectate or unchanged black BMs from taking iron pills.)

R/O: gastritis, peptic ulcer disease, gastrointestinal bleeding. Note: Certain medicines (such as Kaopectate, Pepto-Bismol) and iron pills can give the stool a somewhat darker or grey-black color. These medicines should not turn the stool jet-black, tarry, sticky, or foul smelling (i.e., like melena).

CA: 41, 80, 81, 1

Go to ED/UCC Now (or PCP Triage)

[1] Drinking very little AND [2] dehydration suspected (e.g., no urine > 12 hours, very dry mouth, very lightheaded)

Reason: May need IV hydration.

CA: 42, 80, 1

Patient sounds very sick or weak to the triager

Reason: Severe acute illness or serious complication suspected.

CA: 42, 80, 1

See HCP (or PCP Triage) Within 4 Hours

[1] SEVERE diarrhea (e.g., 7 or more times / day more than normal) AND [2] age > 60 years

Reason: Higher risk for dehydration.

CA: 43, 1065, 89, 1

[1] Constant abdominal pain AND [2] present > 2 hours

R/O: diverticulitis, appendicitis or other acute abdomen

CA: 43, 89, 1

Fever > 103° F (39.4° C)

CA: 43, 80, 1065, 1002, 1005, 89, 1

See PCP Within 24 Hours

[1] SEVERE diarrhea (e.g., 7 or more times / day more than normal) AND [2] present > 24 hours (1 day)

Reason: Higher risk of dehydration.

CA: 44, 26, 27, 1615, 1616, 1632, 1633, 1895, 17, 1

[1] MODERATE diarrhea (e.g., 4-6 times / day more than normal) AND [2] present > 48 hours (2 days)

Reason: Higher risk of dehydration.

CA: 44, 1557, 1558, 1615, 1616, 1632, 1633, 1895, 17, 1

[1] MODERATE diarrhea (e.g., 4-6 times / day more than normal) AND [2] age > 70 years

Reason: Higher risk of dehydration and morbidity.

CA: 44, 1557, 1558, 1895, 17, 1

Fever > 101° F (38.3° C)

R/O: bacterial diarrhea

CA: 44, 1893, 1065, 1002, 1005, 17, 1

Fever present > 3 days (72 hours)

R/O: bacterial diarrhea

CA: 44, 1893, 1065, 1002, 1005, 17, 1

Abdominal pain (Exceptions: Pain clears with each passage of diarrhea stool, or symptoms similar to previously diagnosed irritable bowel syndrome.)

R/O: bacterial diarrhea

CA: 44, 1065, 89, 1

[1] Blood in the stool AND [2] small amount of blood (Exception: Only on toilet paper. Reason: Diarrhea can cause rectal irritation with blood on wiping.)

R/O: bacterial diarrhea

CA: 44, 1065, 89, 1

[1] Mucus or pus in stool AND [2] present > 2 days AND [3] diarrhea is more than mild

R/O: bacterial diarrhea

CA: 44, 1893, 17, 1

[1] Recent antibiotic therapy (i.e., within last 2 months) AND [2] diarrhea present > 3 days since antibiotic was stopped

R/O: C. difficile diarrhea

CA: 44, 1892, 1557, 1558, 1893, 17, 1

[1] Recent hospitalization AND [2] diarrhea present > 3 days

R/O: C. difficile diarrhea

CA: 44, 30, 1557, 1558, 17, 1

Weak immune system (e.g., HIV positive, cancer chemo, splenectomy, organ transplant, chronic steroids)

Reason: Broader range of causes.

CA: 44, 1557, 1558, 10, 17, 1

Tube feedings (e.g., nasogastric, g-tube, j-tube)

R/O: osmotic diarrhea

CA: 44, 23, 87, 89, 1

Call PCP Within 24 Hours

Travel to a foreign country in past month

Reason: Antibiotic therapy may be indicated for the treatment of Traveler's Diarrhea.

CA: 50, 11, 12, 1557, 1558, 1632, 1633, 1615, 1616, 17, 1

See PCP Within 3 Days

[1] MILD diarrhea (e.g., 1-3 or more stools than normal in past 24 hours) AND [2] present > 7 days
(Exception: Chronic diarrhea that is not worse.)

R/O: bacterial cause or Giardia, small intestinal bacterial overgrowth (SIBO).

CA: 45, 1557, 1558, 1895, 17, 1

See PCP Within 2 Weeks

Diarrhea is a chronic symptom (recurrent or ongoing AND present > 4 weeks)

R/O: irritable bowel syndrome (IBS).

CA: 46, 1557, 1558, 1895, 18, 8, 1

Home Care

SEVERE diarrhea (e.g., 7 or more times / day more than normal)

Reason: New or transient diarrhea without significant risk factors; may respond to homecare measures.

CA: 48, 9, 26, 27, 1615, 1616, 1632, 1633, 1895, 6, 8, 1

MILD to MODERATE diarrhea (e.g., 1-6 times / day more than normal)

Reason: New or transient diarrhea without significant risk factors; may respond to homecare measures. R/O: viral gastroenteritis

CA: 48, 9, 1557, 1558, 1615, 1616, 1632, 1633, 1895, 6, 8, 1

CARE ADVICE (CA)

1. **Care Advice** given per Diarrhea (Adult) guideline.
6. **Expected Course:**
 - Viral diarrhea lasts 4 to 7 days.
 - It is usually worse on days 1 and 2.
8. **Call Back If:**
 - Signs of dehydration occur (such as no urine over 12 hours, very dry mouth, lightheaded)
 - Diarrhea lasts over 7 days
 - You become worse
9. **Reassurance and Education - Diarrhea:**
 - Diarrhea may be caused by a virus ("stomach flu") or a bacteria. Diarrhea is one of the body's way of getting rid of germs.
 - Certain foods (such as dairy products, supplements like Ensure) can also trigger diarrhea.
 - In some people, the exact cause is never found.
 - Staying well-hydrated is the most important thing if you have diarrhea. From what you have said, it sounds like you are not severely dehydrated at this point.
 - *Here is some general care advice that should help.*

10. **Do Not Use - Bismuth Subsalicylate (Such as Kaopectate, Pepto-Bismol):**
- Do not take bismuth subsalicylate for chronic (long-term) diarrhea.
 - *Reason:* Diarrhea in people with a weak immune system may be a chronic problem. There could be side effects from taking this medicine long-term.
11. **Traveler's Diarrhea:**
- Traveler's diarrhea typically begins within two weeks of traveling to a foreign country. There are bacteria in the water and food that your body is not used to and a diarrheal infection is the result. Traveler's Diarrhea is also called "Mummy Tummy," "Montezuma's revenge," and Turista.
 - *Symptoms:* Passing at least three loose stools a day. Other symptoms may include nausea, vomiting, abdomen cramping, urgency to pass stools, and fever.
 - *Treatment:* Antibiotics may sometimes be used to treat this type of diarrhea.
12. **Travel and Risk of Diarrhea:**
- *High risk:* Travel to Latin America, Africa, Southern Asia - diarrhea occurs in 40% of travelers.
 - *Moderate risk:* Travel to Northern Mediterranean countries, Middle East, China, and Russia - diarrhea occurs in 10 to 15% of travelers.
 - *Low risk:* Travel to United States, Western Europe, Canada, Japan - diarrhea occurs in 2 to 4% of travelers.
17. **Call Back If:**
- Signs of dehydration occur (such as no urine over 12 hours, very dry mouth, lightheaded)
 - Bloody stools
 - Constant or severe abdomen pain
 - You become worse
18. **Diarrhea Diary:**
- Please keep a diary of the diarrhea each day.
 - Write down how often the diarrhea occurs and how loose it is.
 - This can help your doctor (or NP/PA) make the correct diagnosis.
23. **Alternate Disposition - Contact Home Health Nurse:**
- If the patient has a home health nurse, a home visit may be an option instead of an office visit.
 - The home health nurse can assess the patient, check tube placement, and provide education.

26. **Fluid Therapy During Severe Diarrhea:**
- Drink more fluids, at least 8 to 10 cups daily. One cup equals 8 oz (240 ml).
 - **Water:** For severe diarrhea, water is often the best liquid to drink. You should also eat some salty foods (such as potato chips, pretzels, saltine crackers). This is important to make sure you are getting enough salt, sugars, and fluids to meet your body's needs.
 - **Sports drinks:** You can also drink half-strength sports drinks (such as Gatorade, Powerade) to help treat and prevent dehydration. Mix the sports drink half and half with water.
 - **Avoid** caffeinated beverages. *Reason:* Caffeine is mildly dehydrating.
 - **Avoid** alcohol beverages (such as beer, wine, hard liquor).
 - **Avoid** carbonated soft drinks (soda) as these can make your diarrhea worse.
27. **Food and Nutrition During Severe Diarrhea:**
- Drinking enough liquids is more important than eating when you have severe diarrhea.
 - As the diarrhea starts to get better, you can slowly return to a normal diet.
 - Begin with boiled starches / cereals (such as potatoes, rice, noodles, wheat, oats) with a small amount of salt.
 - You can also eat bananas, yogurt, crackers, soup.
30. **Reassurance and Education - Recent Hospitalization:**
- If you have been in the hospital recently, your diarrhea might be caused by a bacteria called C. Diff.
 - Your doctor (or NP/PA) may want to test your stool to check for this bacteria.
 - Bring a sample of the diarrhea (such as in a container with a lid) to your appointment.
 - *Here is some care advice that should help.*
31. **Reassurance and Education - Diarrhea While Taking an Antibiotic:**
- It is common to have mild diarrhea when taking an antibiotic.
 - Diarrhea is not an allergic reaction to the antibiotic.
 - Antibiotics can upset the natural balance of bacteria (normal flora) in the gut (intestines).
 - *Here is some care advice that should help.*
32. **Call Back If:**
- Signs of dehydration occur (such as no urine over 12 hours, very dry mouth, lightheaded)
 - Diarrhea lasts more than 3 days after finishing antibiotic
 - Diarrhea becomes severe
 - You become worse
40. **Call EMS 911 Now:**
- Immediate medical attention is needed. You need to hang up and call 911 (or an ambulance).
 - *Triager Discretion:* I'll call you back in a few minutes to be sure you were able to reach them.

41. **Go to ED Now:**
- You need to be seen in the Emergency Department.
 - Go to the ED at _____ Hospital.
 - Leave now. Drive carefully.
42. **Go to ED/UCC Now (or PCP Triage):**
- **If No PCP (Primary Care Provider) Second-Level Triage:** You need to be seen within the next hour. Go to the ED/UCC at _____ Hospital. Leave as soon as you can. **Caution:** See Sources of Care below when considering where to send the patient.
 - **If PCP Second-Level Triage Required:** You may need to be seen. Your doctor (or NP/PA) will want to talk with you to decide what's best. I'll page the provider on-call now. If you haven't heard from the provider (or me) within 30 minutes, go directly to the ED/UCC at _____ Hospital.
- Note to Triager:**
- Use nurse judgment to select the most appropriate source of care.
 - Consider both the urgency of the patient's symptoms AND what resources may be needed to evaluate and manage the patient.
 - Do not send these patients to Retail Clinics. Retail Clinics have limited services and are not able to manage these patients.
- Sources of Care:**
- **ED:** Patients who may need surgery, need hospitalization, sound seriously ill or may be unstable need to be sent to an ED. Likewise, so do most patients with complex medical problems and serious symptoms.
 - **UCC Is Open:** Some Urgent Care Centers (UCCs) can manage patients who are stable and have less serious symptoms or minor injuries. The triager must know the UCC capabilities before sending a patient there. If unsure, call ahead.
 - **Office Is Open:** If patient sounds stable and not seriously ill, consult PCP (or follow your office policy) to see if patient can be seen NOW in office.

43. **See HCP (or PCP Triage) Within 4 Hours:**
- **If Office Will Be Open:** You need to be seen within the next 3 or 4 hours. Call your doctor (or NP/PA) now or as soon as the office opens.
 - **If Office Will Be Closed and No PCP (Primary Care Provider) Second-Level Triage:** You need to be seen within the next 3 or 4 hours. A nearby Urgent Care Center (UCC) is often a good source of care. Another choice is to go to the ED. Go sooner if you become worse.
 - **If Office Will Be Closed and PCP Second-Level Triage Required:** You may need to be seen. Your doctor (or NP/PA) will want to talk with you to decide what's best. I'll page the on-call provider now. If you haven't heard from the provider (or me) within 30 minutes, call again. **Note:** If on-call provider can't be reached, send to UCC or ED.
- Note to Triager:**
- Use nurse judgment to select the most appropriate source of care.
 - Consider both the urgency of the patient's symptoms AND what resources may be needed to evaluate and manage the patient.
- Sources of Care:**
- **ED:** Patients who may need surgery or hospital admission need to be sent to an ED. So do most patients with serious symptoms or complex medical problems.
 - **UCC:** Some UCCs can manage patients who are stable and have less serious symptoms (e.g., minor illnesses and injuries). The triager must know the UCC capabilities before sending a patient there. If unsure, call ahead.
 - **OFFICE:** If patient sounds stable and not seriously ill, consult PCP (or follow your office policy) to see if patient can be seen NOW in office.
44. **See PCP Within 24 Hours:**
- **If Office Will Be Open:** You need to be examined within the next 24 hours. Call your doctor (or NP/PA) when the office opens and make an appointment.
 - **If Office Will Be Closed:** You need to be seen within the next 24 hours. A clinic or an urgent care center is often a good source of care if your doctor's office is closed or you can't get an appointment.
 - **If Patient Has No PCP:** Refer patient to a clinic or urgent care center. Also try to help caller find a PCP for future care.
- Note to Triager:**
- Use nurse judgment to select the most appropriate source of care.
 - Consider both the urgency of the patient's symptoms AND what resources may be needed to evaluate and manage the patient.
45. **See PCP Within 3 Days:**
- You need to be seen within 2 or 3 days.
 - **PCP Visit:** Call your doctor (or NP/PA) during regular office hours and make an appointment. A clinic or urgent care center are good places to go for care if your doctor's office is closed or you can't get an appointment. **Note:** If office will be open tomorrow, tell caller to call then, not in 3 days.
 - **If Patient Has No PCP:** A clinic or urgent care center are good places to go for care if you do not have a primary care provider. **Note:** Try to help caller find a PCP for future care (e.g., use a physician referral line). Having a PCP or "medical home" means better long-term care.

46. **See PCP Within 2 Weeks:**
- You need to be seen for this ongoing problem within the next 2 weeks.
 - **PCP Visit:** Call your doctor (or NP/PA) during regular office hours and make an appointment.
 - **If Patient Has No PCP:** A primary care clinic is where you need to be seen for chronic health problems. **Note:** Try to help caller find a PCP (e.g., use a physician referral line). Having a PCP or "medical home" means better long-term care.
47. **Home Care - Information or Advice Only Call.**
48. **Home Care:**
- You should be able to treat this at home.
49. **Call PCP Now:**
- You need to discuss this with your doctor (or NP/PA).
 - I'll page the on-call provider now. If you haven't heard from the provider (or me) within 30 minutes, call again.
50. **Call PCP Within 24 Hours:**
- You need to discuss this with your doctor (or NP/PA) within the next 24 hours.
 - **If Office Will Be Open:** Call the office when it opens tomorrow morning.
 - **If Office Will Be Closed:** I'll page the on-call provider now. **Exception:** from 9 pm to 9 am. Since this isn't urgent, we'll hold the page until morning.
51. **Call PCP When Office Is Open:**
- You need to discuss this with your doctor (or NP/PA) within the next few days.
 - Call the office when it is open.
52. **Go to L&D Now:**
- You need to be seen.
 - Go to the Labor and Delivery Unit or the Emergency Department at _____ Hospital.
 - Leave now. Drive carefully.
80. **Another Adult Should Drive:**
- It is better and safer if another adult drives instead of you.
81. **Bring Medicines:**
- Bring a list of your current medicines when you go to the Emergency Department (ER).
 - Bring the pill bottles too. This will help the doctor (or NP/PA) to make certain you are taking the right medicines and the right dose.
87. **Bring Medicines:**
- Bring a list of your current medicines when you go to see the doctor (or NP/PA).
 - Bring the pill bottles too. This will help the doctor to make certain you are taking the right medicines and the right dose.

89. **Call Back If:**
- You become worse
1002. **Fever Medicines:**
- For fevers above 101° F (38.3° C) take either acetaminophen or ibuprofen.
 - They are over-the-counter (OTC) drugs that help treat both fever and pain. You can buy them at the drugstore.
 - The goal of fever therapy is to bring the fever down to a comfortable level. Remember that fever medicine usually lowers fever 2 to 3° F (1 to 1.5° C).
 - **Acetaminophen - Regular Strength Tylenol:** Take 650 mg (two 325 mg pills) by mouth every 4 to 6 hours as needed. Each Regular Strength Tylenol pill has 325 mg of acetaminophen. The most you should take is 10 pills a day (3,250 mg total). *Note:* In Canada, the maximum is 12 pills a day (3,900 mg total).
 - **Acetaminophen - Extra Strength Tylenol:** Take 1,000 mg (two 500 mg pills) every 6 to 8 hours as needed. Each Extra Strength Tylenol pill has 500 mg of acetaminophen. The most you should take is 6 pills a day (3,000 mg total). *Note:* In Canada, the maximum is 8 pills a day (4,000 mg total).
 - **Ibuprofen (such as Motrin, Advil):** Take 400 mg (two 200 mg pills) by mouth every 6 hours. The most you should take is 6 pills a day (1,200 mg total).
1005. **Fever Medicines - Extra Notes and Warnings:**
- Follow these dosing instructions unless your doctor (or NP/PA) has told you to take a different dose.
 - Acetaminophen is thought to be safer than ibuprofen in people over 65 years old. Acetaminophen is in many OTC and prescription medicines. It might be in more than one medicine that you are taking. You need to be careful and not take an overdose. An acetaminophen overdose can hurt the liver.
 - McNeil, the company that makes Tylenol, has different maximum dosage instructions for Tylenol in Canada than in the United States.
 - **Caution:** Do not take acetaminophen if you have liver disease.
 - **Caution:** Do not take ibuprofen if you have stomach problems, kidney disease, are pregnant, or have been told by your doctor to avoid this type of anti-inflammatory drug. Do not take ibuprofen for more than 7 days without consulting your doctor. If you take blood thinners, ibuprofen and naproxen can increase the risk of bleeding.
 - *Before taking any medicine, read all the instructions on the package.*
1045. **First Aid - Lie Down for Shock:**
- Lie down with the feet elevated.
 - *Reason:* Treatment for shock.
1065. **Drink Clear Fluids:**
- Drink more fluids.
 - Sip water or a half-strength sports drink (such as Gatorade, Powerade; mix half and half with water).
 - *Other options:* Sip an oral rehydration solution (such as Pedialyte, Rehydralyte).

1557. **Fluid Therapy During Mild to Moderate Diarrhea:**
- Drink more fluids, at least 8 to 10 cups daily. One cup equals 8 oz (240 ml).
 - **Water:** For mild to moderate diarrhea, water is often the best liquid to drink. You should also eat some salty foods (such as pretzels or saltine crackers). This is important to make sure you are getting enough salt, sugars, and fluids to meet your body's needs.
 - **Sports drinks:** You can also drink half-strength sports drinks (such as Gatorade, Powerade) to help treat and prevent dehydration. Mix the sports drink half and half with water.
 - **Avoid** caffeinated beverages. *Reason:* Caffeine is mildly dehydrating.
 - **Avoid** alcohol beverages (such as beer, wine, hard liquor).
 - **Avoid** carbonated soft drinks (soda) as these can make your diarrhea worse.
1558. **Food and Nutrition During Mild to Moderate Diarrhea:**
- Maintaining some food intake during episodes of diarrhea is important.
 - Begin with boiled starches / cereals (such as potatoes, rice, noodles, wheat, oats) with a small amount of salt to taste.
 - You can also eat bananas, yogurt, crackers, and soup.
 - Eat smaller meals and snacks more often during the day rather than 3 larger meals.
 - As the diarrhea starts to get better, you can slowly return to a normal diet.
 - **Avoid** milk and dairy products if these make your diarrhea worse.
 - **Avoid** greasy, fatty or spicy foods.
1615. **Diarrhea Medicine - Loperamide (Imodium AD):**
- This medicine helps decrease diarrhea. It is available over-the-counter (OTC) in a drugstore.
 - **Adult dosage:** 4 mg (2 capsules) is the recommended first dose. You may take an additional 2 mg (1 capsule) after each loose stool.
 - **Maximum dosage:** 8 mg per day (4 capsules).
 - Do not use for more than 2 days.
1616. **Diarrhea Medicine - Loperamide - Extra Notes and Warnings:**
- **Do Not** use if there is a fever over 100.4° F (38.0° C) or if there is blood or mucus in the stools.
 - **Do Not** drink tonic water. It can interact with loperamide and may cause a serious heart problem.
 - **Do Not** take more than 8 mg per day (4 capsules) each day, or for longer than 2 days, unless told to do this by your doctor (or NP/PA).
 - *Before taking any medicine, read all the instructions on the package.*
1632. **Diarrhea Medicine - Bismuth Subsalicylate (such as Pepto-Bismol):**
- This medicine can help reduce diarrhea, vomiting, and abdominal cramping. It is available over-the-counter (OTC) in a drugstore.
 - **Adult dosage:** Take two Pepto-Bismol caplets or tablets, or take two tablespoons (30 ml total) of Pepto-Bismol original strength liquid, by mouth every hour (if diarrhea continues) to a maximum of 8 doses in a 24 hour period.
 - Do not use for more than 2 days.

1633. **Bismuth Subsalicylate - Extra Notes and Warnings:**
- May cause a temporary darkening of stool and tongue.
 - Do not use if allergic to aspirin.
 - Do not use in pregnancy.
 - Talk to your doctor (or NP/PA) before taking bismuth subsalicylate if you take a blood thinner, have bleeding problems, gout, or kidney disease.
 - Bismuth subsalicylate is available in other over-the-counter medicines (such as Kaopectate). Be certain to follow the dosing instructions on the package as it varies by brand.
 - *Before taking any medicine, read all the instructions on the package.*
1892. **Reassurance and Education - Recent Antibiotic Treatment:**
- Most diarrhea that occurs while taking antibiotics will get better on its own.
 - Some people can develop a type of bacterial diarrhea after taking antibiotics.
 - *Here is some care advice that should help.*
1893. **Stool Sample for Testing:**
- Your diarrhea could be caused by a bacteria.
 - You may need to provide a stool sample for testing.
 - Many clinics and urgent care centers will provide you with instructions for collecting and submitting stool samples during your visit.
1895. **Wash Your Hands:**
- Wash your hands with soap and water after using the bathroom.
 - Wash your hands before fixing or eating food.
 - If your work is cooking, handling, serving, or preparing food, then you should not work until the diarrhea has completely stopped. Check with your employer before going back to work.
 - Wash soiled towels, sheets, or clothes separately.
 - Do not share towels or sheets.
 - Do not swim for 2 weeks after diarrhea is gone.
2250. **Probiotic Supplements:**
- Probiotic supplements contain healthy bacteria (such as Lactobacillus). They help provide good bacteria for the gut (intestines).
 - Probiotics may help prevent and treat antibiotic-related diarrhea. But it is still **unclear how much they help**, or which ones work best.
 - Probiotic supplements are available in drugstores and health food stores.
 - They come in tablets, capsules, and granules. You can mix the granules with food or drinks.
 - People with weak immune systems should talk to their doctor (or NP/PA) before using probiotics.
 - *Before taking any medicine, read all the instructions on the package.*

2251. **Yogurt and Kefir:**

- Consider eating yogurt twice a day. Yogurt contains probiotics (good bacteria for the gut).
- Choose a brand that has "active cultures."
- Another option is Kefir. Kefir is a fermented beverage that tastes like a yogurt drink. It has a higher amount of probiotic cultures than yogurt.

FIRST AID



FIRST AID Advice for Shock: Lie down with the feet elevated.

BACKGROUND INFORMATION

Key Points

- The majority of adults with acute diarrhea (less than 14 days duration) have an infectious etiology for their diarrhea, and in most cases the infection is a virus. Other common causes of acute diarrhea are food poisoning and medications.
- Maintaining hydration is the cornerstone of treatment for adults with acute diarrhea.
- In general, an adult who is alert, feels well, and who is not thirsty or dizzy: is NOT dehydrated. A couple loose or runny stools do not cause dehydration. Frequent, watery stools can cause dehydration.
- Antibiotic therapy is only rarely required in the treatment of acute diarrhea. Two types of acute diarrhea that require antibiotic therapy are *C. difficile* diarrhea and sometimes Traveler's Diarrhea.

Causes

The two most common causes of diarrhea in healthy people are:

- Food poisoning
- Viral gastroenteritis ("stomach flu")

Other causes include:

- Antibiotic side effect (e.g., temporary diarrhea from Augmentin / amoxicillin clavulanic acid)
- Bacterial gastroenteritis (i.e., *Campylobacter*, *Salmonella*, *Shigella*)
- Cathartics, excessive use of (e.g., magnesium citrate, milk of magnesia)
- Giardiasis
- Inflammatory bowel disease
- Irritable bowel syndrome
- *Pseudomembranous colitis*: Pseudomembranous colitis is an inflammation in the colon that occurs in some people from taking antibiotics. It is usually caused by an over-growth of a specific type bacteria called *Clostridium difficile* (*C. difficile*). Other names that are used to describe this illness include antibiotic-associated diarrhea and *C. difficile* colitis.
- Traveler's diarrhea

What Is Traveler's Diarrhea?

Traveler's diarrhea typically begins within two weeks of traveling to a foreign country. There are bacteria or viruses in the water and food that the body is not used to and a diarrheal infection is the

result. Traveler's diarrhea is also called "mummy tummy", "Montezuma's revenge", and "turista".

- **Symptoms:** Passage of at least three loose stools a day; accompanying symptoms may include nausea, vomiting, abdominal cramping, fecal urgency, and fever.
- **Region and Risk:** Travelers to the following developing areas have a **high-risk** (40%) of getting traveler's diarrhea: Latin America, Africa, South Asia. There is an **intermediate-risk** (15%) with travel to Northern Mediterranean countries, the Middle East, China, and Russia. Travelers to the United States, Western Europe, Canada, and Japan have a **low risk** (2 to 4%) of getting traveler's diarrhea.
- **Prevention: Diet:** Avoid uncooked foods (salad). Cooked foods (served steaming hot) are usually safe as are dry foods (e.g., bread). Avoid ice cubes and tap water. Drink steaming beverages (e.g., coffee, tea) or carbonated drinks (e.g., bottled soft drinks, beer). Fruits that can be peeled are usually safe (e.g., oranges, bananas, apples).
- **Prevention: Bismuth Subsalicylate:** Bismuth (Pepto-Bismol 8 tablets daily PO) is approximately 65% effective at preventing traveler's diarrhea.
- **Prevention: Antibiotics:** Antibiotic chemoprophylaxis (prevention) during travel may be indicated in certain circumstances. Rifaximin (200 mg PO BID with meals) is approximately 70-80% effective at preventing traveler's diarrhea.
- **Treatment - Anti-Diarrheal Agents:** Bismuth subsalicylate (Pepto-Bismol) and loperamide (Imodium AD) are both effective at reducing the diarrhea symptoms.
- **Treatment - Antibiotics:** Antibiotic therapy is sometimes recommended to treat this type of diarrhea, especially if the symptoms are more than mild. There are a number of antibiotics that are effective including ciprofloxacin (Cipro), azithromycin (Zithromax), and rifaximin (Xifaxan 200 mg PO TID for 3 days).

What Is the Norovirus (Norwalk Virus)?

Noroviruses (also called Norwalk Virus) are one cause of stomach flu (viral gastroenteritis). It is usually acquired through contaminated food or water. In 2002 and 2003 this received significant media attention when several cruise ships had outbreaks in which hundreds of passengers were affected.

- **Symptoms:** acute onset of diarrhea, vomiting, abdominal cramps. In adults there is usually more diarrhea than vomiting. The symptoms typically last 1 to 2 days.
- **Epidemiology:** The Norwalk virus is the number one cause of epidemic gastroenteritis. Outbreaks have been reported in restaurants, nursing homes, hospitals, and vacation settings like cruise ships.
- **Incubation period:** 1 to 3 days.
- **Prevention:** How can one avoid exposure while on a vacation? Avoid uncooked food. Drink bottled water (avoid ice cubes). Wash your hands frequently. Do not share glassware or eating utensils.
- **Treatment:** Antibiotics are not helpful since this is a viral infection. Maintaining adequate hydration through intake of oral liquids is the most important thing. Pepto-Bismol can be used.

What Is Clostridium Difficile Infection (CDI) Diarrhea?

Clostridium Difficile Infection (CDI) is caused by an overgrowth in the intestines of the C Difficile bacteria.

- **Risk Factors:** Risk factors for getting this infection include recent hospitalization, recent antibiotic treatment, and increasing age.
- **Symptoms:** The main symptoms are abdominal pain and diarrhea.
- **Diagnosis:** The diagnosis is made on the basis of clinical findings (diarrhea, abdominal pain) and a positive stool test for C Diff toxin. A stool culture for C difficile is more sensitive; however, it is clinically impractical because of the slow turnaround time.
- **Treatment:** The most common approach is antibiotic treatment with fidaxomicin (Dificid) or vancomycin.

- **Complications:** CDI can be complicated by treatment failure (continued diarrhea), dehydration, need for hospitalization, need for surgery, sepsis, and death. A major problem is recurrence of the infection, which happens in 20 to 25% of patients after the initial episode.
- **Preventing Spread:** Hand-washing is essential! Visitors and healthcare workers must wash hands with soap (or antimicrobial soap) and water after caring for or contacting patients with CDI. Visitors and healthcare workers should use gloves and gowns on entry to a room of a patient with CDI.

How Are Diarrhea and Sexually Transmitted Intestinal Infections Related?

Receptive anal or oral-anal sex increases the risk of certain intestinal infections that can cause diarrhea. Men Who Have Sex with Men (MSM) are at increased risk.

- **Causes:** These infections can be caused by bacteria or parasites. Sexually transmitted infections (e.g., chlamydia, gonorrhea, syphilis) can also cause rectal infections and diarrhea.
- **Diagnosis:** Diagnosis is made by testing the stool (e.g., culture, ova and parasites) and testing for sexually transmitted infections.

To prevent spread, those at risk should:

- Wash hands after using the bathroom and before eating.
- Avoid swimming until 2 weeks after diarrhea stops.
- Avoid sex while having symptoms and for 7 days after symptoms stop.
- Use condoms for sex.

Triager Tips - How to Estimate Dehydration

In general, an adult who is alert, feels well, and who is not thirsty or dizzy, is NOT dehydrated. The urine in a person who is well-hydrated is usually clear or light yellow.

A couple loose or runny stools do not cause dehydration. Frequent, watery stools can cause dehydration.

Signs and Symptoms of **Mild Dehydration**

1. **Mental status and activity:** Well, alert.
2. **Capillary refill:** Less than 2 seconds.
3. **Heart rate:** Normal, less than 100 beats / minute.
4. **Mucous membranes:** Normal moistness.
5. **Thirst:** Slightly thirsty.
6. **Urine color:** Yellow.
7. **Urine production:** Urine is slightly decreased.
8. **Weight:** Minimal or no new weight loss.
9. **Triage Disposition and Treatment:** This can usually be treated at **home** (self-care).

Signs and Symptoms of **Moderate Dehydration**

1. **Mental status and activity:** Alert, tired; lightheaded when standing.
2. **Capillary refill:** Over 2 seconds.
3. **Heart rate:** Increased, 100 to 130 beats per minute.
4. **Mucous membranes:** Dry inside of mouth.
5. **Thirst:** Thirsty, drinks eagerly.
6. **Urine color:** Dark yellow.
7. **Urine production:** Urine is minimal or absent, last urinated over 12 hours ago.
8. **Weight:** Weight loss over 5 lbs (2.3 kg) in one week.
9. **Triage Disposition and Treatment:** Person should be seen by a doctor (or NP/PA). Recommended disposition is **Go to ED Now (or PCP triage)**.

Signs and Symptoms of **Severe Dehydration (Early Shock)**

1. **Mental status and activity:** Very weak and lightheaded; very tired. Fainting may occur. May be too weak to stand or walk.
2. **Capillary refill:** 2 to 4 seconds.
3. **Heart rate:** Rapid, over 130 beats per minute.
4. **Mucous membranes:** Parched or very dry inside of mouth.
5. **Thirst:** May be very thirsty, however, may drink poorly or not be able to drink.
6. **Urine color:** Dark yellow-brown.
7. **Urine production:** Minimal or absent, last urinated over 12 hours ago.
8. **Triage Disposition and Treatment:** Should be seen immediately. Recommended disposition is **Go to ED Now** or **Call EMS 911 Now**.

Signs and Symptoms of **Shock**

1. **Mental status and activity:** Confused, difficult to awaken, or unresponsive. Too weak to stand or very dizzy when tries to stand.
2. **Capillary refill:** Over 4 seconds.
3. **Heart rate:** Pulse is rapid and weak (thready); heart rate may become slow.
4. **Skin:** Extremities (especially hands and feet) are bluish or gray, and cold.
5. **Triage Disposition and Treatment:** Lie down with the feet elevated. Recommended disposition is **Call EMS 911 Now**.

Expert Reviewer

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SEARCH WORDS

ABDOMINAL CRAMP
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ACUTE GASTROENTERITIS
BACTERIAL DIARRHEA
BMS
BOWEL CONTROL
BOWEL MOTION
BOWEL MOTIONS
BOWEL MOVEMENT

BOWEL MOVEMENTS
COLITIS
CRAMP
CRAMPS
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DEHYDRATED
DEHYDRATION
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FREQUENT STOOLS
GASTROENTERITIS
GI SYMPTOM
GI SYMPTOMS
LOOSE STOOL
LOOSE STOOLS
MUCUS IN STOOL
MUCUS IN STOOLS
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